

# ASSESSMENT REPORT

of the  
alternative care system  
for children in

## ZIMBABWE



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## ACRONYMS

|        |   |
|--------|---|
| AIDS   | Acquired Immune Deficiency Syndrome                   |
| AMTOs  | Assisted Medical Orders                               |
| ART    | Anti-Retroviral Therapy                               |
| BEAM   | Basic Education Assistance Module                     |
| CBO    | Community Based Organisation                          |
| CDC    | Children in Difficult Circumstances                   |
| CHH    | Child Headed Household                                |
| CPF    | Child Protection Fund                                 |
| CRC    | United Nations Convention on the Rights of the Child  |
| DSS    | Department of Social Services                         |
| ECD    | Early Childhood Development                           |
| FGD    | Focus Group Discussions                               |
| GOZ    | Government of Zimbabwe                                |
| HIV    | Human Immune Deficiency Virus                         |
| MIMS   | Multiple Indicator Monitoring Survey                  |
| MoHCW  | Ministry of Health and Child Welfare                  |
| MoJLPA | Ministry of Justice, Legal and Parliamentary Affairs  |
| MoLSS  | Ministry of Labour and Social Services                |
| NAC    | National AIDS Council                                 |
| NAP    | National Action Plan                                  |
| NGO    | Non-Governmental Organisation                         |
| NPAC   | National Programme of Action for Children             |
| NRCCS  | National Residential Child Care Standards             |
| OECD   | Organisation for Economic Cooperation and Development |
| OVC    | Orphans and other Vulnerable Children                 |
| PoS    | Programme of Support                                  |
| UN     | United Nations  |
| UNAIDS | United Nations Global Programme on HIV/AIDS           |
| UNDP   | United Nations Development Fund                       |
| UNICEF | United Nations Children's Fund                        |
| ZELA   | Zimbabwe Early Learning Assessment                    |
| ZNCWC  | Zimbabwe National Council for the Welfare of Children |



## EXECUTIVE SUMMARY

The Government of Zimbabwe ratified the United Nations Convention on the Rights of the Child in 1990. The Government also ratified the African Charter on the Rights and Welfare of the Child in 1999. These ratifications are statements of the Government's commitment to the enjoyment, realisation and fulfilment of children's rights. Albeit, the plight of the Zimbabwean child still leaves a lot to be desired. From a general perspective, it can be said that the child protection system of the country has not been effective in providing quality care and protection for its children. In as much as there are several legislative and policy frameworks in place, these are failing to ameliorate the plight of the Zimbabwean child. Interventions such as BEAM, NAP for OVC, the Victim Friendly Initiative and AMTO are needful interventions but are not funded enough to take care of the needy children.

In view of this background, SOS Children's Villages Zimbabwe commissioned a research to conduct a critical analysis of the country's compliance with the UN Guidelines for the Alternative Care of Children (hereinafter referred to as UN Guidelines). These guidelines are premised on the UNCRC and they seek to ensure that every child receives quality care regardless of the context that the child grows up in. Indeed, the research confirmed the fact that while there are policies and laws in the country, there are yawning gaps in terms of what children experience on the ground with regards to quality care. Children interviewed during the research lamented the unavailability of quality care from the duty bearers around them.

The care assessment focused on assessing:

1. Measures in the country to prevent family separation,
2. The various living arrangements for children in alternative care with a focus on: Extended family (kinship care), Community care, Formal foster care, Residential child care, and
3. The administrative arrangements managing the above mentioned services.

The study also explored how the current national legal and policy frameworks govern the delivery of services in these various forms of care.

The research used qualitative methodologies of gathering data. The following tools were used: desk review, two focus group discussions with children in residential child care facilities and with caregivers separately. More than ten key informant interviews were conducted with participants from child rights organisations, Government line ministries superintendents of residential child care facilities and child protection specialists from UNICEF. These tools, coupled with systematic participant observation gave the research team invaluable information that informed this report.

The following were the major findings of the report:

- The legislative and policies in the country are quite adequate to be able to cater for children. However, the problem of adequate resourcing and implementation remain a major challenge. Further, the laws are scattered in different government ministries and yet there is not yet a clear coordination mechanism among the various ministries that are relevant to children. Some of these ministries are the Ministry of Public Service, Labour



and Social Welfare, the Ministry of Health and Child Care, the Ministry of Youth, Indigenisation and Economic Empowerment, the Ministry of Justice, Legal and Parliamentary Affairs, the Ministry of Primary and Secondary Education, and the Ministry of Home Affairs.

- Residential child care facilities that were falling in the purview of the Child Protection Fund (CPF) had better standards of care for children than the residential child care facilities which were not under the CPF. Those child care facilities under CPF had up-to-date files for each child and they were making significant progress in implementing the National Residential Child Care Standards (NRCCS) that were developed in 2010 by the DSS in collaboration with its partners such as the Zimbabwe National Council for the Welfare of Children (ZNCWC). On the contrary, the residential child care facilities which were not being supported under the CPF had not made much progress in implementing the NRCCS which were essentially derived from the UN Guidelines. This means that in most of the residential child care facilities not being funded by CPF, the NRCCS are not implemented thus not ensuring the quality of care for children.
- The country does not have a consistent and mutually reinforcing family-oriented policies designed to promote and strengthen parents' ability to care for their children. Some of the family strengthening services not in place include parenting courses and sessions, the promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment and income-generation. The research however noted that the NAP for OVC 2 had initiatives that targeted families through family clubs, though these were not covering the whole country.
- The informal care system whether within the extended family, with friends or with other parties, is the most common care system which absorbs most orphans and vulnerable children. Unfortunately, literature on the number of children in informal care is hard to get though it can be available through village registers which exist in some parts of the country. The State is not actively involved in such informal arrangements. Also a framework for supporting such arrangements of taking care of children is there but not financed to provide the necessary support.
- The residential child care facilities have not been receiving financial support for each child at prescribed intervals from the DSS as it is supposed to happen. The research revealed that most of the child care facilities had come up with innovative ways of meeting their daily needs without any help from the Government.
- One of the major challenges that the residential child care facilities face is how to pay the staff salaries. The research noted that child care facilities did not have problems in getting groceries, clothes for the children and other forms of donations from well-wishers. However, no one was willing to meet the salary bill of the caregivers who take care of the children. This challenge is prevalent in almost all residential child care facilities that do not belong to the State.
- Children in residential care usually do not perform well academically. They also find it difficult to integrate with the communities. The research found out that this was primarily due to the way child care institutions are educating these children. They are generally not taught to be resilient when faced with the vicissitudes of life. This could be attributed to the fact that their socialisation has created a sense of entitlement where the children generally think that the world owes them and they are the ones to always receive. These sentiments were expressed by most key informant interviewees.



- Adoption is not a popular practise in Zimbabwe. On average per year, there are only 15 adoptions that take place. This slow uptake is caused by the cultural beliefs of people.
- Foster care has the potential of being popular in the country if adequate mobilisation and community sensitisation are done. In the areas that are supported under CPF, the numbers of households that were mobilised and that were interested in fostering children for 2013 were 50. In 2013 alone, 79 children were placed in formal foster care. If then there is a deliberate campaign to increase the number of families that can foster a child to avoid institutionalisation, the research suggests that more families will come up and fewer children will then go into residential child care facilities.
- The Achilles heel of the child protection sector is its unavailability of up-to-date data. The research team could not find readily accessible data on several areas that the research was supposed to cover. The information was supposed to be collected by the DSS in an easily retrievable mechanism. However, the research team faced challenges in getting relevant statistics.
- The UN Guidelines seem to set very high standards comparing to what is obtaining on the ground. It would be very difficult to expect full implementation of the UN Guidelines in a country in which the economy is not flourishing due to several factors inter alia corruption, imprudent policies, maladministration and acrimonious foreign policies with strategic partners. The DSS as the statutory body mandated in leading the implementation of the UN Guidelines is limited in terms of financial and human resources. The lack of skilled and qualified personnel to work with children is a hindrance in meeting the standards set out in the UN Guidelines.

## INTRODUCTION

This assessment study derives its mandate from the UN Guidelines for the Alternative Care of Children that were developed by the UN in 2009. The UN Guidelines reaffirm that the family is the ideal environment for a child to grow up in. In the absence of such, there must be clear mechanisms that will help children to grow up in safe environments which can guarantee them to reach their full potential.

The assessment study therefore provides a mirror for the country's policy, legislative frameworks and practice in comparison with the international child rights frameworks, particularly the UN Guidelines. The study also reviewed the various care mechanisms that exist in the country and their capacities to guarantee the realisation of children's rights. These include the extended family care, community care, formal foster care, residential child care and informal foster care in the country. Further, the assessment zoomed on the existence and functionality of Zimbabwe's child protection systems.

This national study has been inspired by a yawning gap that exists between child care oriented frameworks that exist internationally, regionally and nationally against the experiences of children living outside their biological families. The research confirmed that there is a disparity between legal and policy frameworks that are in place to protect children and the very experiences of children in all contexts of vulnerability. The spirit behind this study, therefore is yearning for providing practical mechanisms which could help children to be better protected as prescribed in the many frameworks that exist but that are not implemented. Below is an illustration of what the study looked at:

**The assessment produced a detailed report that looked at the following stages of analysis:**

### **STRUCTURAL ANALYSIS OF THE CHILD PROTECTION SYSTEMS OF ZIMBABWE**

At this level, the study looked at the availability of legislative and policy frameworks that guarantee the protection of children in various contexts of vulnerability. It further looked at whether the State had ratified international frameworks that seek to guarantee the protection of children. Such as the UNCRC, the ACRWC including the adoption of the UN Guidelines for Alternative Care of Children

### **PROCESS ANALYSIS OF THE CHILD PROTECTION SYSTEMS OF ZIMBABWE**

At this level, the study looked at the infrastructure available (both soft and hard infrastructure) to make the above mentioned conventions, laws and policies a reality in the lives of children.

### **OUTCOME ANALYSIS OF THE CHILD CARE SYSTEMS OF ZIMBABWE**

At this level, the study looked at the extent to which the children enjoy their rights. This level interrogated the extent to which the UN Guidelines are informing practices on the ground. It also looked at some of the inhibiting factors causing children to be denied of their rights.

## a. Background and context

### Demographics

Zimbabwe has a total population of 13.061.239<sup>1</sup>. Of this figure, the exact number of children in the country is not known as demographic data age categories usually transcend the age of a child in Zimbabwe which is below 18 years. Of the approximately 13 million, 41% of the population was below the age of 15 years. This means that if the age of children was to be put at 18 in the census the percentage for children would have increased approximately to 45% or more. The census report further noted that of the total population, 67% is found in rural areas. This is important to look at especially when a review shall be done on the distribution of services throughout the country. Below is a table showing the gender disaggregation of orphans in the country:

**Table 1: Percentage distribution of orphans by type of orphan hood**

|                           | Male | Female |
|---------------------------|------|--------|
| Father dead, mother alive | 57.3 | 57.3   |
| Father alive, mother dead | 18.1 | 18.2   |
| Both parents dead         | 24.7 | 24.5   |

Source: Zimbabwe National Statistics Agency, 2012(b)

Zimbabwe has the highest proportion of orphans relative to its population. This finding is supported by the Zimbabwe Early Learning Assessment (ZELA) that estimates the number of OVCs to be 25% of the entire children's population<sup>2</sup>. The projections of ZELA are not too far-fetched when compared to the Zimbabwe Census Report of 2012 which noted that 20% of children were orphans. Again, looking at the cut off age of the census report being 15, the difference between the ZELA statistics and that of the census report can be explained by the 16-18 age categories which are not included in the latter. Below is a table of the National Action Plan (NAP) for OVC 2007 estimations of specific groups of vulnerable children:

**Table 2: NAP for OVC 2007 estimations**

|                                    |         |
|------------------------------------|---------|
| Children living with disabilities  | 150 000 |
| Children living on/off the streets | 12 000  |
| Children living in institutions    | 5 000   |
| Children living with HIV and AIDS  | 132 938 |

Source: National Action Plan for OVC, 2007.

### HIV and AIDS

HIV and AIDS have ravaged a significant number of families in Zimbabwe. These families were robbed of the bread winners making them vulnerable to food insecurity, compromise their access to basic social services and make them prone to household poverty in a pronounced way. According to a UNICEF report, there are more than one million orphans in Zimbabwe and only 527 000 of these receive external support. (UNICEF, 2010) However, it must be noted that the external support is more often not holistic. It usually covers one

<sup>1</sup>Zimbabwe National Statistics Agency, 2012(b).

<sup>2</sup>ZimSEC et al., 2012.

aspect for example, if a child is receiving educational assistance, the support in most cases does not cover food, which may be key again for children to attend school.

Due to HIV and AIDS, there has been an increase in child headed households and grandparents headed households. The NAP for OVC estimates that there are about 50,000 households that are headed by a child under 18 years.<sup>3</sup> Such family structures make children susceptible to many forms of abuse, exploitation and deprivation. More often than not, in such family set ups, children are robbed of their childhood. They have to be key actors in household management and even fending for younger siblings.

### **Poverty**

According to a UNICEF Report<sup>4</sup>, approximately 78% of the population of Zimbabwe is absolutely poor and 55% live below the poverty datum line. People living below the food poverty line cannot meet any of their basic needs and suffer from chronic hunger. It is estimated that approximately 6.6 million people including 3.5 million children in Zimbabwe suffer from this extreme form of deprivation. Children growing up in such conditions usually find it difficult to do well in school. They are susceptible to dropping out of school because the families will not be able to afford school fees and other accessories required by schools. Since 67% of the population of Zimbabwe live in rural areas, their source of livelihood is primarily agriculture. Recent years in Zimbabwe have been characterised by inadequate rainfall to guarantee bumper harvest. Given such a scenario, children are the most affected by inadequate food supplies. The State as the legal duty bearer of all children is not able to fend for this vulnerable population from its coffers. This explains why most social protection interventions of the country are being financed by external funding though using frameworks set by the Government.

## **b. General state of children's rights in Zimbabwe**

### **Education**

According to the current national constitution of Zimbabwe, access to basic education is supposed to be free and compulsory. However, the research found that access to this basic right was neither free nor compulsory. The Government established the Basic Education Assistance Model (BEAM) as a way of cushioning the families that could not afford this basic right. However, the programme has not been spared from challenges, which range from late disbursement of funds and lack of transparency in selection of beneficiaries amongst other things. An evaluation of the programme noted that 28% of primary school pupils (784.000 children) required BEAM, yet only 16.3% (456.400 children) received BEAM. There are an estimated 2.8 million primary school students. For secondary schools, 24% (192.000 students) of secondary school students required BEAM and only 17.5% (140.000 students) received BEAM<sup>5</sup>. There are an approximate total of 800,000 secondary school students in the country. A total of 976,000 primary and secondary school students are identified as needing BEAM support, however, approximately 380,000 do not receive any form of support. Those children without support are likely going to drop out of school.

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<sup>3</sup> Zimbabwe Ministry of Public Service, Labour and Social Welfare, 2008.

<sup>4</sup> UNICEF, 2010.

<sup>5</sup> Zimbabwe National Statistics Agency, 2012(b).

## Health

Section 76 of the current national Constitution states that access to basic health care is to be provided for at the expense of the State. In a bid to fill this obligation, the Government has promulgated laws, policies and programmes which seek to protect children from diseases. These include the expanded programme of immunisation, child supplementary feeding programme, Malaria programme, water and sanitation programme, village health worker and primary care nurse programme and free treatment of under-fives and pregnant women in public institutions and the Health Services Board. Despite the existence of all these initiatives, there still remain a plethora of challenges which children face in terms of health. The epitome of this is Zimbabwe's ranking in the top 50 of countries with high early childhood mortality.<sup>6</sup> UNICEF noted with despair that the maternal mortality rate of 880 per 100,000 live births reflects this critical state of affairs<sup>7</sup>.

Neonatal causes contribute to 29% of under-five mortality and "most of these deaths are preventable"<sup>8</sup>. HIV related causes contribute directly to 21% of under-five mortality.<sup>9</sup> In 2009, only 46% of HIV exposed infants received prophylactic antiretroviral (ARV) and 54% of the HIV exposed infants seen under the Prevention of Mother to Child Transmission (PMTCT) received cotrimoxazole. As of 2010, only 24,441 out of the 89,490 children under 15 who were HIV positive were on Anti-retroviral Treatment (ART) and of those children on ART only 680 were less than 18 months, reflecting a significant gap in early infant diagnosis and treatment. In 2009, only 13% of HIV exposed infants were tested for HIV<sup>10</sup>.

Pneumonia contributes to 14% of under 5 mortality and in 2009, only 16% of all children suspected of pneumonia received antibiotics. Pneumonia is followed by diarrhoea which contributes to 9% of the death. 80% of such deaths have been attributed to poor hygiene, inadequate sanitation and lack of safe drinking water. Measles which now contributes to 8% of the under 5 mortality became the fifth highest cause of death following the 2009 and 2010 outbreaks. This is followed by malaria which contributes to 3% of the deaths and is endemic in 45 districts of Zimbabwe<sup>11</sup>. Malnutrition is considered an underlying factor in most of the deaths<sup>12</sup>.

## c. Child Protection

### Child labour

In 2007, the Government of Zimbabwe carried out a survey to find out about the scope and breadth of child labour in the country. The survey noted that 46% and 42% of children aged 5-17 years and 5-14 years respectively were involved in economic activities 7 days prior to the survey.

