



# Regional AIDS Initiative of Southern Africa

## Orphans and Vulnerable Children and HIV/AIDS

### National Workshop

### Report

Bronte Hotel, Harare, Zimbabwe.  
28- 29 November 2002



Sharing skills. Changing lives

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**Any other Comments/observations**

The workshop participants' expectations were in line with the workshop objectives.

**VSO RAISA'S Orphans and Vulnerable Children and HIV/AIDS  
Workshop  
Session Minute Form**

**Title of session:** **The RAISA Initiative in Zimbabwe**

Date of Session: Thursday 28 November 2002

**Main issues Arising**

**RAISA QUIZ**

N.B. All the answers were in the brochure on RAISA

1. What does RAISA stand for?
2. What does VSO stand for and what is its connection with RAISA?
3. In how many countries does RAISA operate in Southern Africa?  
Name 3 of them.
4. Funding for RAISA is for how long and name one of the funders.
5. How did the idea of RAISA come up?
6. What areas of HIV/AIDS does RAISA hope to make an impact on?  
Name 3 areas.
7. Which groups of the population does RAISA focus on? Name three of them.
8. What can volunteer development workers contribute to RAISA?  
Give two examples.
9. Give 3 examples of the sort of organisations RAISA is interested in working with.
10. How RAISA is trying to share its learning on a regional basis?

<b>Agreed Action Points</b>	<b>By whom</b>	<b>By when</b>
To keep in touch with VSO/RAISA as part of networking	<b>All</b>	<b>On going</b>

**Any Other Comments /Observations**

Many participants were familiar with RAISA and its connection with VSO. There were less clear about VSO's role in Zimbabwe as being only related to RAISA activities, its link with SAFAIDS and also the current office location and administration.

**VSO RAISA'S Orphans and Vulnerable Children and HIV/AIDS  
Workshop  
Session Minute Form**

**Title of session: Opening Address from the Ministry of Public Service, Labour and Social Welfare**

Date of Session: Thursday 28 November 2002

<b>Main Issues Arising</b>
<p>The Key note address was given by Mr. Elisha Mushaparire on behalf of the Permanent Secretary of the Ministry (Appendix 1). Areas covered were:</p> <ul style="list-style-type: none"> <li>• Government support of NGO and CBO working the area of OVC</li> <li>• Issue of registration of development organisations.</li> </ul> <p>The discussions which followed, related to the following issues:</p> <ul style="list-style-type: none"> <li>• Where can participants get a copy of the operational manual issued by Government on OVC , which is available at present only to members of the Child Welfare Forum (CWF), since the forum is not functional in the districts?</li> <li>• The Child Welfare Forum- its constitution, composition and functions outside the urban areas.</li> <li>• Problems faced over OVC who do not have birth certificates and other relevant registration.</li> <li>• What is the government doing to support registration of those working with OVC?</li> <li>• Is there going to be a de-registration of NGOs? Is the Private Voluntary Organisation Act going to be amended? How widely is the Act distributed?</li> <li>• The decentralization of Child Welfare functions- how practical is this and will the interests of the child be guaranteed?</li> </ul>

<b>Agreed Action Point</b>	<b>By whom</b>	<b>By when</b>
Distribute copies of OVC operational manual	Ministry.	End of Workshop

**Any Other Comments /Observations**

There were concerns about

- Registered Organisations working with OVC who appear to be duplicating functions and having weak funding bases.
- Vetting of personnel dealing with OVC so that instances of abuse are reduced.
- Capacity of Ministry is overstretched for effective decentralization of functions.

**VSO RAISA'S Orphans and Vulnerable Children and HIV/AIDS  
Workshop  
Session Minute Form**

**Title of session:** **Partner Presentations on OVC and HIV/AIDS**

Date of Session: Thursday 28 November 2002

**Main Issues Arising**

This session was facilitated by Zimbabwe Aids Network . The participants were divided into 4 groups .according the categorized of work areas as :

1. **Children' Institutions and Homes** ( Matthew Rusike-Epworth, Shearly Cripps)
2. **Service Providers** (Children of Africa Development Initiative, Hope Aids Orphan Support Services, Child Protection Trust.)
3. **Home based Care and Orphan Care** Programmes ( Nyamazizi HBC-Rusape, Loving Hands-Bulawayo, Bethany –Zvishavane, FACT Chiredzi, Mashambanzou, Dananai Child Care(Dachicare)-Masvingo, Uzumba Trust-Murewa, Dananai Child Care).
4. **Faith Based Organisations and PWA groups** ( Bindura Ministries Fraternal, Auxilia Chimusoro Masvingo, Ivainesu- Mash Central (2), Hope for a Child in Christ- Bulawayo).