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<sup>6</sup> Zimbabwe National Statistics Agency, 2012(b)

<sup>7</sup> Tapuwa L. Mutseyekwa, 2010.

<sup>8</sup> MoLSS and UNICEF, 2010(b) *op cit* p39

<sup>9</sup> *ibid* p35

<sup>10</sup> *ibid* p36

<sup>11</sup> *ibid* p39-40

<sup>12</sup> Ministry of Health and Child Welfare 2010:12



Child labour in Zimbabwe has been inextricably linked to poverty. Zimbabwe has experienced complex interplay of structural chronic poverty combined with transient poverty. This has been attributed to the unprecedented economic challenges that the country has continued to face since 1999, severe foreign currency shortages and high unemployment. The poverty level of the country has been exacerbated by perennial droughts, HIV and AIDS, declining Foreign Direct Investment and a low Overseas Development Assistance. These factors have increased the population's vulnerability to poverty and food insecurity and consequently affecting children<sup>13</sup>.

The country's legislative framework, encompassing the Children's Act and the Labour Act, seek to protect children from child labour. However, a lack of adequate enforcement of the law, leaves many children vulnerable to child labour. Consequently, more than 13% of children are obliged to work. Some of the children are forced to take jobs in the farming sector, where living and working conditions are extremely harsh.

### **Child sexual abuse**

Child sexual abuse is a menace which the Zimbabwean society is grappling with. There seems to be an increase in child abuse cases each year. One school of thought submits that it is not necessarily that the number of children who are being abused is increasing, but that the number of cases that are being reported has now increased. Both, the electronic and print media have been vigilant in reporting on such cases. Child abuse has detrimental effects on children such as sexual dysfunction, pain, trauma, depression, and other mental illnesses.

In 2009, the Zimbabwe Republic Police recorded 3.448 child abuse cases while the Victim Friendly Court dealt with 1.222 cases<sup>14</sup>. Recently, the Zimbabwe Republic Police noted that 2.405 children were raped countrywide out of the 3.421 cases reported between January and October 2013. Out of this figure, 41% were perpetrated by neighbours, while relatives accounted for 27% of the cases<sup>15</sup>. The figures represent a 5% increase compared to the same period in 2012. An overwhelming majority of the victims are girls. This is believed to be only the tip of the iceberg as the majority of abuse cases are not reported to the authorities. This is an indication that sexual abuse is a serious problem in the country. Some of the reasons that are contributing to sexual abuse of children are; religious beliefs, harmful cultural practices, increased levels of poverty, orphan hood, child headed and grandparent headed households, children walking long distances to school and the breakdown of the extended family.

### **Juvenile justice**

The situation of young babies accompanying their mothers in prisons is deplorable. It is a violation of numerous rights guaranteed in all human rights instruments since children are detained in the same cells as adults as if they have committed any offence.

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<sup>13</sup> UNICEF, 2007.

<sup>14</sup> MoLSS and UNICEF, 2010(b)

<sup>15</sup> Daily News, article by Zvifadzo Lubombo, *Zimbabwe: Calls to Strengthen Child Protection Systems* quoting Assistant Commissioner Isabella Sergio of the Zimbabwe Republic Police, 5<sup>th</sup> of November 2013



Moreover, some juveniles are often detained for somewhat trivial reasons: it often happens that the condemnation of their parents or simple suspicion, altogether lacking tangible proof, is the cause of their incarceration. The living conditions in the cells are inhumane: overcrowding, filth, malnutrition, disease and so forth.

### **Child marriages**

In Zimbabwe, child marriage is a very common practice in some of the districts, both rural and urban. However, these marriages often have deleterious consequences for the health of young girls who do not understand what marriage entails. Not much research has been done to have actual statistics on how many child marriages exist in various contexts. They are prevalent in some of the white garment apostolic sects where parents enter into concessions. As has been noted, the national constitution outright prohibits marrying of persons below the age of 18 years.

### **Birth registration**

The Government of Zimbabwe's (GOZ) enactment of the Births and Deaths Registration Act, Chapter 5:02, was an important step in establishing the legal framework for the registration of births in Zimbabwe. Despite the availability of this legal instrument, many children do not have birth certificates throughout the country. It is estimated that in 2009, 45% of children under five in urban areas and 70% in rural areas did not have birth certificates. This means that all these children did not have a legal name, nationality or citizenship rights.

The major hindrances in obtaining birth certificates are the following:

- the level of bureaucracy at the Registrar's offices,
- the rigorous systems of obtaining birth certificates and
- the long distances that parents or guardians have to travel to the Registrar's offices.
- Parent(s) and in some cases guardians overlook or fail to understand the importance of obtaining birth certificates for their children. This problem is most common in farming and rural communities.

The major underlying cause of non-registration is that most migrant farm labourers of foreign origin do not possess formal Zimbabwean registration papers. This has resulted in the whole generation of unregistered children who have gone to have their own families facing the same fate.

A birth certificate is an important document that every child is entitled to. It is significant as proof of one's nationality, as proof of parents' responsibility before the law to provide legal protection for their children, for school registration and also for the Government to measure the growth of its people and in calculating the number of births.



## METHODOLOGY

Multiple data gathering methods were utilised in order to obtain quality qualitative information. The researchers reviewed available literature which ranged from researches conducted by both, non-state actors and the Government, State party reports to child rights treaty bodies, academic papers and researches conducted in other countries in the same area.

Semi-structured interviews with purposively sampled key informants were conducted. Since SOS Children's Villages had provided a tool to use, the researchers structured their interviews around the questions and sections which were in the given tool. The researchers then included other points of discussions according to their discretion as experts in the area. The key informants included government senior officials in relevant departments like *inter alia* the Department of Social Services, the Registrar General Department, the victim friendly system coordinator and the children's desk of the Inter Ministerial Committee on Human Rights and International Humanitarian Law. Other key informants from non-state actors included child protection specialists of UNICEF, child rights advisors of international child rights agencies, child rights experts in local NGOs and caregivers at residential care institutions.

Focus group discussions were held with care givers and groups of children who are in alternative care separately. This methodology was informed by recommended practice which entails that children have the right to participate in issues that affect their lives. (Hart 1992)

For triangulation purposes, the researchers being experts in child rights also used systematic participatory observation. The methodology of systematic participant observation is 'appropriate for studying processes, relationships among people and events, the organisation of people and events, continuities over time and patterns as well as the immediate socio cultural contexts in which human existence unfolds' (Jorgensen 1989;12). This methodology enabled the researchers to have access to the meanings which participants assign to social situations<sup>16</sup>. Such understanding enabled the research to be cognisance of the community values and how these could be used as a starting point when implementing the UN Guidelines. The researchers learned from first-hand experiences using this method which facilitated collection of data using interaction and situations as they occurred. The value of being a participant observer lies in the opportunity that is available to collect rich data based on observations in natural settings (Burgess 1984; 79).

### a. Limitations of the methodology

The methodology mostly facilitated the collection of qualitative information. For quantitative data, the research relied on desk review. The researchers however made sure that information that was collected with one methodology was triangulated with another method such as systematic participatory observation where possible.

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<sup>16</sup> Burgess, 1984:79

## COUNTRY LEGAL AND POLICY FRAMEWORK

The Government of Zimbabwe has promulgated several legal and policy frameworks meant to create an enabling environment for the survival and development of children in safe environments that guarantee them to reach their full potential. These legal and policy frameworks have been premised on primarily the United Nations Convention on the Rights of the Child which Zimbabwe ratified in 1990 and the African Charter on the Rights and Welfare of Children which was ratified in 1999.

### a. The national constitution

In 2013, the Government of Zimbabwe came up with a new National Constitution which is very progressive in guaranteeing the rights of children compared to the old Constitution. The new Constitution has achieved milestones in guaranteeing the rights and protection of children. Furthermore, the new Constitution borrows a lot of its provisions from the UNCRC and the ACRWC.

Children are specifically mentioned under section 19 of the National Objectives set in the Constitution as important members of the society. The Constitution specifically provides that the State must put in place policies and measures to ensure that in matters relating to children, the best interests of the children concerned are paramount. It further provides that the State must adopt reasonable policies and measures within the limits of the resources available to it, to ensure that all children enjoy their rights.

Section 81 of the current Constitution has a specific Bill of Rights for children as outlined below:

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Every child, that is to say every person under the age of eighteen years has the right –

- a) To equal treatment before the law, including the right to be heard;
- b) To be given a name and a family name;
- c) In the case of a child who is a citizen of Zimbabwe by birth to the prompt provision of a birth certificate;
- d) To family or parental care or to appropriate alternative care when removed from the family environment;
- e) To be protected from economic and sexual exploitation, from child labour and from mal-treatment, neglect of any form of abuse;
- f) To education, health care services, nutrition and shelter; and
- g) Not to be recruited into a militia force or take part in armed conflict or hostilities
- h) Not to be compelled to take part in any political activity and not to be detained except as a measure of last resort and, if detained
  - i. to be detained for the shortest appropriate period;
  - ii. to be kept separately from detained persons over the age of eighteen; and
  - iii. to be treated in a manner and kept in conditions that take account of the child's age

A child's best interests are of paramount importance in every matter concerning the child, Children are entitled to adequate protection by the courts, in particular by the High Court as their upper guardian.

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## **b. A plethora of child related legislations**

Besides the provisions of the new Constitution, there are several Acts of Parliament that were promulgated through the years to protect children. The unfortunate part is that the Government does not provide adequate resources for implementation of these laws. Some of the laws include:

- The Children's Act
- Domestic Violence Act
- Guardianship of Minors Act
- Criminal Law (Codification and Reform) Act
- Criminal Procedure and evidence Act
- Maintenance Act
- Social Welfare Assistance Act

## **c. The Children's Act {Chapter 5:06}**

The Act is very comprehensive in a way that it clearly outlines the rights of children, the requisite institutional frameworks, the administrative arrangements, and adoption procedures, amongst others. The Children's Act defines a child as someone who is below the age of 16. This is contrary to the provisions of the current Constitution which defines a child as any boy or girl below the age of eighteen. There is therefore the need for the laws of the country to be aligned to the dictates of the current Constitution.

It also states that children have a legal right to food, shelter, clothing, medical care and supervision.

The Act addresses the overall care and protection of children and provides instruction on the removal of children and young people to alternative care and regulation of places of safety, remand homes, residential child care facilities and training institutes. Further, it regulates the permanent placement of children through adoption (part VII). The Act requires that before the Government places a child in alternative care; all the avenues of placing the child in a family or kinship care should have been exhausted.

The Children's Act prohibits assault, ill treatment and abandonment of children by their parents or guardians. Section 28 further provides for the registration of residential care institutions before taking any child into these institutions. According to sections 14, 15 and 16, all children to be placed in residential child care facilities shall be formally committed through the Department of Social Services.

The Ministry of Labour and Social Services has the statutory mandate to enforce or implement the provisions of the Children's Act. It also has the responsibility for the registration and monitoring of all residential child care facilities for compliance with regulations regarding child care, protection and development, while in the care facilities. The Act further requires all residential child care facilities receiving any child or young person to make an application for registration to the Minister of Labour and Social Services and empowers the Minister with the authority to issue general or special directions such as

he/she thinks expedient for the welfare of children and young persons in the residential child care facilities.

It obligates the DSS to take away a child from his or her parents or guardians if they are not taking care of the child properly. Generally, parental responsibilities are provided for under the Children's Act.

#### **d. The Children's Act on issues of child custody**

The laws relating to custody and maintenance of children confer the common responsibility of the upbringing and development of children on parents. Children born in and out of wedlock, fall under the full responsibility of both parents. Issues of awarding custody, in the case of separation or divorce of the parents are considered in line with the principle of the best interest of the child and custody is determined in terms of the Children's Act. One parent will be accorded custodial rights while the other remains with access rights so that the rearing responsibilities are shared as far as possible. Parents may also be granted joint custody.

Where custody is awarded to one parent, the other parent has the duty to maintain the child in terms of the Maintenance Act [*Chapter 5:09*]. This also applies to children who are dependents of such adults. Recovery of maintenance from parents or guardians living abroad is done in terms of the Maintenance Orders (Facilities for Enforcement) Act [*Chapter 5:10*]. The Act so far applies to 26 designated countries. Where no such reciprocal arrangements exist, affected countries rely on their diplomatic relations.

#### **e. The Children's Act on adoption**

The Children's Act outlines adoption procedures including the concealment of identity of an adopted child, and the adopted children register. Section 57 of the Act provides that the court shall appoint a probation officer to act as guardian of the child in order to safeguard the interests of the child before the court. The Government has developed guidelines on foster care and adoption. Where foster or adoptive parents cannot be secured, children are placed in private care or public institutions.

Periodic reviews are conducted during the first five (5) years of adoption in order to assess whether the child has adapted to the new environment. The alleged child in need of care may be brought in front of the children's court. Any child or young person alleged to be a child in need of care may be brought before the children's court for the area in which such child or young person resides or happens to be by any police officer or probation officer or by the parent or guardian of such child or young person.

It further provides for the establishment of the Child Welfare Council whose mandate is to:

- Advise the Minister and any other person that the Council thinks appropriate on any matter relating to the welfare of children;
- Monitor the overall situation of children in need of care and to try to ensure that their welfare and rights are advanced;
- Promote and encourage the co-ordination of the activities of organizations which have as their object the promotion and protection of the rights of children and
- Administer the Child Welfare Fund, among others.



#### **f. Conclusion**

The Government of Zimbabwe has come up with a plethora of legal frameworks meant to guarantee its citizens of quality life. Recently, the new Constitution further concretised the provisions for vulnerable populations, particularly children. The challenge however is the unavailability of budgets to make the legislative and policy frameworks a reality in the lives of children. As this report shall exhibit, there are multiple social protection interventions that have been initiated by the Government to cushion vulnerable children. These interventions unfortunately are mostly funded by donor funds which in some instances are not predictable. Very little is usually provided for through the national budgets for social protection. Such an arrangement defies the Zimbabwean culture where a stranger takes care of your family when you are there.

## SHORT DESCRIPTION OF THE CHILD PROTECTION SYSTEM

### a. Introduction

Zimbabwe is renowned for having several social protection frameworks in Africa. This reputation has come as a result of exemplary pieces of legislation that have been passed such as the Social Welfare Assistance Act, the Children's Act and the recently promulgated new Constitution. These are further buttressed by social policies such as the National Action Plan for OVC, both phase one and phase two covering a period of 2005 up to 2015. All the child protection interventions are under the jurisdiction of the DSS in the Ministry of Public Works, Labour and Social Welfare.

There is a lot of soft infrastructure that has been put in place to ensure the processes of delivery on child protection works well. Some of the policy provisions are mentioned below.

### b. Orphan care policy

The Government of Zimbabwe, in 1999 developed and adopted a National Orphan Care Policy. This was in response to the impending orphan hood crisis engendered by HIV and AIDS. The policy sought to support traditional methods of care and discouraged forms of care which removed children from their communities and culture. The policy came up with a six tier safety net system which promoted care and protection of children in the following order of priority:

- Biological nuclear family
- Extended family (kinship care)
- Community care
- Formal foster care
- Adoption
- Residential Child Care facility

As can be noted above, the policy recommended foster care and adoption as the desired alternatives for children who did not have extended families and recognised that institutional care should be discouraged. It clearly stated that placing a child in a residential child care should be regarded as a measure of last resort and utilised only after all efforts to secure a better form of care had been exhausted.

### c. National Action Plan for OVC, Phase 1 and Phase 2

Due to the orphan hood crisis that has been alluded to, the Government came up with a plan for coordinated, expanded interventions to strengthen existing child protection work that was being done by child rights stakeholders. Some of these included government ministries, non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs) and United Nations (UN) agencies. The outcome of this Government initiative was, a broad based intervention called the NAP for OVC. The programme was launched in 2005. The vision of the NAP for OVC was to reach out to all orphans and vulnerable children in Zimbabwe with basic services that will positively impact on their lives. Phase two of the programme will be ending in 2015. The vision of phase two of the programme is that by 2020 all children in Zimbabwe will live in safe, secure and supportive environments that are conducive to child growth and development. Phase two's goal is that



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

Since its inception, the NAP programme, has not been able to take care of all the children in Zimbabwe needing care. Some of the children have not been able to access basic social services. Most of such children are then catered for by the traditional community structures, faith based organisations and other non-governmental organisations. Still, there are those children who will slip through all the existing safety nets. The exact numbers of these are not known as no official research has been done. This means therefore that there is heavy reliance on anecdotal evidence when developing interventions for this group of children.

#### **d. Establishment of child protection committees**

When they were first noted in the child protection frameworks of the country, child protection committees were mentioned in the National Orphan Care Policy. The policy introduced the establishment of Child Welfare Forums. The purpose of these was to provide advisory service to the then Ministry of Labour and Social Services (MoLSS). With the inception of the NAP 1, child welfare forums were renamed to Child Protection Committees. CPCs are multi-sectoral bodies with child protection stakeholders like the National AIDS Council (NAC), local authorities, NGOs that have a presence in an area in question, faith based-organisations, private sector representatives as well as community members, including children. The main roles of CPCs are coordination, monitoring, advocacy, networking, research and training and resource mobilisation for child related programmes in their communities.