The groups were asked to answer questions given in the worksheet.

## **Reports from Group Discussions**

### **1. Children' Institutions and Homes**

*'An orphan is a child who has lost one or both parents'.*

**Orphan care and support involves:** caring for the orphans in the children's homes and caring for orphans in the community, giving support e.g. clothes, food shelter, education, health care, counseling.

**Role of Communities:** Identify Orphans in the community and child headed children, so that they can get help, while they are in their homes. Fostering of children in the Home or outside.

#### **Involving the Community:**

Matthew Rusike Children's Home- we hold a meeting for the Epworth Community based Orphan Care project (ECBOCP) which involves the members from the community, Department of Social welfare representative, Sister in Charge of Epworth Clinic, Minister of Religion, Matthew Rusike Board Member and Superintendent. The purpose is to educate people to identify orphans who might need help.

Shearly Cripps Children's Home- they engage the community in educating the children at the home- lessons on first aid, so that they may be able to help each other in times of emergency when staff is not around.

**Accountability:** To the Department of Social Welfare. It is working because we work with them in the programme. They also visit the identified orphans in the community, with the help of the volunteers from the community.

**Support Structures:** Mashambanzou, UDACIZA, help in HBC for children/people affected with HIV/AIDS and give support in food, clothing, health facilities-gloves, buckets, medication, visiting the sick and taking care of the welfare of the children who are sick or are looking after terminally ill patients.

**Planning, Monitoring and Evaluation:** Organising meetings with representatives from the community, getting feedback on situations faced or identified in the community and come up with solutions on how to deal with problems. Getting ideas from members, seeking donors to help in the projects with OVC. Planning vocational skills for children in the community which may help them in the life skill so that they may be sustainable e.g. tailoring, tie and dye, -they may not become dependent.

**Future Planning:** To target many volunteer care givers and foster parents who should be empowered to take care of and support the children orphaned or infected with HIV/AIDS in Epworth. (Matthew Rusike).

<p><b>2. Service Providers</b></p> <p>Orphan <i>‘A child who has lost both parents (below 18 years). In our working environment a child with one parent can be supported just like an orphan.’</i></p>	
<p><b>Orphan Care and Support:</b> involves</p> <ul style="list-style-type: none"> <li>▪ Provision of shelter (basic needs- food, clothing, education).</li> <li>▪ Counselling</li> <li>▪ Protection (abuse) all forms</li> <li>▪ Foster parents</li> <li>▪ Love (communities).</li> </ul>	<p><b>Community Role</b></p> <ul style="list-style-type: none"> <li>▪ Adoption and fostering</li> <li>▪ Fundraising/donations</li> <li>▪ Visiting and comforting/counseling , entertainment</li> <li>▪ Identity and refer</li> </ul> <p>Voluntary services</p>
<p><b>Identifying Priority Needs</b></p> <ul style="list-style-type: none"> <li>▪ Surveys/Research</li> <li>▪ Meetings/Workshops/Seminars</li> </ul> <p>Home visits (discussions and interviews)</p> <p><b>Support structures</b></p> <ul style="list-style-type: none"> <li>▪ Govt. all structures</li> <li>▪ NGOs/Donors/funders/supporters</li> <li>▪ Community (all structures).</li> </ul>	<p><b>Accountability=Yes and No</b></p> <ul style="list-style-type: none"> <li>▪ To the community/Children</li> <li>▪ Funders/ donors/supporters</li> <li>▪ Boards/NGOs (Networks)</li> </ul> <p>Govt. (local authorities, Ministries, departments)</p>
<p><b>Planning, Monitoring and Evaluation</b></p> <ul style="list-style-type: none"> <li>▪ Strategic Planning e.g. 5 years, yearly plans (community involved)</li> <li>▪ Monthly/yearly reports (A.G.M.)</li> <li>▪ Project Evaluations (use of external evaluators, auditors etc.)</li> <li>▪ Observers.</li> </ul>	

<p><b>3. Home Based Care and Orphan Care Programmes</b></p> <p><i>‘Orphan-children from 0-18 years with one parent or both parents deceased. The definition is relative as other orphans are better off than others and some become the neediest</i></p>	
<p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>▪ Community Based Orphan Care (CBOC)</li> <li>▪ Better education and food security for (CABA) - strive.</li> <li>▪ Psychosocial support-RESPI and Masiye</li> <li>▪ Youth Programmes</li> <li>▪ HIV/AIDS advocacy and awareness</li> <li>▪ Feeding centres for orphans</li> </ul>	<p><b>Monitoring (Operations)</b></p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>-number of orphans assisted</li> <li>-%in relation to gender</li> <li>-number of monitoring reports</li> <li>-baselines</li> <li>-impact monitoring reports</li> </ul>



<ul style="list-style-type: none"> <li>▪ Volunteer training</li> <li>▪ Selection planning and management.</li> <li>▪ Research (ORO)</li> </ul> <p>Child to child participation</p>	
<p><b>Problems</b></p> <ul style="list-style-type: none"> <li>▪ Inheritance rights- birth certificates-need for advocacy.</li> <li>▪ Review Birth and Death Acts</li> <li>▪ Need to network</li> <li>▪ Data base-to curb duplication.</li> </ul>	<p><b>Way Forward</b></p> <ul style="list-style-type: none"> <li>▪ Support from RAISA</li> <li>▪ Resources</li> </ul> <p>Research monitoring and evaluation</p>

<p><b>4. . Faith Based Organisations and PWAs.</b></p> <p><i>An orphan is a child who has lost both parents, or who lost one and the remaining one being very disadvantaged or terminally ill.’ Age group involved 0-18 years.</i></p> <p><b>Orphan care and support involves:</b> Provision of shelter, clothes, food, moral support and psychological support.</p>	
<p><b>The role of Communities:</b></p> <ul style="list-style-type: none"> <li>▪ The Christians provide spiritual and material support.</li> <li>▪ The support groups (PWAs) become foster parents</li> <li>▪ The community at large can foster these orphans</li> </ul>	<p><b>Accountability:</b></p> <ul style="list-style-type: none"> <li>▪ To the communities,</li> <li>▪ to the churches.</li> <li>▪ District AIDS Action Committees –DAACs,</li> <li>▪ well wishers and</li> <li>▪ support groups,</li> <li>▪ the social welfare.</li> </ul>
<p><b>Involving Communities and children:</b> By organizing workshops, interviews, meetings and questionnaires to care givers or the orphans themselves.</p> <p><b>Planning, Monitoring and Evaluation</b>  This is done through community meetings, progress reports on activities done, assessment of officers through questionnaires. Contracting external evaluators and evaluations at Annual General Meetings.</p>	

<b>Agreed Action Points</b>	<b>By whom</b>	<b>By when</b>
1. Complement each other on local, district, and provincial level and collaborate with other networks.	<b>All</b>	<b>On going</b>
2. Need for all to take up advocacy issue of orphans above the age of 18 years who are not self supporting.	<b>All</b>	<b>On going</b>
3. Need for all to be aware of policy documents on OVC.	<b>All</b>	<b>On going</b>
4. Children's Homes need to be more involved in OVC networks	<b>All</b>	<b>On going</b>

<b>Any Other Comments /Observations</b>
<ul style="list-style-type: none"> <li>▪ Definitions of Orphans slightly different- stemming from discussions.</li> <li>▪ Issues of OVC with specific reference to infants are different from youth needs for example, just as the issues experienced by grand parents are different from those experienced by child headed households supporting OVC.</li> <li>▪ Government structures and departments are under resourced to support OVC</li> <li>▪ There was agreement on approaches to orphan care and the need to involve orphans in the processes.</li> <li>▪ Accountability to OVC an important consideration.</li> <li>▪ There is need to reduce arm chair proposals for community OVC projects and become more involved on the ground.</li> <li>▪ Issue of monitoring activities-need to be continual. Need to establish indicators. Problems arise on how to assess the data and put it to use.</li> </ul>