Below is a list of the duties and responsibilities for the CPCs:

- Providing beneficiaries with their beneficiary cards;
- Passing information to beneficiary households, including on approval in the programme, payment schedule;
- Assisting immobile heads of beneficiary households to access their payments, including advancing cost that may be incurred in the process;
- Following up when households have failed to collect their payments;
- Informing the DSSO when the head of a household has passed away or has moved out of the ward;
- Informing the DSSO when a representative has to be changed;
- Assisting and protect beneficiary households with special reference to child headed households, including: making sure that children from child headed households are protected from violence, abuse and exploitation;
- Reporting any suspected cases of abuse, violence or exploitation among child headed households.

#### **e. Child Led Protection Committees**

Besides the child protection committees led by adults, there are the child led CPCs. These are made up of children from the community. These children meet regularly to deliberate on

the state of their rights. Child representatives from these child-led CPCs then bring their aspirations, observations and concerns to the attention of adult CPCs.

In a rapid assessment of the CPCs conducted by UNICEF, it was noted that 75% of the Provinces indicated the presence of Provincial Child led Protection Committees formed between February and December 2010. However, very little information was available on the composition and regularity of meetings. In an ideal scenario, there is supposed to be a CPC in each community exercising vigilance in ensuring the fulfilment of children's rights.

UNICEF in its conclusion of the rapid assessment report on CPCs noted the following shortcomings:

- Coverage was inconsistent;
- Roles and responsibilities were not clearly defined;
- Reporting lines were not well understood; and
- Monitoring and regulation was haphazard.
- The levels of involvement of children was also erratic and the value of children's involvement unknown.

However, this platform is strategic in making sure that child protection is achieved at the very local level through the contribution of the communities.

#### **f. The Victim Friendly System**

The Government developed the Victim Friendly system to facilitate an ease of access to justice for children who would have suffered sexual violence. The system introduced a portfolio within the police where an officer at every station would be assigned responsibilities of dealing with children in a child-friendly way. This move then saw 230 police stations having victim friendly units staffed with 483 trained police officers. In addition, the Government established victim friendly courts at 14 regional courts. The purpose of these victim friendly courts was to create a confidential and conducive criminal justice system where children could freely express themselves without having to be in direct contact with perpetrators. These courts are equipped with cameras and close circuit televisions which are designed to allow child survivors to talk freely and comfortably without having to face perpetrators who can cause substantial emotional stress and fear to them.

Further, the Criminal Law (Codification and Reform) Act was amended to allow for the use of anatomically correct dolls for younger children to utilise while explaining their trauma.<sup>17</sup> Child abuse cases used to be delayed due to the legal requirement for the examination of the child to be conducted by a medical doctor only. Qualified nurses now qualify to examine the abused children making the process quicker and easier.

Even though the system is a novel idea, it has been riddled with challenges. One of the major challenges has been funding. There is the need for the system to be decentralised to all the areas of the country. All the police, as the first point of contact with children need to be conversant with children's rights and dealing with children, instead of providing a single

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<sup>17</sup>Amendment No. 8 of 1997 of the Criminal Procedure and Evidence Act



officer at a police station as is the norm. The coordination of this system has been a challenge due to the various ministries that all deal with children as has been noted before.

#### **g. The National Residential Child Care Standards**

These standards were developed in 2010, by the Ministry of Labour and Social Services in conjunction with ZNCWC. They were developed after the realisation that although traditionally communities cared for children under the nuclear and extended family within their clans and communities, the prevailing environment had seen increasing numbers of children unable to grow up within their families and thus placed in alternative care, which includes residential child care facilities. Factors necessitating this sudden change in set up were the impact of the HIV and AIDS pandemic, the breakdown of the social and extended family, and poverty, among other things.

The standards were derived from international and local legislation which include the UNCRC, the African Charter on the Rights and Welfare of the Child and the United Nations Guidelines for the Alternative Care of Children as well as the Children's Act. The standards are grounded on the fundamental right of a child to grow in a family environment, in an atmosphere of happiness, love and understanding (UNCRC preamble). Thus according to the standards, residential care must be viewed as a temporary placement for children whilst efforts are made to plan for a permanent return to their own family and community or placement within an alternative family environment in their own community. All residential child care facilities are required to comply with these standards, however in recognition of the different degrees of preparedness instruction shall be provided on the phased implementation.

#### **h. Children as actors in the child protection system of Zimbabwe**

Using the African lenses in appreciating children's rights, children themselves are seen as social actors who can engender change. The child protection system of Zimbabwe reflects this scenario. Children have their own child protection committees where they are ideally supposed to talk openly about abuse that is perpetrated against them. The children have the responsibility to report any abuses or bring them to the attention of duty bearers. Moreover, the country came up with a statutory instrument in 1992 which established the junior parliament and junior councillors. These statutory bodies are meant to represent the plight of fellow children to stakeholders like the media, legislature and the Government. In a way, these child representatives become duty bearers as well because they assume a mandate to represent other children from their constituencies. These formal child participation platforms play a key role in ensuring the proper functionality of the country's child protection systems.

#### **i. Social protection interventions for children in Zimbabwe**

##### **Basic Education Assistance Module (BEAM)**

In response to the rising challenges associated with the macro-economic meltdown which handicapped the social services provision, the Government of Zimbabwe launched a unique safety net in the form of BEAM in 2001. BEAM is the educational funding component of the Government of Zimbabwe Poverty Alleviation Action Programme. Its launch filled the gap

created by the discontinuation of the Social Dimension Fund Fee Waiver Programme. The economic situation since that time has changed substantially.

In 2013, the BEAM programme hit headlines when it did not receive substantial funding from the national treasury. Instead of US\$73 million that had been budgeted for in this programme, the national budget only allocated US\$15 million. This situation was further compounded by withdrawal of donors such as the United Kingdom Aid's Department For International Development (DFID) and others. Speaking to the Parliament, the Permanent Secretary in the Ministry of Public Service, Labour and Social Welfare, Ngoni Masoka lamented that:

"Allocated budget by Treasury of US\$15 million will only assist 83 000 secondary school children against the target of 250 000"<sup>18</sup>. The money is expected to also cover 750 000 children in primary education in need of assistance. This means that about 1 million children would drop out of school since BEAM would have failed to cover for their fees.

### **Assisted Medical Treatment Order (AMTO)**

AMTO is a mechanism that has been put in place by the Government to assist citizens who fall sick and will not be able to meet the cost of receiving medical treatment. This is often used for children in residential care facilities. A probation officer produces the AMTO which a care facility can produce at any public hospital. However, the new national Constitution provides for basic health care services to be free at all public health facilities. This means that the AMTO will only be used in cases where the patient will be supposed to pay, in areas not provided for by the Constitution.

### **Cash Transfers**

This service is offered under the NAP for OVC Phase two funded by the CPF. After the evaluation of NAP for OVC Phase one, the evaluation noted the need to have cash transfers as a mechanism to cushion households that are labour constrained and also food poor households. The initiative is run in purposively sampled districts of the country and is ending in 2015.

### **Public grants**

This intervention is administered in all the provinces of the country except those where the CPF is implementing cash transfers.

### **The last resort**

As has been noted earlier, the Orphan Care Policy of 1999 identified alternative care as a measure of last resort. This system has been inundated by children who would have slipped through all the other social safety nets as they are described in the Orphan Care Policy. As the report will show in the preceding chapters, residential child care institutions have a limited capacity enabling them to provide quality care and services to children under their care. This limited capacity is partly due to the lack of specially trained staff to care for children as well as poor staff remuneration. This negatively affects the morale of the staff. Research findings show that most residential child care institutions also have challenges in documenting their

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<sup>18</sup> Daily News, article by Mugove Tafirenyika '1 million drop out of school', 15 January 2014



work and properly filing information pertaining to each child for ease of access. As a result the research had challenges in getting information on the state of children's rights and any statistics relating to children in these care facilities.

### **DSS capacity**

The UN Guidelines for Alternative Care of Children note that:

'Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorized civil society organizations. It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided'. (UN Guidelines 2009: paragraph 5)

In the case of Zimbabwe, the 'competent local authority' is the DSS. OECD Policy Guidance notes that in developing countries generally "the effective delivery of social protection requires a focus on building institutional capacity in terms of planning, coordination and the actual delivery of cash, food, inputs and other goods or services to people"<sup>19</sup>.

In view of this, it is imperative to critically look at the capacity of the DSS as it has the statutory mandate to deliver on social protection in the country. The Department ideally should be well resourced in every way. On the contrary, the DSS is one of the least funded departments by the national treasury. In an institutional capacity assessment that was conducted in 2010, the report noted with concern that the DSS is under resourced to meet its obligations. Its shortcomings ranged from unavailability of adequate qualified staff and shortage of vehicles for probation officers to execute their statutory duties such as reunification of children from residential care with their families.

The report noted that the DSS depended more on non-state actors and donors to discharge its statutory duties than the State itself. This resulted in the DSS providing patchy services around the country to the children needing support. The report further noted that the ratio of children to social workers in Zimbabwe was 49,587:1, compared with 1,867:1 in Botswana and 4,300:1 in Namibia<sup>20</sup>. This ratio means that children in need of care will not be able to access the services of a probation officer timeously. In order to address this challenge, the Government then resorted to recruiting staff who were not social workers such as sociologists and psychologists. The research noted that there was no systematic orientation done to those professionals who were now discharging social work responsibilities.

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<sup>19</sup> OECD, 2009

<sup>20</sup> MoLSS and UNICEF, 2010(c)



## PREVENTATIVE SERVICES

### Preventing family break up

The UN Guidelines for Alternative Care set the tone on the ideal scenario in coming up with interventions that deter family separation. The UN Guidelines note the following:

9 (a) To support family care-giving environments whose capacities are limited by factors such as disabilities; drug and alcohol misuse; discrimination against families with indigenous or minority backgrounds; and those living in armed conflict regions or under foreign occupation;

(b) To provide appropriate care and protection for vulnerable children, such as child victims of abuse and exploitation; abandoned children; children living on the street; children born out of wedlock; unaccompanied and separated children; internally displaced and refugee children; children of migrant workers; children of asylum-seekers; or children living with or affected by HIV and AIDS and other serious illnesses.

States should develop and implement consistent and mutually reinforcing family-oriented policies designed to promote and strengthen parents' ability to care for their children.

33. States should implement effective measures to prevent child abandonment, relinquishment and separation of the child from his/her family. Social policies and programmes should, inter alia, empower families with attitudes, skills, capacities and tools to enable them to provide adequately for the protection, care and development of their children. The complementary capacities of the State and civil society, including non-governmental and community-based organizations, religious leaders and the media should be engaged to this end. These social protection measures should include:

(a) Family strengthening services, such as parenting courses and sessions, the promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment, income-generation and, where required, social assistance;

(b) Supportive social services, such as day care, mediation and conciliation services, substance abuse treatment, financial assistance, and services for parents and children with disabilities. Such services, preferably of an integrated and non-intrusive nature, should be directly accessible at community level and should actively involve the participation of families as partners, combining their resources with those of the community and the carer;

As part of efforts to prevent separation of children from their parents, States should seek to ensure appropriate and culturally sensitive measures:

#### a. National policies to prevent family break up

As has been alluded to earlier, the Government put several mechanisms to assist the family in taking care of its children. One can argue that most of the social protection interventions that have been established seek to strengthen the resilience of families in taking care of their children. Interventions such as the cash transfers can be deemed to be prevention services even though the intervention is limited in scope, it can be said to be a gesture of acknowledgement of the Government's responsibility in supporting poor households.



Other interventions such as BEAM, public assistance scheme and AMTOs seek to ameliorate the challenge of unavailability of money which is one of the major issues leading to family break up.

### **b. Family strengthening services**

The social protection mechanisms which are available work as a buffer for families in need of Government assistance. Usually, financial obligations are a cause for conflict within families thereby weakening the family unit. In principle therefore, the Government has a framework which can strengthen vulnerable families with a hoped subsequent result of retaining a strong family unit.

The research team observed that at national level, the country does not have a coordinated, holistic and systematic programme of strengthening families to prevent separation. The research team did not come across any interventions by the Government providing positive parenting skills and family oriented conflict resolution, which had been initiated by the Government as a way of strengthening families in the country.

However, there are isolated initiatives in various settings that seek to strengthen the family system such as services that are available that can be attributed to the private sector, NGOs and religious organisations. Day care services which are available are privately run and families with low income cannot afford the costs. There are no specific services that are tailor made at preventing family breakdown. Available services provided by both NGOs and religious organisations can be said to be contributing to preventing family breakdown. For example, NGOs and religious organisations provide financial support to disadvantaged families, offer psycho-social support and counselling.

The media is also supposed to play a key role in assisting with strengthening the family institution. Some radio stations have programmes on issues that are pertinent to families. However, such useful initiatives are not systematically implemented. As a result, this research is not in a position to say that the media systematically builds towards the strengthening of the families in spite of the scattered programmes on various electronic media that may contribute to this.

The research therefore concluded that media, primarily visual, has not been effective in strengthening the family institution of the country. The radio stations at times come up with programmes that seek to deal with issues of parenting, conflict resolution in a family setting, positive parenting and communication but they are not systematic in their approach.

### **c. Supportive social services**

The family system in a Zimbabwe setting is shrouded in secrecy. This can be epitomised by some of the Shona proverbs which say '*usafukurahapwa pane vanhu*' (do not show your armpits in public) and another one which says '*chakafukidzadzimbamatenga* (what covers the households are the roofs). These proverbs send a message that it is not appropriate to wash dirty linen in public. As a result most households do not get to be assisted when they need help because of the already existing culture of not talking about what happens in the



private domain. More often, issues only come out when there will be irreversible or dire consequences.

In the context of the Zimbabwean society, it will be difficult for families to publicly say that they need professional help in case such help is available. The above explanation can be a justification to why the Government does not have a pronounced, accessible and available service for conciliation, mediation and day care services.

**Table 3: The research's observations on available services to prevent family separation**

|              | <b>State provision</b>   | <b>NGO</b>  | <b>For profit organisations</b>  | <b>Religious organisations</b>   |
|--------------|--|---|--|--|
| Day care     | The State has made sure that at every primary school, there is an Early Childhood Development centre   | There are not any that the research team came into contact with   | There are many in almost all localities. The practice is more pronounced in urban settings. The rural areas do not have such arrangements well pronounced due to the distances that would need to be walked by the children and unavailability of the money to pay | Some of their interventions are for profit. There are limited day care centres that take care of children without requiring payment  |
| Respite care | The Domestic Violence Act of 2007 and the Children's Act provide for respite care. However, due to a lack of resources there are not any that are well funded. Children are usually put in residential child care facilities. Two centres were established namely the Beitbridge and Plumtree child reception centres for children on the move crossing the Zimbabwean borders | NGOs such as Msasa Project and Simukai Child Protection Projects provide respite care in Zimbabwe. However, this is not a popular arrangement in the country due to the unpredictability of funding | The research team did not come across any service providers in this category   | Several churches provide respite care especially to children outside the family environment. The challenge is the lack of a systematic approach resulting in a lack of a measurable mechanism of the extent of provision |
| Financial    | The Government   | Through the   | There are several  | Some churches  |



|                        |   |   |   |   |
|------------------------|---|---|---|---|
| support                | under the Social Welfare and Assistance Act provides for financial support to families in dire need with monthly grant of \$20.   | family strengthening programme run by SOS Children's Villages, the research observed that the organisation has a component of financial assistance to families in dire straits.                 | organisations that fall into this category, including micro finance institutions. These provide credits to be paid with interest. This service usually results in financial problems to the families as they will strive to pay the borrowed amount with interests. | do offer financial support to needy church members  |
| Family allowances      | Except from what is mentioned above, the Government does not provide for allowances to ensure family well-being though the framework is there   | Not any that the research team came across  | Not any that the research team came across  | These may exist but there is no documentation to confirm them.  |
| Minimum income support | The research team did not come across anything on these lines   | None that the research team came across   | None that the research team came across   | None that the research team came across   |
| Psycho-social support  | Within its departments, the Government has offices that focus on psychological services. The Government has the framework but due to a lack of resources, it is not able to roll out these services to all who need them. | Some NGOs especially those dealing with child abuse and gender based violence offer psycho-social support. However, the scope of PSS is usually limited to the beneficiaries of their projects. | Some offer PSS to their employees who might be in need of it  | Within the purview of their interaction with congregants, churches offer PSS from primarily a spiritual perspective |
| Counselling            | The Government does have a framework for providing counselling to families in need. This service is   | Some NGOs provide this service in various parts of the country. Organisations   | There are several service providers in this category ranging from individuals to registered enterprises. These  | Religious groups throughout the country play a key role in providing  |

|  |  |   |  |   |
|--|--|---|--|---|
|  | <p>supposed to be provided by the probation officers who are supposed to be in every district of the country. However, as the research has already noted, the country is short staffed of social workers with a ratio of 49,587:1, compared with 1,867:1 in Botswana and 4,300:1 in Namibia<sup>21</sup></p> | <p>such as Childline, Counselling Services Unit provide counselling at a national level</p> | <p>primarily operate in urban settings</p> | <p>counselling from a spiritual view.</p> |
|--|--|---|--|---|

#### d. Child day care in Zimbabwe

The concept of child day care in Zimbabwe is not very common. When children are still in their infancy, in urban areas, on average every parent who is gainfully employed finds a maid whom they leave the children with. This is usually applicable for ages ranging from 0-3 years. Instead of child day care, what has become more pronounced in the country is the concept of early childhood development (ECD) centres. The national ECD Policy developed in 2004 requires primary schools to offer a minimum of two ECD classes for children from 3 to 5 years old. In support of this policy, primary teacher training colleges are now training ECD teachers who receive certified diplomas in ECD from the University of Zimbabwe. By 2010, there were 5220 ECD centres in Zimbabwe with 95% of all primary schools with ECD<sup>22</sup>. The diagram below shows the distribution of the ECD in the country by province:

**Table 4: The ECD B Classes in Primary Schools in Provinces<sup>23</sup>**

| Provinces    | Total no. Of primary schools | primary schools with ECD B Classes | % of schools with ECD B | No. Of schools without ECD B classes | % of schools without ECD B |
|--------------|------------------------------|------------------------------------|-------------------------|--------------------------------------|----------------------------|
| Bulawayo     | 118                          | 109                                | 92.4                    | 9                                    | 7.6                        |
| Harare       | 209                          | 189                                | 90.4                    | 20                                   | 9.6                        |
| Manicaland   | 850                          | 850                                | 100                     | 0                                    | 0                          |
| Mash Central | 471                          | 404                                | 85.8                    | 67                                   | 14.2                       |
| Mash. East   | 716                          | 685                                | 95.6                    | 31                                   | 4.4                        |
| Mash. West   | 678                          | 644                                | 94.8                    | 34                                   | 5.2                        |

<sup>21</sup> MoLSS and UNICEF, 2010(c)

<sup>22</sup> Makororo P., 2012

<sup>23</sup> Parliament of Zimbabwe, 2010, Report to the Portfolio Committee on Education, Sport, Arts and Culture on the provision and development of early childhood development in Zimbabwe (3<sup>rd</sup> Session- Seventh Parliament)



|            |     |     |      |    |     |
|------------|-----|-----|------|----|-----|
| Masvingo   | 659 | 625 | 94.8 | 34 | 5.2 |
| Mat. North | 455 | 455 | 100  | 0  | 0   |
| Midlands   | 653 | 588 | 90   | 65 | 10  |
| Mat. South | 442 | 419 | 94.8 | 23 | 5.2 |

Source: Parliament of Zimbabwe

The policy benefitted children in rural areas more since they did not have access to early childhood development facilities. However, these facilities have not been spared by challenges. In a research conducted by Tarvinga Mushoriwa and Hannah Muzembe (2010) they noted that most schools did not have classrooms for the ECD children. Moreover, the number of children in each class was too large, failing to meet the required teacher-pupils ratio of 1:20. In some instances, the number of teacher to pupil ratio was even 1:40. Furthermore, in most provinces of the country a critical deficit of trained teachers with ECD qualifications was discovered by the alluded research. Overall, the ECD A and B classes have been manned by untrained staff (para-professionals) and this practice militates against the attainment of quality education<sup>24</sup>.

Moreover, the research noted above bemoaned that most ECD facilities at primary schools did not give food to the children. In fact, children had to bring their own meal from home and in some cases the children had no food.

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<sup>24</sup>[www.nhakafoundation.org](http://www.nhakafoundation.org)

## INFORMAL CARE

### a. Background

The vast majority of Zimbabwean orphans are cared for by relatives. This mode of care, derived from the deeply rooted extended family system, operates informally with decisions concerning the child's future being made by family elders without recourse to official government agencies<sup>25</sup>. Those appointed as guardians are chosen on the basis of their capacity to take over the added responsibility.

As a way of background, the African society is heavily entrenched in the philosophy of collectivism epitomised by the *ubuntu* concept. The *ubuntu* philosophy notes that the well-being of a person is directly related to those around him or her. Because of the communalism approach to life in most African contexts, you will find that one's well-being is defined by the community's well-being and how the community sees the person. In the same breadth, there was communal ownership of children. Every adult was either a father or a mother to any child and the same adult had rights to correct or discipline this child in the event of committing mischief. The communities were also intricately connected through totems. The responsibility of raising children was therefore not left to the biological parents alone. The entire clan had a role to play while also giving the children education premised on 'ubuntu'. In the unfortunate event of orphan hood, the children were easily taken care of by the clan or families who were responsible for raising these children anywhere.

Due to several factors such as colonialism, globalisation with subsequent mobility and urbanisation, the family structure was heavily compromised. There was no longer that communal ownership of children especially in urban settings. In rural settings however, the residue of the *ubuntu* philosophy still governs how families respond to calamities. In the majority of instances, you will find the extended family taking care of children without any government assistance or engaging in legal processes to legitimise taking care of children in their communities.

In view of the above, it is then difficult in most rural settings to administer paragraph 56 of the UN Guidelines which states that:

56. With regard to informal care arrangements for the child, whether within the extended family, with friends or with other parties, States should, where appropriate, encourage such carers to notify the competent authorities accordingly so that they and the child may receive any necessary financial and other support that would promote the child's welfare and protection. Where possible and appropriate, States should encourage and enable informal caregivers, with the consent of the child and parents concerned, to formalize the care arrangement after a suitable lapse of time, to the extent that the arrangement has proved to be in the child's best interests to date and is expected to continue in the foreseeable future.

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<sup>25</sup> Ministry of Public Service, Labour and Social Welfare and UNICEF, 2004.

## b. Child Headed Households

The disintegration of the extended family system as has been noted has given rise to child headed households. In the country's Census Report of 2012, the numbers of child headed households are presented as below:

**Table 5: Distribution of Child Headed household by Province and Sex**

| Province            | Male         | Female       | Total        |
|---------------------|--------------|--------------|--------------|
| Bulawayo            | 822          | 1075         | 1897         |
| Manicaland          | 4743         | 4556         | 9299         |
| Mashonaland Central | 1495         | 1361         | 2856         |
| Mashonaland East    | 3633         | 2896         | 6529         |
| Mashonaland West    | 2035         | 1835         | 3870         |
| Matabeleland North  | 1243         | 1173         | 2416         |
| Matabeleland South  | 1864         | 1713         | 3577         |
| Midlands            | 2758         | 2805         | 5563         |
| Masvingo            | 4149         | 4481         | 8630         |
| Harare              | 1561         | 1830         | 3391         |
| <b>Total</b>        | <b>24303</b> | <b>23725</b> | <b>48028</b> |

Source: Zimbabwe National Statistics Agency, 2012(b)

If the above figures are mirrored to the number of orphans in each province, it can be said that the extended family is indeed playing a key role. The number of child headed households in Manicaland and Masvingo would need to be interrogated more since they are conspicuously more than the rest.

**Table 6: Outline of distribution of orphan-hood throughout the country:**

| Province            | One parent alive | Both parents dead | Number of children |                | Total               |
|---------------------|------------------|-------------------|--------------------|----------------|---------------------|
|                     |                  |                   | Male               | Female         |                     |
| Manicaland          | 76.68            | 23.32             | 74 708             | 82 895         | 157 603<br>(13.24%) |
| Mashonaland Central | 76.5             | 23.5              | 56 414             | 52 999         | 109 413<br>(9.19%)  |
| Mashonaland East    | 78.03            | 21.97             | 71 342             | 69 532         | 140 874<br>(11.83%) |
| Mashonaland West    | 74.11            | 25.89             | 68 523             | 66 562         | 135 085<br>(11.35%) |
| Matabeleland North  | 78.24            | 21.76             | 37 399             | 37 181         | 74 580 (6.27%)      |
| Matabeleland South  | 80.25            | 19.75             | 42 970             | 41 039         | 84 009 (7.06%)      |
| Midlands            | 75.21            | 30.9              | 76 022             | 83 256         | 159 278<br>(13.38%) |
| Masvingo            | 74.47            | 28.36             | 80 042             | 76 457         | 156 499<br>(13.15%) |
| Harare              | 71.27            | 19.41             | 62 295             | 72 396         | 134 691<br>(11.31%) |
| Bulawayo            | 71.65            | 28.72             | 17 393             | 20 986         | 38 379 (3.22%)      |
| Rural               | 74.42            | 25.57             | 472 035            | 467 467        | 940 502<br>(79.01%) |
| Urban               | 79.41            | 20.58             | 114 073            | 135 837        | 249 910 (20.9       |
| <b>TOTAL</b>        | <b>75.47</b>     | <b>24.53</b>      | <b>587 108</b>     | <b>603 303</b> | <b>1 190 412</b>    |



Source: Zimbabwe National Statistics Agency - 2011 Child Labour Survey Report May 2012 p29

The above tables show that the extended family absorbs a lot of children without going through the formal government channels.

### c. State support to informal care of children

The State through the Orphan Care Policy acknowledges that the extended family plays a key role in absorbing children who are orphaned. This process is done in a customary way with the elders of the family. The dual legal system of the country further compounds the situation in trying to make the above mentioned standard a reality. Customary law appreciates the processes that are done in taking care of orphaned children in an ideal African setting. This process of allocating the family members' responsibility of taking care of orphaned children is done usually expeditiously after the burial of the deceased parents. Agreements are made using the social contract approach and it can be binding for life. No state support will be solicited as the giving of responsibility to look after the orphaned children considers ones' means.

In the social protection system of the country, as has been earlier alluded to, there is provision for families that face difficulties to take care of their families to apply to the state for assistance. Currently, the State provides an average amount of US\$20 monthly to a household. The respondents to the researchers noted that the amount may not suffice to meet the basic needs required by a family. However, the challenge is that the Government does not have enough fiscal space to be able to meaningfully support the families in need.

### d. Rights violations in informal care

There have been reports of child rights violations in all family care settings. There is no disaggregated data on the nature of violation and the type of informal care. The research team noted that one of the prevalent forms of abuse in the informal care system is child sexual abuse. Recent research has shown that most of the abuse cases that are brought before the courts would have been perpetrated by a relative or someone close to the child. This means that the extended family system has lost its integrity to take care of its children as noted by one of the respondents, '*huku yave kudya mazai ayo*' (a hen is now eating its eggs).

Child abuse cases also go unreported in the spirit of not exposing the family. This means that in some of the cases, children languish in abuse with no one to tell of their ordeals. For those who report their cases, such children are usually treated as outcasts by the family and run the risk of being disowned. Available statistics are therefore based on the cases that trickle from the family hedge to the public domain.

Furthermore, children in informal care settings have the challenge of usually dropping out of school earlier than their counterparts. Should the family face any challenges, the first port of call will be to take children in informal care out of school. The research could not find readily available statistics of such drop outs but anecdotal research shows that such children are likely to be the first victims of being pulled out of school in the event of financial challenges within the family.



In some of the instances, the research observed that children in informal care are subjected to emotional abuse. A lot of hurtful words are spoken by the carers out of frustration when the children are just being children. There have been reports by the children that care givers would utter statements such as 'handisirini ndakauraya amai vako... kana uchida zvekuchema, enda unochemera kuguva ravo uko...' <sup>26</sup> (I am not the one who killed your mother, if you want to cry, go and cry at her grave.). Such abuses are difficult to report and children growing up in such conditions are robbed of their confidence and self-esteem in society. Summing up, child rights violations that exist in this set up are well articulated by Foster (2001) when he noted that:

Cases of abuse, mistreatment or exploitation of fostered children have been reported from the extended families. Girls in particular, may be taken in by relatives because of their economic value in carrying out domestic chores or obtaining bride price. Judging by reports from child rape centres, cases of sexual abuse of orphans also appear to be increasing. Issues of prejudices and favouritisms have caused the contemporary family structure not to be able to incorporate the orphans <sup>27</sup>.

In conclusion, it can be said that the extended family structure plays a key role in absorbing the orphans in the country. There are several success stories that are not well documented of how this system has managed to raise orphaned children without the State's assistance.

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<sup>26</sup> Child respondent in a focus group discussion in Masvingo

<sup>27</sup> Foster et al., 2001:15



## MOTIVES FOR PLACEMENT

The research team observed that the main root causes for placement of children in alternative care are:

- Disintegration of the family structure resulting in abandonment
- Poverty
- Gender dynamics in the Zimbabwean context
- Child abuse

These reasons are both applicable to short term and long term placement of children in both, public and private child care facilities. In Zimbabwe, all residential child care facilities are registered by the Government and are supposed to take only children through the DSS.

### a. Disintegration of the family structure: abandonment

The 21<sup>st</sup> century has brought about unprecedented mobility in the population around the world. Zimbabweans are not left out in this exploration for greener pastures. Consequently, families get separated thereby weakening the family system for a child to grow up in a safe and healthy environment. The mobility does not only happen at international level. Within a country, you will find a husband working in a town, while the wife will be teaching in a rural area. This kind of set up compromises the effective upbringing of the children culminating in exposing these children to untold suffering and abuse.

The research discovered that the main motive for abandoning children in hospitals and other places is poverty. Taking care of a baby is considered a mammoth responsibility which requires the entire clan to be involved in an African context. What the research observed was that in instances where there was a weak relationship between the father of the child and the mother, if the mother did not have means, she was likely going to look for alternatives for taking care of the baby. One of the easy ways out is abandonment. Most women are left on their own by their spouses to go through the pregnancies. If the family support system is also weak, the woman finds the responsibility to be colossal to be done alone resulting in them considering abandonment. This option is often applicable where the woman is dependent on the spouse for sustenance.

The situation becomes more compelling for abandonment when not only the family is not supportive, but there also where the family is suffering from chronic poverty. The research noted that more often men absolve themselves from their duties of taking care of their offspring. This is justified as not wanting to feel helpless and avoiding to feel inadequate when unable to provide. On the contrary, women would not have a choice but to bear the pregnancy. Most abandonment happens at the hospital or children are left at a safe place such as the gate of a residential care facility. However, the research noted that there were instances where children were dumped in pit toilets or bushes.

The research team visited Queen Elizabeth Children's home. The home manager noted that in December 2013, the facility had received 4 babies through the DSS. Two of the babies were left at the hospital while the other two were dumped in the forest.



## **b. Child sexual abuse**

The research sought to identify the root causes of child abuse in the families. One of the reasons that kept appearing in the interviews with key informants was traditional and cultural beliefs. In a focus group discussion with caregivers at one of the residential child care institutions, the respondents noted that one key reason for child sexual abuse was premised on the belief systems of the family. A case was noted of a family that got advice from a traditional healer that the father was supposed to sleep with his daughter and remove her virginity. Out of gullibility, the family went ahead to allow it. The research initially thought that this was an isolated case but it came up again in an interview with the superintendent of a residential child care facility in Masvingo. She noted that one of the children had come into their care because the father was sexually abusing the child with the belief that this will make him prosper in his business.

## **c. Poverty**

Due to poverty, families have become desperate to be successful to the extent that they can go to any length to extricate themselves from poverty. The process of seeking solutions has made families do anything, even if it means the abuse of the very children whose future they are trying to guarantee!

## **d. Gender dynamics in an African setting**

The girl child bears the brunt of any gender inequality that exists in an African setting. Customarily, the repayment of an avenging spirit was only done by sacrificing a girl child. Even though in recent years such practices as the avenging of spirits are no longer prominent, it can be noted that the girl child is more susceptible to any abuse resulting from the beliefs that the family may have. Consequently, this then causes the DSS to take children prone to such practices to places of safety which in some instances becomes permanent if the family or the DSS does not follow up on it.

### **Case study**

At Queen Elizabeth Children's home, there is a child who was placed by the DSS initially to be on place of safety. The child was taken from the family as there was domestic violence in the home. The father and the mother were perennially fighting while the child was watching. The neighbours reported the case to the police who subsequently took away the child to Queen Elizabeth Children's Home for a place of safety. The parents later divorced and no one was prepared to take the child from the residential care facility. At the time of the research, the child had spent five years in the care facility without any contact with the parents. Both of the parents seem to have exonerated themselves from any responsibility for the child hoping that the other person would take care of this child.

## **e. Availability of reliable and disaggregated information**

The research team could not access readily available disaggregated information from the authorities of reasons for the placement of the children in residential child care facilities. The research team had to collect this information from the residential care facilities themselves. It seemed though that the reasons given above primarily are the causes of placement of children only in residential child care facilities in Zimbabwe.

## ADMISSION PROCESS AND REVIEW OF PLACEMENT PROCEDURES

Through the Children's Act, the Government made the process of placement of children very clear. Below is an extract of Section 14 from the Children's Act<sup>28</sup>:

### REMOVAL OF CHILDREN AND YOUNG PERSONS TO OTHER CARE

#### 14 Removal of children and young persons to place of safety

(1)<sup>29</sup> Any police officer, health officer, education officer or probation officer may remove a child or young person from any place to a place of safety

(a) if he is, in the opinion of that police officer, health officer, education officer or probation officer, a child in need of care; or

(b) if there are reasonable grounds for believing that an offence specified in the First Schedule is being or has been committed upon or in connection with that child or young person.

(2)<sup>30</sup> Unless it would be impracticable or detrimental to the best interests of the child or young person concerned, a police officer, probation officer, education officer or health officer shall place a child or young person in a place of safety in terms of subsection (1) within the family or community where the child or young person was raised.

(3)<sup>31</sup> A police officer, education officer or health officer who has removed a child or young person to, and any person who receives a child or young person in, a place of safety in terms of subsection (1) shall notify a probation officer for the area in which the place of safety is situated of such removal or reception as soon as possible and in any event within five days of such removal or reception.

#### a. Process of admission

This process is premised on the understanding that all children belong to the state. This means that whenever a guardian or parent ill-treats a child or abuses them in any form or manner, the State, using its officers has the authority to take that child to a place of safety. However, the process of placement has to follow a protocol that is established. From the identification to the placement of a child into an institution many steps and procedures have to be taken and fulfilled. A child can be placed in a Place of Safety for 14 days whilst the guardian or relative of the child is being looked for, or is immediately committed to the institution.

When a child is found having been abandoned, neglected, abused or in danger, the DSS is notified about it. The local police are contacted and they then investigate the circumstances the child lives in. Such investigations include; who found the child; in what state; time; area and so forth. The police report is taken to the DSS and depending on the circumstances and age of the child he/she is taken to a hospital for a health check-up. The police report, the probation officer's report plus the medical record are kept in the child's file by the institution. The care plan is developed using this information in determining whether the child would be

<sup>28</sup>[http://www.africanchildforum.org/clar/Legislation%20Per%20Country/Zimbabwe/zimbabwe\\_children\\_1972\\_en.pdf](http://www.africanchildforum.org/clar/Legislation%20Per%20Country/Zimbabwe/zimbabwe_children_1972_en.pdf)

<sup>29</sup> Subsection amended by s. 13 of Act 23/2001.

<sup>30</sup> Subsection inserted by s. 13 of Act 23/2001.

<sup>31</sup> Subsection inserted by s. 13 of Act 23/2001.



placed in a Place of Safety or should be placed in an available or suitable institution. This care plan is done in the best interest of the child, such as removing a child from abusive parents as a matter of urgency or ensuring that a child is placed in a specialised care centre like Jairos Jiri.

The Place of Safety Order gives leeway to DSS officers with the help of the police to determine that the child has no known relative able to assume responsibility and care of the child. When a relative is found the child is taken from the institution and given to the relative.

Abused or neglected children can be institutionalised for a certain period and return to their parental homes when the situation that made the placement necessary changes. Some children may have to reunite with their family when they are 18 years old. When the child is deemed in need of alternative care, the probation officer with a court order commits the child and the child is entitled to an AMTO and institutional grant of US\$15. The court order has an expiration date for which it should be renewed by the magistrate if the child should continue staying at the institution receiving governmental grants.

Children's homes look after children of different ages and needs. Some homes only take infants, while others take those of primary school going age yet others take only children with special needs. These care centres are licenced by the Government to care for only a certain number of children. The court orders are the proof that a certain number of children are committed entitling the centre to receive a monthly grant per child.

Whilst the above processes ensure that a child is institutionalised as a measure of last resort, it however poses a lot of problems in satisfying all the necessary policy demands. Many children once placed on the basis of a Place of Safety reach their eighteenth birthday without having a court order for their placement, denying that child the right to receive governmental support. Those fortunate to have court orders, when they get to eighteen, their court orders will not be renewed. The research found that residential child care facilities keep these young adults until they are self-reliant. Some of the young adults however end up going to the streets if they are not reunified with their families

Children as only infants without any known relatives can be easily assisted by the DSS to register and obtain birth certificates. However, the DSS face challenges in assisting older children since the Registrar of Births and Deaths would require a birth record or the testimony of the village health worker or family members to register the birth of these children. As a result many of these children cannot sit for Zimbabwe Examination Council (ZIMSEC) examinations whose prerequisite is the availability of an identity document such as the national ID or a birth certificate. Hence, their right to an identity and education is heavily compromised:

The process of admission of children to residential care facilities has been simplified by the National Residential Child Care Standards as outlined below:

NRCCS - All children to be placed in a Residential Child Care facility shall be formally committed through the Department of Social Services in accordance with Section 14, 15 and 16 of the Children's Act Chapter 5:06.



5.1 All admissions shall be authorised by the Department of Social Services in accordance with criteria 1.2 above.

5.2 On admission, children shall be provided with clear written information, in an appropriate language, about their placement, which describes their rights and the channels for making complaints and reporting abuse.

5.3 The Residential Child Care facilities shall record all information about a child at the time of his/her placement. Such information shall include place of origin, the names of his/her parents and or any known relatives and significant others. Access to this information/case record may be restricted where necessary for the protection of a child's privacy and confidentiality.

#### **b. The role of a probation officer**

At the core of the above mentioned process is a probation officer. It must be noted that no placement would happen in any institution, both private and public, without passing through the probation officer of the district. The probation officer plays a key role in facilitating the following:

- Identification and placement of children in relevant institutions that takes care of the child's needs
- In consultation with the administrator or matron of the residential child care facility, the probation officer develops a child care plan
- Facilitate the acquisition of the child's committal papers including a birth certificate
- Conduct regular follow-ups on the child especially on the issues that would have been identified during placement
- Be the proxy of the parent when the child relates with other stakeholders like *inter alia* the school and police

The probation officer may delegate some of these responsibilities to the head of the residential child care facility. The research observed that almost all of the above mentioned responsibilities are being executed by the residential child care facilities themselves. Some of the administrators expressed their dismay at the lack of involvement by the DSS in the upbringing of the children. One of the administrators lamented:

*"We only see the DSS people here when they are bringing children. They only get to the office and the next time we will see them is when they are bringing another child. They let us down a lot!"*

#### **c. Establishing a care plan for the child**

The National Residential Child Care Standards clearly outline the process for the development of a child care plan. Standard 5.4 gives a lucid process of who should do it:

5.4 On admission a development plan for each child shall be written up. This Development Plan shall be drawn on the basis of each child's needs, life situation, origin and social environment. The Plan is developed in consultation with the child and his/her family, the

Probation Officer and caregiver, and will include the arrangements that are made for the child's day-to-day care, health, education, physical, emotional, as well as his or her cultural, religious and linguistic needs. The Development Plan will also address the child's longer term care needs and aim for an eventual family placement. The Development Plan shall be reviewed regularly but not less than every six months.

The research found out that while the process of establishing a care plan for the child is clear, some of the residential child care facilities do not adhere to the dictates of this standard. The research found that some of the facilities only had a file for the child lacking such details including the educational, physical, and emotional as well as the child's culture and religious needs. Most files were shallow, only having details of how the child was admitted to the care facility and background information that is known. Under the CPF, one of the interventions being implemented by Child Protection Society (CPS) is to make sure that development plans for children have a lot of detail that will help in assisting the child to live up to their fullest potential. In this programme, children's folders that contained *inter alia*, development plans for children, medical examination and academic records are ranked out of a 100%. When the research team arrived at Alpha Cottages, the team from CPS also came with the DSS personnel of the area. The purpose of the visit was to assess how the institution had complied with the dictates of the standards.

#### d. Review of placements

The local DSS, in collaboration with the residential child care facilities administrator and staff is supposed to conduct regular reviews of children placed in the care facilities. The decision for moving a child from one care institution to the other is done by the probation officer in liaison with residential child care facility and the recipient care facility authorities. The research observed that the review of placement was left to the care institution personnel. In areas under the CPF, the probation officers had means to review children's placements in collaboration with the CPS and the residential child care facility staff. In the areas that were not under CPF, the probation officers could not conduct the visits regularly for reviewing placements.

#### Case study

At a residential child care facility in Bulawayo, a child was initially placed at this facility by the DSS. The institution then found out that the child needed special attention which the staff could not provide. The care facility liaised with the DSS that the child be placed at another facility that will be able to assist the child. The child needed speech therapy and physiotherapy so that he could walk. The child was taken to Jairos Jiri Centre in the same city which has special facilities to help such a child. The making of this decision was done by the DSS through the recommendation of the Queen Elizabeth Children's Home.

#### e. Reunification and community reintegration of children

This component is crucial to making sure that the child care facilities are not crowded with children who have traceable relatives. The research team observed that a deliberate effort of this exercise was primarily carried out under NAP 1 and NAP 2. Reunifications are happening especially in provinces that are being funded by the CPF Project. For those



provinces that are not funded, ideally they are supposed to adhere to the provisions of the NRCCS in terms of making sure that each child has a care plan and if traceable relatives are found a process should lead to the subsequent reunification of the child. Under the CPF programme, there are monitoring mechanisms to check on how the child would have settled in the family.

Under NAP 1, the programme offered grocery and school fees support to the extended family that would have received a child. In NAP 2, the idea of giving groceries was stopped for sustainability purposes. This means that when the child is reunified, the Government does not promise any assistance to the family. However, for labour constrained families, assistance is rendered at the discretion of a probation officer.

The research found out that there is no clear laid down procedure that details the process of tracing relatives, reunifying a child up to case closure. During the research, the senior government official noted that a case management system was underway and it will include the process of reunifying children.

Beyond the tentacles of the CPF, the National Residential Child Care Standards makes it a prerequisite for every institution to have a plan of reunification of children with traceable relatives. This approach provides a sustainable way of dealing with the issue. The challenge however will be resources to conduct family tracing, escorting, reunification and reintegration with continued monitoring. Many residential child care facilities registered concerns that they will not be able to follow this process without both, financial and technical support from the DSS and partners.



## RANGE OF CARE OPTIONS

One of the legacies of HIV and AIDS in Zimbabwe has been a higher proportion of orphaned children of the country's population. Coupled with the weakening of the family structure and ailing economy, the existing child care options become strained to contain the crisis. As a result, Zimbabwe does not have the luxury of having emergency care, short term care and longer term care facilities. What is available in the country are child care facilities that are open to children in need of care according to given provisions. The trend that the research noted was that when a child is placed in a facility, there are 80% chances that the placement, even though having been done as a temporary place of safety, becomes permanent.

### a. Sibling groups

In a focus group discussion with care givers at a residential child care facility, the caregivers noted challenges in dealing with sibling groups. The discussion noted that sibling groups are difficult to integrate into a family structure that may exist in a care facility. Children are protective of their siblings which sometimes lead to abuse of the other children physically when a scuffle ensues with a younger sibling. These concerns were addressing the recommended practice that sibling groups should not be separated.

The case study below illustrates that while sibling grouping is a good principle in placing of children, it might come with its downside especially in a residential child care facility where all children are supposed to relate as brothers and sisters. The siblings will reinforce to the other children that they are actually not related to in most instances.

#### Case study

Children who were living in a child headed household without any supervision were identified by the DSS and placed in a residential child care facility. These children had been living on their own for about three years. When they were admitted to the residential child care facility, they were put into the same family. In the family generally the caregiver uses age to determine seniority. The older sibling would undermine the seniority of the house as she was used to be in charge. She would also defy the instructions of the caregiver saying 'hamusi mai vangu...' (You are not my mother...) she would also influence her siblings not to do their chores. She would harass anyone who interfered with her siblings.

### b. Types of institutions

#### Family based care

The family based care tries to borrow from the concept of nuclear family where there is a parental figure and children of different ages and sexes. The "family" lives as a unit and prepares food, eats together and performs household chores as they would in a normal home. This concept has been expounded further to having children's villages such as SOS Children's Villages.

#### Manhinga Village and Eden Children's Village

The concept of villages brings communality to children and will socialise them to know that they live in a context where they have to fit in. The research observed that most families did

not resemble the usual family as is known and practiced in the communities. From the facilities that the research team visited, there were no family units that had a father figure. In a village set up, the village manager was the overall father figure for all children. Anecdotal evidence suggests that such a set-up brings a social shortcoming on the children where they are not balanced in their social orientation.

### **Dormitory type**

The dormitory type of residential child care was initially the most prevalent until research showed that it deprived the children of the experience of a family life. However, there are some residential child care facilities which still have this type of care even though the National Residential Child Care Standards regulated that all such care institutions should move to family based care. The children are segregated by sex and age. The model compromises on the quality of care that is provided for by the care givers. The level of attachment is minimal and passive. Learning will not be effective for children due to the numbers. As a result these children fail to relate well with those of the opposite sex, a problem easily addressed in a family set-up where there are both male and female children living under one roof.

### **Community care**

This refers to informal fostering of orphans by non-relatives from within their community of origin. It has been successfully utilised in workers' compounds on commercial farms and in rural villages where traditional leaders may be instrumental in initiating and overseeing these arrangements<sup>32</sup>. Community based programmes encourage this model of care and frequently include the recruitment and training of volunteers to support and assist care-giving families.

### **Case Study: The Chiedza Child Care Centre Model**

Chiedza Child Care Centre is a community based institution that operates from Waterfalls in Harare. The programme reaches out to more than 1000 children living in difficult circumstances through various initiatives. Some of these initiatives include: education assistance in the form of school fees, uniforms and exercise books for children in the community; conducting para-legal training for children as rights holders; conducting psycho-social support to children to deal with the vicissitudes of life such as death of parents and the mbuya nemuzukuru initiative which seeks to initiate conversation between adults and children on issues that affect their lives. This programme seeks to provide a holistic approach to dealing with issues that young people face while also establishing strong referral systems with other service providers. The organisation has become a place of refuge for children in the community to go to when they want answers and support. At the end of the day, the children will go back home, re-energized and with clues to the challenges they will be facing.

### **Adoption**

Deeply held cultural beliefs and attitudes militate against adoption becoming a realistic option for the care of orphaned and abandoned children in Zimbabwe. Of 187 intra country adoptions processed in the country over a 4 year period, only 35 were given to black families<sup>33</sup>. Most of the black adopting couples had a middle class and westernised outlook

<sup>32</sup> Jackson, H. et al., 1996

<sup>33</sup> Ministry of Public Service, Labour and Social Welfare and UNICEF, 2004.



and were consequently unafraid of the cultural taboos. Government policy generally discourages inter country adoption of Zimbabwean children and a Ministerial approval is required for such an adoption to take place<sup>34</sup>. This policy supports the right of a child to be raised within his or her culture and may also reflect the Government's wish to avoid the unseemly commercialised system of inter country adoption, prevalent in Eastern Europe and Asia. The research observed that the DSS processes about 15 intra country adoptions per year. One can only imagine what will happen when a deliberate campaign is conducted to raise awareness on adoption. More families could consider this option and this will reduce the number of children entering residential care.

### **Facilities for children with disabilities**

The country has a dual system where children with disabilities are not mainstreamed into conventional child care facilities. There are facilities that have been established to take care of the needs of children with disabilities such as Jairos Jiri Centre, King George School and Kapota School for the Blind in Masvingo. There have been a lot of efforts to lobby the Government to integrate children with disabilities into the conventional child care facilities. Generally, the challenge for this to happen is that most infrastructures in schools is not friendly to children with disabilities. Teacher training colleges have started mainstreaming special education into the main curriculum and this is a step in the right direction by the Government.

### **Foster care**

The research observed that in 2013 alone, 79 children were taken into foster care<sup>35</sup>. In areas that are under the CPF, there were 50 new families by January 2014 which were ready to foster children<sup>36</sup>. Mobilisation of families for foster care is one of the deliverables of the CPF funding. This proves that if a national campaign is to be conducted on foster care, many families may avail their homes for children in need of care since this process does not interfere with cultural beliefs of the people.

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<sup>34</sup> Ministry of Public Service, Labour and Social Welfare and UNICEF, 2004.

<sup>35</sup> Key informant interview with Chourombo L, (2014), ZIMNAP for OVC Secretariat

<sup>36</sup> Ibid

## PREPARATION AND SUPPORT FOR CHANGE OF PLACEMENT AND LEAVING CARE

The UN Guidelines provide clear instructions of how the preparation for a child to leave a care facility should happen:

132. Special efforts should be made to allocate to each child, whenever possible, a specialized person who can facilitate his/her independence when leaving care.

133. Aftercare should be prepared as early as possible in the placement and, in any case, well before the child leaves the care setting.

134. Ongoing educational and vocational training opportunities should be imparted as part of life skill education to young people leaving care in order to help them to become financially independent and generate their own income.

135. Access to social, legal and health services, together with appropriate financial support, should also be provided to young people leaving care and during aftercare.

In response to the above, the National Residential Child Care Standards provided an enunciated plan of how children in a residential child care facility have to be prepared before leaving the facility. This is elucidated through Standard Six, which notes:

A Discharge Plan shall be prepared for each child ready to leave care and is to be based on the individual care plan of the particular child. It will detail the process through which a child will become independent, returns to his/her family of origin or moves into another placement (Section 37 of the Children's Act; Chapter 5:06).

### Criteria

6.1 The Residential Child Care facility, in consultation with the child and the Department of Social Services, shall plan and implement the Discharge Plan, which shall outline the following arrangements:

- Continuing education, training or work.
- Support and follow-up for children living with disabilities, including medical, educational, occupational and psychosocial.
- Support to enable the child to set up and maintain an independent home, where living with family, extended family or friends is not an option.
- Providing information on available social services benefits for future use and these may include Public Assistance, Health Care and other specialist services as may be required by the child.
- Creating and maintaining networks of advice and information in order to support the child in decision making during the discharge process.
- Ensuring an effective and realistic plan is in place for family and community care and that follow-up arrangements are in place.

6.2 Particular attention shall be paid to ensure that children are prepared to:

- Develop and maintain relationships with others.
- Understand their sexuality and establish positive and caring relationships.
- Overcome trauma and establish self-esteem and resilience.
- Prepare for the world of work and/or for further education.
- Develop practical and independent life skills.



6.3 Follow-ups, continuous support and opportunity for contact are ensured so as to make the child's adjustment to the new situation smooth.

These standards are applicable to all institutions in the country that take care of children, be it Government or private run.

#### **a. Leaving care preparation**

According to the Government policy, leaving care preparation should be an ongoing process. The child should start being prepared for life after care way before they reach the age of 18. As has been noted earlier, the Government provides that when an individual reaches the age of 18, the individual will no longer be applicable for government grants and therefore should leave a child care facility. The research team observed that this policy is not being followed in most care facilities. Most of the care facilities keep the young adults who would have attained 18 until they have a qualification or a source of livelihood.

The Government generally does not have mechanisms to follow up on the young people who would have been discharged. In essence, their argument is that these would be adults, able to assert themselves and find a way to survive. The Government officials further argued to the research team that they are continuously overwhelmed by the numbers of children in need of help, let alone focus on adults who have had a chance. On the other hand, care institutions indicated that some of the young people who would have been weaned off find it difficult 'out there'. They usually call or even come just to get some respite as it will be tough without life skills. For those girls who get married, the research found out that some of them have challenges in relating with the extended family system. There were several examples which were given by the caregivers of girls who could not do their chores as daughters in law, who were not used to sleeping on the floor or missing a meal.

#### **b. The mind-set of entitlement**

The above examples serve as testimony that while some of the care institutions provide respite to children in need of care, the research found out that there is not enough preparation that is done to make sure that the children, when they 'go out', they will be able to fit into the different communities. The research further observed that some of the care facilities create artificial lifestyles for children since they are not allowed to work and the care givers do all the house chores. This kind of set-up has created what the researchers would call, 'a sense of entitlement by the children' where they always expect to receive from people without doing anything. Such a mind-set makes them unable to fit into the communities where they are expected to work.

#### **c. After care support**

Since most care institutions do not discharge the children at the stipulated age of 18, the research can argue that the supposed after care support is provided for while the young people are still in the care facilities. Some will still be at universities, while others will be



working on getting a vocational course. At Fairfields Children's Home, at the time of this research, there were six young people studying for various vocational skills.

#### **d. Availability of data**

At national level, the research could not find data on the outcomes of children who had left the alternative care system. Even at the institutions, some did not have any information of the whereabouts of the children that had left their care. This could mean that either the facilities will not have the resources to follow up on children or they do not follow mechanisms in place.

## AUTHORISATION, INSPECTION, ACCREDITATION AND LICENCING

### a. Licencing

All residential child care facilities are required to comply with National Residential Child Care Standards which clearly outline the registration requirements for residential child care facilities as noted below:

#### Standard One: Establishment of the Residential child Care Facility

All Residential Child Care facilities shall be registered in compliance with Section 28 of the Children's Act (Chapter 5:06) and all other relevant legislation which include local authority by-laws.

Further, the Standards have a compliance clause which notes that all facilities to be established after the promulgation of these standards need to comply with the provisions thereof.

#### Compliance

All Residential Child Care facilities are required to comply with these standards, however in recognition of the different degrees of preparedness and instruction shall be provided on the phased implementation.

All Residential Child Care facilities established prior to the introduction of these Standards will be required to submit a strategy for compliance to the MoLSS within 3 months of their introduction. This will clearly define the measures which will be taken to move towards compliance and the time scales for their introduction. Any Residential Child Care facility which is not able to comply in full within three years of the introduction of these Standards will have its registration withdrawn.

Any Residential Child Care facility established after the introduction of these Standards must meet them in full in order to receive their registration.

All the residential care facilities are supposed to be registered by the DSS. The applicant needs to seek approval from the local authorities to build a residential child care facility. Thereafter a decision will be made in consultation with the probation officer of the area. In some instances, the application may not be approved by the city council due to the location where the care facility is to be built. If all conditions are met, the local DSS office makes recommendations for the registration of the residential child care facility. It is imperative to note that for registration to be approved, the facility has to meet the provisions of the NRCCS.

**Table 7: Criteria for registration of child care facilities**

| Criteria   | Yes | No |
|--|-----|----|
| Written statement of goals consistent with Guidelines                          |     |    |
| Qualification of staff   |     |    |
| Appropriate levels of staffing   |     |    |
| Minimum standards on accommodation, nutrition and health care                  |     |    |
| Minimum standard on education, vocational training and recreational facilities |     |    |

|  |   |  |
|--|---|--|
| Enabling the child's contact with his/her family   | Children who are usually placed in residential child care facility on long term usually do not have traceable relatives. For those with traceable relatives, contact is encouraged as it should lead to reunification |  |
| Written commitment to ensuring return to family wherever appropriate and possible  |   |  |
| Financial transparency   |   |  |
| Agreeing to unannounced inspections (of records, conditions and financial activity)  |   |  |
| <p>Comments: the approval of child care institutions is done based on the documents that they submit. One of the prerequisites is the submission of the constitution or governance document for the child care institution. This constitution provides the vision, a commitment to be audited periodically and subsequently submit statements of accounts to the DSS. Very few child care facilities adhere to some of these provisions.</p> <p>As has also been noted above, licensing of residential child care facilities is done after meeting most if not all the provisions of the NRCCS</p> |   |  |

Source: NRCCS

**b. Inspections of residential child care facilities**

It is the duty of the DSS to conduct periodic inspections of all residential child care institutions around the country. The research team observed that these checks have not been done systematically as is supposed to be the case. At one residential child care facility in Mutare, the authorities lamented that the DSS only came when they wanted to place children.

Under the NAP 1 and NAP 2, the project has provisions for regular monitoring of the state of these child care facilities. These checks happen bi-annually as per the provisions of the NRCCS quoted below:

**Monitoring and Regulation**

The MoLSS shall, on a bi-annual basis, carry out monitoring spot checks on all Residential Child Care facilities to ensure compliance with the set out standards and to ensure the general up-keep of the facilities. These visits will be carried out in conjunction with the Department of Environmental Health in the Ministry of Health and Child Welfare which will help assess the spatial and structural conditions of the facilities.

All Residential Child Care facilities are required, within a stipulated time-frame, to address all identified areas as per the findings of the assessments. Failure to address these identified areas within the given time-frame will lead to de-registration of the facility.



Since the promulgation of the NRCCS, several child care institutions have been closed around the country for failing to meet the prescribed standards and these are listed below:

**Table 8: Child care institutions and reasons for closure<sup>37</sup>:**

| Name of institution                                | Number of children | Reasons for closure  |
|--|--------------------|--|
| Mbuya Nehanda Children's Home- 40km outside Harare | 40                 | All children were moved to other residential child care facilities. The reason being the failure to meet the NRCCS and the inability to provide the basics for the children due to unavailability of funding   |
| Kopano Children's Home-Epworth                     | 8                  | The care facility was secretly opened by an individual who used the children placed there for fundraising.   |
| Chiedza Child Care Centre                          | -                  | The facility was initially registered to take care of children. Eight years after its registration, the facility still did not have children. The DSS then made a decision to withdraw its licence as a care facility. The institution has continued to operate as a PVO |

Source: DSS

<sup>37</sup> Key informant interview with Chourombo L, (2014), ZIMNAP for OVC Secretariat



## FINANCING ALTERNATIVE CARE

### a. A look at the national budget

Article 4 of the United Nations Convention on the Rights of the Child recognises that if children's rights are to be realised, state parties should, "undertake all appropriate legislative, administrative, and other measures for the implementation of the rights enshrined in the Convention... state parties shall undertake such measures to the maximum extent of their available resources..." The national budget therefore takes centre stage because it is the instrument through which state parties can avail resources "to the maximum extent of their available resources" for the benefit of children.

Furthermore, Section 30 of the Constitution of Zimbabwe provides, "The State must take all practical measures within the limits of the resources available to it, to provide social security and social care to those who are in need." Several government programmes meant to assist families and children in difficult circumstances, including children in alternative care are in place such as BEAM, Children in difficult circumstances, harmonised cash transfers, and government social protection institutions amongst others. Financing for alternative care is supposed to be covered by the budget line on children in difficult circumstances. Unfortunately, this budget line is not well financed to meet the need in the country.

It was very difficult to obtain data on the actual allocations for foster care and public residential facilities per year. What was clear from the research was that foster carers can apply under the children in difficulty circumstances fund (CDC) to receive grants which are pegged at \$15 per month as foster fees and money for school fees and uniforms.

A closer analysis at some of the budgeted social protection interventions for child care in Zimbabwe in the national budgets for the past three years will give a clear picture of whether there is a deliberate effort by the Government to financing children's needs or alternative care in particular.

In 2013, the BEAM allocation was set at USD 15 million; however only USD 10 million were disbursed. In 2014, the allocation for the same programme remains at USD 15 million.

In 2013, the children in difficulty circumstances were allocated USD 200.000, while the actual disbursement for the same year was USD 65.000. This leaves a lot to be desired in as far as the Government's commitment to the survival and development of the child is concerned.

Apart from the increase in the allocation to the project, Children in Difficult Circumstances from 200.000 in 2013, to 500.000 in 2014, which is about 150% increase, most of the projects were allocated the same amount as last year. However, an area of focus on is in making sure that the Government has disbursed the money which would have been allocated to the projects. As outlined below, the disbursements of funds left a lot to be desired. Some of the projects did not receive money from the national budgets at all.

**Table 9: Allocation to the Ministry of Labour and Social Services**

| <b>Social services</b>              | <b>Revised Budget Estimate 2013</b> | <b>Unaudited Expenditure to November 2013</b> | <b>Budget Estimates 2014</b> |
|-------------------------------------|-------------------------------------|---|------------------------------|
| Basic Education Assistance Module   | 15,000,000                          | 10,000,000                                    | 15,000,000                   |
| Children in difficult circumstances | 200,000                             | 65,000  | 500,000                      |
| Children in the Streets Fund        | 20,000                              | Nil   | 20,000                       |
| Food Deficit Mitigation Strategy    | 1,600,000                           | Nil   | 1,600,000                    |
| Harmonised Cash Transfers           | 3,000,000                           | 900,000                                       | 3,000,000                    |

Source: Ministry of Finance

### **b. Allocation versus disbursement**

As mentioned above, the research discovered that sometimes the amounts that are allocated in the national budget for specific budget lines do not get disbursed at all or are not disbursed by national treasury on time. It is imperative therefore going forward to make sure that stakeholders in the child protection sector are interested in the budget processes so that they can take the Government to account especially when there are such irregularities as allocated amounts not being disbursed. If allocations do not translate to budget disbursements, then children will not benefit in any way.

### **c. Residential child care facilities coping mechanisms**

The research findings reveal that much of the financing available to the alternative care system come from private sources, within the country and abroad such as donors, corporates (banks and companies), churches and individuals (well-wishers).

Both, public and private residential facilities accept donations or contributions from adoption agencies or prospective adoptive parents and the amounts are discretionary. The Children's Act allows both, domestic and inter country adoption though approval of such has to come from the incumbent minister.

#### **Case study**

At Alpha Cottages Scheme in Masvingo, the residential care facility cared for 48 children at the time of the research team visit. The care facility came up with ways of meeting its needs having discovered that the Government grant's coming was irregular. They use the piece of land they have to do agriculture and poultry.

The care facility also runs a grinding mill that services the surrounding communities. Further, the care facility opened an early child care centre. This centre provides service to children in the nearby communities as well. The research team discovered that all the vegetable needs of the care facility are met by the agricultural venture that the facility does. Besides the use of



the available land, the facility runs a poultry project in collaboration with another non-governmental organisation called LEAD. The chickens are part of the menu that the facility has for its children. The care facility has managed to get monthly sponsors to meet the other sundries of the home.

These sponsors are as follows:

| <b>Name of partner</b>                | <b>Average amount sponsored (US\$)</b> |
|---------------------------------------|--|
| Christian Community Partnership Trust | 2000 monthly for groceries             |
| Fawcet Security                       | 100 per month                          |
| Baptist Church                        | 100 per month                          |
| Masvingo Municipality                 | Free water supplies                    |
| ZIMRA                                 | Monetary donations and clothes         |
| Concerned individual                  | 100 per month                          |

Such initiatives are commendable. All residential child care facilities need to open their minds and think outside the box on how they can guarantee quality care to children. The research found out that in some areas, the care facilities had not made any initiative to work with the local authorities for free water and electricity, and did not partner with the private sector for monthly donations and target also the churches. Such innovations should however not absolve government from its responsibility of providing resource needs to all residential child care facilities of the country.

## STAFF CAPACITY TRAINING FOR STAFF, IN SERVICE TRAINING AND NUMBERS OF STAFF

### a. Foster care and family based care

Having child carers with competence in dealing with the special group of children in need of care is indispensable if quality care is to be provided. The National Residential Child Care Standards dedicated the last three Standards to this issue. These Standards primarily focus on carers within a residential child care facility. There is no mechanism that the research team came across which speaks to carers in foster care in case they need help. The Government does not have a clear system of assisting foster parents with advisory support in raising the children. The probation officers are however available to offer such assistance when needed. One of the respondents, a social worker, noted that some parents had come to her seeking help with the child they were fostering who was not opening up to them. This child was then able to open up to this social worker and the results were positive. Besides these isolated cases, there is not a systematic way of capturing such cases which explains why the research team could not get concrete information from the stakeholders, let alone statistics.

Below is an excerpt from the NRCCS on the need to have basic training for child carers:

13.7 Child care workers will have undergone basic training and have experience in child care and protection from violence, abuse and exploitation as well as first aid from a recognised training institution.

13.8 All new members of staff and volunteers shall participate in a well-structured induction programme that familiarises them with all aspects of child care and protection work.

The research team observed that while the standards are very clear on the need for training of the child carers, there was no systematic way to implement this. Some of the child care facilities had gone more than two years with the caregivers not having received any form of training. It was uniquely at SOS Children’s Villages where the caregivers noted that they had regular trainings on the following topics:

- child rights
- HIV and AIDS and children
- nutrition
- first aid
- child abuse

These trainings were not an initiative of the Government, but of the residential child care facility. The head of the institution would invite experts on different subjects to make presentations to the caregivers. This was however not the case in almost all the other institutions that were visited by the research team.

**Table 10: Do foster carers receive....?**

|  | Always |    | Mostly Greater than 70% of foster parents |    | Sometimes |    | Never |    |
|--|--------|----|---|----|-----------|----|-------|----|
|  | Yes    | No | Yes                                       | No | Yes       | No | Yes   | No |
|  |        |    |   |    |           |    |       |    |

|                                |                          |                          |                          |                          |                                     |                          |                                     |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| A monetary allowance per child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A salary                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:  
 The foster carers receive US\$15 monthly as foster fees if they are interested. Some of the parents opted not to receive foster fees. For the foster care to be approved, the assessment looks at the capacity of the families in meeting the needs of the children.

Source: Department of Social Services

What is the average national salary for a teacher? In percentage terms how does this compare to the salary of a foster parent?

Comments: the average salary of a teacher is US\$ 350. The foster parents get US\$15 on a monthly basis.

Source Department of Social Services

**b. Residential care**

Staff members in residential child care facilities are crucial in delivering quality services for children. According to the NRCCS, there is no clear stipulation of requisite qualifications for one to be considered as a child care giver. The Standards note the following:

- 13.1 All staff and in particular caregivers shall be thoroughly assessed, selected and trained before taking on their responsibility of child caring.
- 13.2 All staff and volunteers shall have contracts and job descriptions, as stipulated in the Labour Act. Performance appraisals shall be done annually.
- 13.3 All staff and volunteers' profiles shall include evidence of their competency to work and act in compliance with the Children's Act and the organisation's Child Protection Policy.

As a result of the ambiguity of the Standards on specific requirements, some of the residential child care facilities have come up with their own criteria. At Fair Fields Children's Home, the general qualifications of the caregivers are as follows:

- at least the caregiver should have completed secondary education.
- should not have children of her own or the children should be grown-ups, not needing care
- should not be married
- should demonstrate commitment to the children

Under the NRCCS, each residential child care facility is supposed to have a child protection policy. One of the dictates of these policies is to make sure that there are thorough background checks with police and references to ensure the safety of the children. However, the research team found out that some of the facilities did not have child protection policies, especially those that were not funded under the CPF.

The research learnt from the heads of the institutions that were interviewed that there was a deliberate effort to recruit carers who had good reputation within their communities. This was applicable for both, private and public residential child care facilities.



### c. Remuneration of child carers

The research team had difficulties in making the heads of institutions divulge the salaries which were offered to the caregivers. The general impression that the research team got was that all the staff members were not paid well. This could be attributed to the fact that they did not have qualifications of any kind except their passion. The research can unreservedly note that the major challenge that all residential child care facilities face is mobilising resources for staff salaries. One of the heads of the child care facility noted that *“People can give you clothes, groceries and blankets. Rarely do you find people bringing money...”*

At Alpha Cottages in Masvingo, the caregivers at some point had salary arrears of more than six months. This affected their motivation and the quality of service they delivered to the children. In a focus group discussion with the children, they noted that sometimes the caregivers were grumpy in dealing with the children. The same issue of unsatisfactory remuneration came out of the focus group discussion held with caregivers at SOS Children's Villages in Bindura. The respondents noted that they needed space and time to do 'by the side' income generating initiatives as their salaries were not enough to make ends meet. This was an indication that whatever they were getting was not enough for their '24 hour job' as they called it. They also noted that since they contribute to the nation, their retirement should be earlier while on government grant as they work day and night non-stop in taking care of the children entrusted to them by the Government.

At Government run facilities, the carers were on the Government pay sheet. This means that at least they had an income coming their way reliably. However, the issue was that the amount was not substantial enough to meet the basic needs of the caregivers. The issue of salaries still remains a big challenge needing attention if the residential child care facilities are to provide quality care to children.

### d. Dealing with children living with disabilities

Only at one of the ten residential child care facilities did the research team come across a group of child carers who noted that they had received special training to deal with children living with disabilities. Otherwise most of the child carers had not received such training. Instead, children with disabilities were transferred to facilities such as Jairos Jiri School for the Blind, Danhiko Project, Kapota School for the Blind and King George School. It is at such institutions that one would find carers with skills of dealing with children living with disabilities.

### e. Performance appraisal

While the NRCCS provide that each care institution should have a performance management system, the research team did not find a scientific system in place that was used to measure performance of the child carers. This is partly because the work of the caregivers is difficult to measure, except from what the children say. Some of the sentiments by the children may lack understanding of the bigger picture like why a certain household does not eat meat each day. As a result of this working arrangement, the caregivers are rarely considered to be under performing in their duties since they are perceived as mothers to these children.

Mothers are not dismissed when they do not perform, the children can only resent them but because of their inability to keep sustained grudges, the children run back to the same mothers later on. This scenario also explains why there are few incidences of staff turnovers in all the residential child care facilities which the project visited.



## PROTECTION, HUMAN RIGHTS VIOLATIONS, VIOLENCE AND COMPLAINTS

### a. Complaints mechanisms

The National Residential Child Care Standards establish a framework ensuring open and impartial complaints procedures and obligates all residential child care facilities to have a child protection policy. The Standards, as outlined below, further require mechanisms to be put in place so that children can raise both, formal complaints and informal concerns:

#### **Standard Twelve: Complaints**

All complaints from children, parents and other stakeholders shall be submitted to the Head of the Residential Child Care facility in writing and feedback mechanisms be put in place to promote and safeguard the rights and welfare of the children. Where a child is unable to write, a verbal statement may be recorded on their behalf by a third party.

##### Criteria

- 12.1 The Residential Child Care facility shall have written complaint procedures that:
- Enable children, family members and other stakeholders to make complaints.
  - Expressly forbids any reprisals against children or others who make complaints.
  - Include provision for efforts, such as negotiation, arbitration and mediation, at resolving complaints, and also for the child or any complainant to have the matter pursued further if not satisfied with the resolution.
  - Provide appropriate measures for handling any complaints that are made against the manager or head of the Residential Child Care facility.
  - Require a record to be made and kept of the name and position of the person making a complaint, the date and nature of the complaint, the action taken and the outcome of the complaint.
  - Provide for the matter to be referred to the Department of Social Services and the Board of the Residential Child Care facility.
  - Is accessible to children with disabilities.
  - Enable people, other than the child, to make complaints on behalf of the child.
- 12.2 All complaints shall be addressed without delay and the complainant informed accordingly.
- 12.3 All children, staff and volunteers shall receive training in the complaints procedures covering the following areas:
- The procedures for dealing with complaints and how they shall be recorded.
  - The procedure to be followed should a complaint fail to be resolved, including who should be notified and the keeping of records.
  - How the children can be assisted to lodge complaints.
- 12.4 The Department of Social Services and the management of the Residential Child Care facility shall make quarterly reviews of the records of complaints by children.
- 12.5 The Department of Social Services shall take appropriate action based on the outcome of reviews made.

The laws such as the Children's Act, the Domestic Violence Act and the Criminal Law Codification Act put clear mechanisms or channels for formal complaints in place in order for children, including those in alternative care, to safely report violations of their rights including abuse and exploitation.

However, despite the existence of these policies, the research team found out that in reality children did not have spaces to freely raise concerns and complaints. The systems within the alternative care settings visited were so rigid, not allowing children to express themselves. Children expressed disappointment in the manner the carers handled their concerns or complaints. Children lamented the non-existence of a clear mechanism for registering both, informal concerns and formal complaints. Children noted that though they have complaints they would not report because of the fear of victimisation. One child expressed these sentiments, *“We do not raise complaints because we fear victimisation by our mothers, or carers.”*

The research noted that bullying and verbal abuse were the most common forms of abuse reported by the children in the past five years.

### **b. Corporal punishment**

The NRCCS prohibit the use of corporal punishment and encourage the use of positive discipline techniques. However, despite this prohibition, the research found out that corporal punishment was very common in the majority of residential care facilities visited. Some children noted that even their carers beat them as a form of discipline for misbehaving. The research team however noted that most of the institutions did not agree with that provision including some probation officers in the DSS. They raised speculation that the provision was ‘sneaked’ into the document. Without a clear statutory instrument elucidating section 53 of the national Constitution, the research only observed that indeed corporal punishment is happening in some residential care facilities. No reports of excessive beatings were encountered by the research team. There is an ongoing debate in the child rights sector on whether corporal punishment is prohibited in the Constitution or not since the wording is not clear. Section 53 of the national Constitution notes that:

53 Freedom from torture or cruel, inhuman or degrading treatment or punishment  
No person may be subjected to physical or psychological torture or to cruel, inhuman or degrading treatment or punishment.

The Constitution has left interpretation of this section to the courts without explicitly saying whether corporal punishment is prohibited or not. As a result, this report noted some beating of children in some of the homes as a way of instilling discipline in the children. There was no report of an administrator or superintendent of a home who was reported for inhuman and degrading treatment.

### **c. Other forms of rights violations**

#### **Right to identity**

The research team noted with concern the number of children who did not have birth certificates. This is a violation of the child’s right to be registered and have a nationality. This results in children without birth certificates unable to participate in any sporting activities. Further, the unavailability of birth certificates stigmatises the children in residential child care facilities as they are denied to write public examinations. In one of the focus group, children lamented that sometimes their talent in sport becomes a curse when they are denied to participate due to missing a birth certificate.



### **Emotional abuse**

The research observed that this form of abuse is rampant in alternative care facilities. Due to the frustrations that the care givers may have stemming from not being paid to fatigue, the carers release their frustrations on the children. In a focus group discussion, the children said *'tinotukwa nema backgrounds edu... kana munhu akutukwa ndipo patinoziva tese kuti munhu akabvepi...'* (We are shouted at by the caregivers using our backgrounds... when a child is being shouted at, that is when you get to know someone's background...)

Such abuse makes children not to be confident and to have self-pity. This form of abuse is very pronounced especially in residential child care facilities where carers are not supposed to beat up the children. They then compensate using their harsh words. Such form of abuse is usually trivialised and not reported yet it has far reaching adverse effects on the development of a child.

### **Neglect**

The research noted that in some care facilities where the caregiver to children ratio is not according to the prescribed 1 carer to 10 children, some of the children who are inconspicuous are neglected. Their school needs and views are not taken seriously. At a focus group discussion with the children, some noted that their views were not taken care of such as in coming up with the menu and when buying their clothes. One of the children lamented that *'...vanamhamha vanotenga zvinhu zvamunenge musina kutaurirana... tinotengerwa hembe dzanambuya.'* (Our mothers buy things without consulting us... they buy clothes for us that make us look like grannies). If this statement is interrogated, one will conclude that failure to involve children in decisions that affect them leads to one form of abuse or the other.

At the other care facilities, children did not have a balanced diet in sufficient quantities as well.

### **Secondary abuse**

This form of abuse was observed by the research team. This is where children in a residential child care facility are treated with kids' gloves, not given the opportunity to learn how to make their beds or wash their clothes or cook the food they eat. This does not consider the children's evolving capacities. The research team observed that some of the care facilities created an artificial environment that generally did not exist outside the care facilities. This explains why most children from residential child care facilities lack resilience and also fail to integrate into the communities once they leave care. They are usually not taught to work for things; they expect things to come to them without putting an effort.

All these rights violations happen even though some of the residential child care facilities have child protection policies. The research noted that the policies though on paper are not followed in practice. There is the need to strengthen the capacity of residential child care institutions to implement the child protection policies.



## CONCLUSION

The promulgation of the UN Guidelines is the first step in ensuring that there is quality care for children outside the family environment. The UN Guidelines promulgation coincided with a significant population of the children in Zimbabwe being at risk of losing their families' support system due to HIV and AIDS, poverty, urbanisation and a host of other factors.

The Government proactively responded to the Guidelines by coming up with National Residential Child Care Standards. The Standards can be said to be the embodiment of the UN Guidelines especially on issues of residential care of children. The Standards were domesticated when the country came up with a comprehensive infrastructure of laws and other policies to deal with issues of children in need of care.

The research observed that although there are a lot of policies meant to regulate and protect children in alternative care, however, the major challenge is their implementation. The primary reason observed by the research was that the economic challenges that bedevilled the country had a ripple effect to the social protection mechanisms of the country. The available social protection mechanisms alluded to earlier on are not well funded to take care of all children in need of care. The research team observed that if the investment in children who are in alternative care is left as it is, the country will have citizens who are not balanced emotionally, socially and economically. Urgent mechanisms need to be put in place to make sure that more resources are allocated to needy children, especially those outside the care of their.



## RECOMMENDATIONS

The research makes the following recommendations:

**Clear coordination mechanism:** There are more than five government ministries that are responsible for children's issues. There is the need for the Government to come up with a clear coordination mechanism which will provide coordination to the various ministries mentioned above. This coordination arm could be in the President's Office.

**Financing alternative care:** Non-state actors in the child protection area need to lobby the Government for increased mobilisation, allocation, timeous disbursement and judicious use of national resources given to government departments that deal with issues of children in alternative care. The sector needs to lobby the Government to come up with an earmark tax which will address some of the issues noted in this report which are not funded such as family strengthening, the DSS' statutory roles, parenting skills, foster parenting allowances, salaries of carers, care institutions' basic requirements such as food and stationery for the children *et cetera*. Actors in the child protection sector should consider coming up with a campaign in this area.

**Birth registration:** The Registrar General of Births and Deaths should waiver some of its birth registration requirements especially for children in residential child care, in view of the current Constitution's provisions in section 81 sub section C (11) as has been alluded to in this report. It was observed that virtually in all institutions visited, there was quite a number of children without birth certificates. One child stated, *"I do not even have a birth certificate. I do not even know when I was born. In my file there is nothing."* Another one also stated, *"we do not participate in sporting activities because we do not have birth certificates, where we participate, we get letters from the office we use other children's birth certificates"*

**Family strengthening:** The DSS should implement family support and parental skills development projects to improve parental education opportunities, focusing on families at risk. Civil society should advocate for the creation of parental skills development courses based in communities.

**Enhancing adoption:** adoption as an alternative care is under-utilised in the country. The study recommends a review and simplification of the adoption processes. Further, the Government in collaboration with child rights organisations should conduct awareness raising campaigns to educate the general public on adoption and encourage them to adopt children, in order to reduce the number of children in alternative care institutions. Further, the DSS should consider delegating the processes of adoption and foster care to some of its partners in the child rights sector to reduce the burden on the already inundated probation officers.

**Promoting Foster care:** The DSS should develop a pool of foster carers in each locality, train them and provide counselling on the challenges associated with foster care. The establishment of a foster care network will enable the care givers to share experiences and challenges associated with fostering.



**Child carers' capacity:** The DSS should ensure systematic capacity building of the child carers in all alternative child care facilities. The capacity building should cover, *inter alia*:

- Understanding of children's rights
- Positive parenting
- Conflict resolution
- First aid
- Basics on nutrition
- Gender and development
- HIV and AIDS including other diseases like cancer, cholera, tuberculosis

**Committal documents for children in residential care:** The DSS should ensure that all children in residential child care facilities have valid court orders so that the children may be able to access government grants.

**Complaints mechanisms:** In line with the National Residential Child Care Standards, all residential child care institutions should put in place child friendly complaints mechanisms with a strategy on confidentiality so that children do not fear to report their complaints. Use of suggestion boxes could be another way to raise complaints.

**Child participation in alternative care:** The DSS should come up with a child participation framework for residential child care institutions. The research noted that some of the care facilities did not have knowledge on how children can be involved in decision making. This component should be encapsulated in a child protection policy which every residential child care facility should have.

**The National Case Management Manual:** The DSS should expedite the development and subsequent implementation of the case management manual which should include the processes of reunifying children and their reintegration into the community.

**Placement of children:** The residential child care facilities should deliberately make sure that all the children in their care have been placed there through the DSS so that they can access monthly grants. In the same breadth, the care institutions should apply for these grants.

**Vocational skills for aftercare:** Residential child care facilities should have a clear policy in line with the NRCCS and carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate after care and/or follow-up. Throughout the period of care, the residential child care facilities should systematically aim at preparing the child to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.

**Advocacy campaigns:** The child rights stakeholders should conduct specific campaigns in the following areas:

- An adoption campaign which will demystify the perceptions of the populations on this intervention



- A foster care campaign through media and other forms for the DSS to have a nationwide database of families interested in fostering children.
- An investment in children campaign which should result in child-friendly budgeting at both, the national and local levels while paving way for beneficiation of national resources by children

**Knowledge management:** The DSS should come up with a centralised data base or information system on the alternative care system with all possible information about residential child care institutions in Zimbabwe. The information should include:

- the disaggregation of data by sex and ages of the children in residential child care facilities,
- reasons for being placed in the care institution
- status of committal papers
- database of interested foster parents and adoptive parents

This information should also include information about other forms of alternative care and should be readily available and accessible to stakeholders.

**Afro-centric child rights education:** When educating children of their rights, the education should take an afro-centric perspective which also includes responsibilities of the children. The same education should be given to caregivers and guardians of these children.



## GLOSSARY

The following are key terms used in this report:

### **Adoption**

Though the Children's Act of Zimbabwe does not explicitly define adoption, its provisions thereof are in line with international frameworks which define adoption as:

A judicial process that conforms to statute, in which the legal obligations and rights of a child toward the biological parents are terminated, and new rights and obligations are created between the child and the adoptive parents. Adoption involves the creation of the parent child relationship between individuals who usually are not naturally related. The adopted child is given the rights, privileges, and duties of a child and heir by the adoptive family<sup>38</sup>. Under the United Nations Guidelines for the Alternative Care of Children, adoption is understood as permanent care.

### **Alternative Care**

Article 20(2) of the CRC accords to children temporarily or permanently deprived of their family environment, or in whose own best interests cannot be allowed to remain in that environment, the right to "alternative care." State parties are required to ensure alternative care for such children in accordance with the national laws. Article 20(3) of the CRC provides that alternative care could include, inter alia, foster placement, kafala of Islamic law, adoption, or - if necessary - placement in suitable institutions for the care of children.

### **Child**

Every boy and girl under the age of eighteen years<sup>39</sup>. The research team observed that even though there is a legal definition in place, the alternative care institutions use various unwritten definitions:

At Fairfields Children's Home in Manicaland and Alpha Cottages in Masvingo, when a child turns 18, if the child does not have a qualification, the institution will keep that child until he/she has a source of livelihood. This therefore means that there is a cultural definition which stipulates that as long as a person is:

- not married
- not having a source of livelihood or unable to fend for themselves
- not having a qualification popularly known as a 'course'

that person will still be a child culturally and the parents or some of the residential child care facilities will not release this child until they meet one of the above criteria.

### **Child headed households**

a) Literature does not show a consistent approach to the definition of a Child Headed Household. Some writers focus on the age of the head of the household and if this is below a certain age, then the home is defined as being child headed. Others take a broader approach whereby an assessment is made of the age of the head, the age at which the child took over responsibility for the household, the nature of the responsibilities they shoulder and the capacity of any adults living in the home. The term is also used to classify AIDS orphans

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<sup>38</sup> UNICEF, Innocenti Research Centre

<sup>39</sup> Section 81 of the Zimbabwe Constitution, 2013

from a livelihood perspective (rather than from an institutional support perspective), reflecting a convergence of poverty reduction thinking and child rights thinking

b) Households that are headed by children in the absence of an adult parent.

### **Informal Care**

This phrase did not have a definition in the context of Zimbabwe. This is because the extended family system is not viewed as an informal care mechanism. This used to be a way of life in an African setting and while there were no agreements that were signed to take care of children, a social contract which was presided over by the elders of the families was valid for life. The UN definition of informal care is “any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.”<sup>40</sup>

### **Foster care**

A competent authority places the child with a family other than the child’s own family. The family is selected, qualified, approved and supervised for providing such care.

### **Residential care**

“A group-living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society.” Today the definition of residential care is more inclusive. It includes “children’s homes” that are run as family-type group homes, and accommodate a number of children of no relation to the person running the home. The staff may be volunteers or related to the person in charge. Some of these homes are not registered with a government department<sup>41</sup>.

### **Orphans**

Those children whose mother is dead but the father was alive or whose father was dead and the mother was alive or both parents were dead<sup>42</sup>.

There are several working definitions of OVC. Below is a list of them and as they are used by various agencies in the country:

#### *NAP definition of OVC*

Orphans are those children whose parents have died; vulnerable children are children with unfulfilled rights. Vulnerable children include: Children with one parent deceased; Children with disabilities; Children affected and/or infected by HIV and AIDS; Abused children (sexually, physically, and emotionally); Working children; Destitute children; Abandoned children; Children living on the streets; Married children; Neglected children; Children in remote areas; Children with chronically ill parent(s); Child parents; Children in conflict with the law

#### *MIMS definition of OVC*

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<sup>40</sup> UN Guidelines for the Alternative Care of Children, 2009, paragraph 29(b)

<sup>41</sup> Tollfree, David, 1995

<sup>42</sup> Zimbabwe National Statistics Agency, 2012(b)



In the Multiple Indicator Monitoring Survey (MIMS), Orphans and Vulnerable Children (OVC) were defined as children under the age of 18 who had lost one or both parents; whose parent or parents had been ill for 3 of the last 6 months; who lived in a household in which an adult (aged 18-64 years) had died during the past year who was chronically ill for 3 of the 12 months before he or she died; who lived in a household in which an adult (aged 18 – 64 years) was chronically ill (or who has been ill for 3 of the past 12 months); and who lived in a child headed household

#### *BEAM Definition of OVC*

Orphan (both parents); one parent deceased; child in foster care under poor foster parents; never been to school; disabled and poor; dropped out of school due to economic hardship; living on the street; living in child-headed household; household extremely poor and has no assets

#### **Children in need of care<sup>43</sup>**

At the level of legislation, the key statute relevant to the protection and welfare of children is the Children's Act (Chapter 5:06) of 1972, last amended in 2001. This Act establishes in Section 2 a wide-ranging definition of a "child in need of care", which includes (but is not limited to):

- any child or young person who is destitute or has been abandoned; or
- both of whose parents are dead or cannot be traced and who has no legal guardian; or
- whose legal guardian or parents do not exercise proper control and care over him/her; or
- whose legal guardian or parents are unfit to have or exercise control over him/her; or
- who cannot be controlled by his/her parents or guardian; or
- who frequents the company of any immoral or vicious person or is otherwise living in circumstances calculated to cause or conduce to his seduction, corruption or prostitution; or
- who begs; or
- who is being maintained in circumstances which are detrimental to his/her welfare or interests; or
- who suffers from a mental or physical disability and requires treatment, training or facilities which his/her parents or guardian are unable to provide; or
- whose parent or guardian has given him/her up to another person in settlement of a dispute in accordance with custom; or
- whose parent or guardian makes him/her perform work that is likely to be hazardous or to interfere with his/her education or to be harmful to his/her health or to his/her physical or mental development; or
- whose parent or guardian has denied him/her proper health care; or
- whose parent or guardian has unlawfully removed him/her from lawful custody.

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<sup>43</sup> Section 2 of the Children's Act



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Constitution of Zimbabwe

Children's Act

Social Welfare and Assistance Act, Chapter 17:06

Criminal Law (Codification and Reform) Act [Chapter 9:23]

Domestic Violence Act

Marriage Act [Chapter 5:11]

## ANNEXES

### a. Registered Residential Child Care Institutions in Zimbabwe

| PROVINCE         | Name of institution          | Physical Address/ Contact phone  | Date of Registration/ Review | Registered Capacity |
|------------------|------------------------------|--|------------------------------|---------------------|
| Mashonaland East | Vana Child Care Ministries   | STD No. 4453 Chivhu township<br>Phone No. (065)3407or 2204.<br>Cell. 0772 450 771                                | 29 Dec 2009                  | 24                  |
|                  | Home of Hope                 | Nyadire Mission, mutoko<br>0772280568 - Nyabote<br>0774161124 - Chiimba  | 2003                         | 19                  |
|                  | All Souls                    | All Souls Mission, Chabvuta village Chiwore ward<br>0773173105/ 0712234562 - Sr. Flora Kupara                    | 1985                         | 50                  |
|                  | Mother of Peace              | No. 320 Budga farm Mutoko<br>0772819350 – Jean Connerck<br>0773793467 - Administrator                            | 1994                         | 90                  |
|                  | Marondera Child Care Society | Nyameni township, Marondera<br>0279-24646/24348  | 23/01/1994                   | 28                  |
|                  | Mbuya nehanda                | Box 90 Bromley/Melfort<br>Mrs.Zaranyika 0778703644   | 22/09/1997                   | 120                 |
|                  | Makumbe                      | Makumbi Mission<br>Sr. Nyanhete 0773200408   | 1964                         | 80                  |
|                  | Rose of Sharon               | 2275 Rodgers Mangena, Ruwa and<br>6833 ZIMRE Park ZIMRE PARK<br>Mrs.Maruta 0772 490 478                          | 2009                         | 34                  |
|                  | Ivordale                     | Ivordale ward 9, Goromonzi district<br>0772234543 <a href="mailto:ovc.zw@celebrate.org">ovc.zw@celebrate.org</a> | 1984                         | 36                  |
|                  | Shearly Cripps               | 121 Juru, St Johns Mission<br>Mr.Kajevu 0772 545195  | 1971                         | 76                  |
|                  | Goshen Children's Home       | CharlestoB,GoshenFarm,Beatrice   | 17/02/11                     | 21                  |
|                  | Imba                         | MasonaVillage,Ward 8   | 28/06/12                     | 8                   |



|                                    |   |  |                 |     |
|------------------------------------|---|--|-----------------|-----|
|                                    | children's Home                             | (Matiti),Seke  |                 |     |
|                                    | Total                                       |  |                 | 586 |
| <b>Matebeleland South Province</b> |   |  |                 |     |
|                                    | Kip Keino                                   | MAKWE B/C,<br>GWANDA; Tel: 0774000260/                       | 2001            | 36  |
|                                    | Sacred Heart                                | Esigodini, Tel:<br>0288274/0712323397/07755767<br>73         | 1968            | 8   |
|                                    | White Water Sai                             | MATOPO-KEZI ROAD, Tel:<br>0383219/0712864161                 | SEPT.<br>1996   | 36  |
|                                    | Total                                       |  |                 | 100 |
| <b>Midlands</b>                    |   |  |                 |     |
|                                    | Blue Hills Probation Hostel and Remand Home | Senga Road Gweru   | 11 October 1961 | 60  |
|                                    |   | 054 26 0019  |                 |     |
|                                    | Midlands Children's Home                    | Stand 2091 Parklane, Athlone Avenue, Gweru                   | 7 April 1962    | 60  |
|                                    |   | 054223325/054 229769   |                 |     |
|                                    | St Agnes Children's Home                    | 500 m North of Gokwe Government Complex Gokwe South          | October 2002    | 61  |
|                                    |   | Box 138, Gweru<br>059-2566/059-2301/<br>0733 213 349         |                 |     |
|                                    | MarwardChildrens Home                       | COLIN FRASER WAY<br>AMAVENI KWEKWE<br>0772985192             | 05/03/06        | 60  |
|                                    | Driefontein Ophanage                        | PBAG 7001 MVUMA  | 04/10/73        | 36  |
| <b>Masvingo</b>                    |   |  |                 |     |
|                                    | N and B Children's Home                     | 716 Crocodile Road Chiredzi                                  | 19 July 2001    | 40  |
|                                    | Chiredzi Christian Children's Village       | 3241 Makondo TshovaniChiredzi                                | 22 October 2002 | 80  |
|                                    | Chingele children's home                    | Matibi 2 ward 9 Chingele<br>Contact S. Nyoka<br>0774 459 356 | 29 Sept 2003    | 36  |
|                                    | Alpha Cottages                              | 1002 Mtirikwi Street Eastvale                                | 1967            | 24  |
|                                    | Lirhanzo Children's Village                 | Edenvale Ranch Mwenezi                                       | 15 Sept 2009    | 21  |
|                                    |   | 0775 767 771   |                 |     |



|                                   | Total   |      |  |     |
|-----------------------------------|---|------|--|-----|
| Harare                            |   |      |  |     |
| Chinyara dzo Children's Home      | 4819 Main Street Highfield<br>042922978<br>0772399452                         | 1967 |  | 58  |
| Danai Children's Home             | 11 Brought Drive, Sunridge, Harare<br>0773288873/0772303832                   | 2011 |  | 20  |
| Emerald Hill Children's Home      | 38 Docet Road, Emerald Hill, Harare<br>04336044                               | 1967 |  | 90  |
| Harare Children's Home            | 2 Daventry Road, Eastlea, Harare<br>04747086/7                                | 1979 |  | 110 |
| HupenyuHutsva Children's Home     | 4790 Main Street Highfield<br>04662316  | 1997 |  | 132 |
| Jabulani Children's Home          | 1 Elizabeth Windsor Marlborough Harare<br>0772405405                          | 2011 |  | 17  |
| Matthew Rusike Children's Home    | Epworth Mission, Hatfield, Harare<br>0772416222                               | 1967 |  | 100 |
| New Start Children's Home         | 3 Amalinda Rd Waterfalls<br>0772 289748                                       | 2001 |  | 47  |
| Northcot Training Institute       | 6 Brickfield Road, Mt Hampden, Hre<br>04308238                                |      |  | 60  |
| Philadelphia Children's Home      | 4094 Glen Norah A<br>0772 801680  | 2007 |  | 8   |
| Shalom Children's Home            | 12 Harare Drive, Marlborough, Harare  | 2011 |  | 16  |
| ShunguDzevana Children's Home     | 26 Alexandra Drive, Hatfield  | 2011 |  | 35  |
| SOS Children's Village Waterfalls | Corner Lyne & Parkway Rd Parktown Waterfalls<br>04661015/665577<br>0772288945 | 1989 |  | 150 |
| St Joseph's House for Boys        | 31 Denby Avenue, Belvedere, Harare<br>04775658/9<br>0773493948                | 1968 |  | 50  |



|                            |                                       |   |                |     |
|----------------------------|---------------------------------------|---|----------------|-----|
|                            | St<br>Marceline<br>Children's<br>Home | 77 Falcon Road,<br>Hatfield, Harare<br>04572416/077231266<br>6  | 2005           | 74  |
|                            | Village of<br>Hope                    | 10 Good Hope Rd,<br>Westgate, Hre<br>042900559  | 2007           | 72  |
|                            | Westgate<br>Haven                     | 4 Hilltop Close<br>Stand No 2279<br>Sentosa<br>Mabelreign, Harare                                       | 2011           | 12  |
|                            | Total                                 | 1065  | 987            | 484 |
| <b>Manicaland Province</b> |                                       |   |                |     |
|                            | Chirinda<br>Orphanage                 | Daisy Dube Children's<br>Home P. Bag 509 Mt<br>Selinda, Willis Pierce<br>Memorial Hospital,<br>Chipinge | 1985           | 30  |
|                            |                                       | 0775086534  |                |     |
|                            | Houtberg<br>Child Care<br>Centre      | 85 Mt Selinda, Ward<br>19, Mapungwana<br>Village  | 08/01/<br>1997 | 24  |
|                            |                                       | 0773057661  |                |     |
|                            | Sacred<br>Heart                       | Box 10 Rusape, Stand<br>Number 58, Rusape   | 13/07/<br>1987 | 12  |
|                            |                                       | 025-2717  |                |     |
|                            | Chitenderan<br>o                      | Craig Vard Farm<br>Madziva Communal<br>Lands, Ward 20<br>Nyahukwe                                       | 20/12/<br>1994 | 20  |
|                            |                                       | 025-3407  |                |     |
|                            | Manhinga<br>Village                   | 45km Peg<br>Nyanga/Rusape road<br>Ward 23, Dombo  | 24/08/<br>1989 | 100 |
|                            |                                       | 0774182824  |                |     |
|                            | Rekayi Tang<br>wena                   | Stand No. 958<br>Nyangani Park,<br>Nyanga   | 17/1/<br>2006  | 21  |
|                            |                                       | 0774182824/0298-811   |                |     |
|                            | Bakorenhe<br>ma                       | Bakorenhema<br>Orphanage P. Bag<br>2928 Mutare, Takarwa<br>ward, Barowa Village<br>Marange, Mutare      | 1/08/<br>2001  | 38  |
|                            |                                       | 0712569788  |                |     |
|                            | Fairfield                             | Fairfield Box1040<br>Mutare, Old Mutare<br>United Methodist<br>Mission Centre,<br>Mutasa District       | 2004           | 80  |
|                            | R.                                    | St. Augustine's   | 1/8/88         | 40  |



|                                  |  |  |                                  |              |
|----------------------------------|--|--|----------------------------------|--------------|
|                                  | G.Mugabe   | Mission, Penhalonga,<br>Mutasa District  |                                  |              |
|                                  |  | 0772 698 536   |                                  |              |
|                                  | Forward in<br>Faith  | 19 Alfred Crescent,<br>Florida, Mutare   | 2/04/1986                        | 25           |
|                                  | Murwira  | 3,5 km left from<br>Marange Business<br>Centre Junction,<br>Murwira Ward Village,<br>Marange, Mutare<br>District | 23/1/06                          | 40           |
|                                  |  | 020 – 62467  |                                  |              |
|                                  | Bonda  | Bonda mission<br>Hospital,<br>Mutasa District  | 28/05/1992                       | 20           |
|                                  |  | 0772111726   |                                  |              |
|                                  | <b>Total</b>   |  |                                  | <b>450</b>   |
| <b>Mashonaland West Province</b> |  |  |                                  |              |
|                                  | Just<br>children<br>foundation,<br>Come unto<br>me centre, | Plot number 613 Karoi<br>Plot 613 Karoi<br>Mrs.Matombo<br>0772309062   | 13/06/07                         | 46           |
|                                  | Vimbainesu<br>Children's<br>Home                           | Zengwe Village<br>Ward 4, Masiyarwa<br>Zvimba<br>Mrs.Madzima<br>0777884556/<br>0712584832                        | 1988                             | 40           |
|                                  | Keegan<br>Orphanage  | Tobey Hill Farm,<br>Chinhoyi<br>R.Mackenzie<br>067 23512   | 10/08/<br>2007                   | 24           |
|                                  | Fair Home  | Fair Home Farm<br>House,<br>Half Way<br>Mr.Kufakunesu<br>0772 542 739  | 07/08/07                         | 27           |
|                                  | Eden<br>Children'  | Stand 31<br>Doma   | 12 May 2012                      | 10           |
|                                  | Good<br>Shepherd<br>Centre                                 | 5296<br>Chikonohono<br>Township<br>Chinhoyi  | 3 June 2004<br><br>26 March 2007 | 16<br><br>48 |
| <b>Bulawayo</b>                  |  |  |                                  |              |
|                                  | SOS Village  | Stand no 15488, Lady<br>Stanley Avenue<br>(09)204039<br>Mr Dube  | 20/10/<br>1995                   | 144          |
|                                  | Thembisio  | 3137 Luveve  | 6/03/<br>1980                    | 54           |



|                                     |                                  |  |                 |     |
|-------------------------------------|----------------------------------|--|-----------------|-----|
|                                     | Queen Elizabeth                  | 8 <sup>th</sup> avenue and Samuel Parirenyatwa 60753<br>Mrs. S Soutter | 1952            | 20  |
|                                     | Percy Ibbotson                   | 3074 Percy Ibbotson road/ Cowdry road<br>Luveve 5                      | 26/09/<br>1967  | 66  |
|                                     | Luveve Training school for girls | Percy Ibbotson road/<br>Cowdry road<br>Luveve 5                        | 2/05/<br>1965   | 48  |
|                                     | John Smale                       | 23 Van ReibekBarham Green  |                 | 72  |
|                                     | St Gabriel Home                  | 48 Five street   | 1990            |     |
|                                     | Emthunzini wethemba              | P O Box 2578<br>Bulawayo   | 30/11/<br>1996  | 21  |
|                                     | Isaiah Umuzi Wethando            | 57 Heyman Road<br>Suburbs  |                 | 20  |
| <b>Mashonaland Central Province</b> |                                  |  |                 |     |
|                                     | Ponesai Vanhu Children's Home    | Mupfurdzi Resettlement<br>Scheme Shamva ,<br>0772 363678               | 1/6/1994        | 60  |
|                                     | Catherine Palmer Children's Home | 136 Christon Bank<br>0772 268 699                                      | 18 Dec 2003     | 6   |
|                                     | Montgomery children's Home       | Montgomery Farm,<br>Mazowe<br>0772 256b518                             | 1993            | 60  |
|                                     | Child Future Africa              | Chaminuka Training Centre,<br>Mt Darwin<br>0772 766 118                | 10 Sept<br>2007 | 15  |
|                                     | Grace Mugabe Children's Home     | Iron Musk Farm,<br>Mazowe  | 3/2/2012        | 70  |
|                                     | SOS Children's Home              | SOS Children' s<br>Village 1233  | 1977            | 180 |
|                                     | Kutenda Children's               | Zhenje Village Chief   | 19/09/2011      | 24  |
|                                     |                                  |  |                 | 415 |
|                                     | <b>Grand Total</b>               |  |                 |     |

## b. Key Informants

| <b>Name</b>      | <b>Organisation</b>                  |
|------------------|--------------------------------------|
| Laizah Chourombo | DSS and ZIMNAP for OVC 2 Secretariat |
| Sandra Muengwa   | Justice for Children                 |
| Mr.Arikanda      | SOS Children's Villages              |
| Ellen Mfumi      | Queen Elizabeth Children's Home      |
| Cecilia Thobani  | Fairfields Children's Home           |
| Taylor Nyanhete  | ZNCWC                                |
| Aaron Zinyanya   | NAP for OVC Secretariat              |
| Spiwe Chakawa    | Chiedza Child Care Centre            |
| Sam Muradzikwa   | UNICEF                               |
| Ms Mawire        | Matthew Rusike Children's Home       |
| Noah Mudenda     | Victim Friendly Initiative           |
| TholakeleNdlovu  | Plan International                   |
|                  | Central Statistical Office           |

Two focus group discussions with:  
 SOS Children's Village Bindura  
 SOS Children's Village Waterfalls Harare  
 Caregivers at SOS Children's Villages Bindura  
 Caregivers at SOS Children's Villages Waterfalls Harare