**VSO RAISA'S Orphans and Vulnerable Children and HIV/AIDS  
Workshop  
Session Minute Form**

**Title of session:** Partner Presentations and Lessons Learnt

Date of Session: Thursday 28 November 2002

<b>Main Issues Arising from Groups</b>	
<p><b>1. Children' Institutions and Homes</b></p> <p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>▪ Trained staff in residential care through School of Social Work</li> <li>▪ We care for orphans providing shelter, food, clothing, education, security, and health facilities. Do counseling, prepare for discharge, vocational skills training e.g. carpentry, gardening, poultry keeping, tailoring, tie/dye, weaving and knitting, working in the fields.</li> </ul>	
<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>▪ Girls cannot cook like in a normal home setup.</li> <li>▪ Institution cannot give love/attention to the children equally like in a normal home.</li> <li>▪ Unable to control big boys and some girls.</li> </ul>	<p><b>Opportunities</b></p> <p>To build family houses, so that each house can accommodate at least boys and girls from 0-18 years- not more than 10 in each house- if there is proper funding</p>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Challenges faced by ASOs- lack of material support from donors due to the political issues, starvation in the communities. Communities are also not able to help the disadvantaged due to lack of resources.</li> <li>• Challenges faced by the country- more orphans due to the HIV/AIDS pandemic. Not able to help all the children in need of care. Not enough resources due to economy and inflation.</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Stigma from outside the community</li> <li>• Not able to equip the children with life skills after institutionalization</li> <li>• How the child is going to fit into the society after discharge from the homes/institutions.</li> <li>• More children may be abandoned, given the seriousness of the OVC problem in the community.</li> </ul>

<b>Main Issues Arising from Groups</b>	
<p><b>2. Service Providers</b></p> <p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>▪ Skilled manpower</li> <li>▪ Donor funding</li> <li>▪ Community (acceptance and support)</li> <li>▪ Government acceptance</li> <li>▪ Strong network Structures</li> <li>▪ Good Policies</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>▪ Brain drain</li> <li>▪ Donor syndrome</li> <li>▪ Duplication of services</li> <li>▪ Love of money (chibhanzi)</li> <li>▪ Corruption</li> <li>▪ Abuse of resources</li> <li>▪ Bad Polices Not</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>▪ Fundraising</li> <li>▪ Networking</li> <li>▪ Lobbying and advocacy</li> <li>▪ Saving lives</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>▪ HIV/AIDS</li> <li>▪ Drought</li> <li>▪ Conflict ( national)</li> <li>▪ Conflict (family-divorce/ inheritance)</li> <li>▪ Brain drain</li> <li>▪ Economic hardships</li> <li>▪ Change in policies.</li> </ul>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Competition among and within organisations</li> <li>• Lobbying for change of policies</li> <li>• Brain drain</li> <li>• Convincing local institutions and businesses to support OVC programmes</li> <li>• Fight against corruption</li> <li>• Effective implementation of project/programmes</li> <li>• Survival of these programmes on conflict situations</li> </ul> <p>Gender/ power imbalances</p>	<p><b>Country challenges</b></p> <ul style="list-style-type: none"> <li>• HIV/AIDS</li> <li>• Economic hardships (dollar)</li> <li>• Drought</li> <li>• Brain drain</li> <li>• Corruption</li> <li>• Globalization</li> <li>• Legislation</li> <li>• Resource mobilization-welfare, education, health services etc.</li> </ul>
<b>3. Home based Care and Orphan Care Programmes</b>	
<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>▪ Child participation in all programme interventions</li> <li>▪ Multi sectoral approach to all interventions</li> <li>▪ Gender sensitivity on interventions</li> <li>▪ Good record keeping</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>▪ Donor fatigue</li> <li>▪ Donor driven programmes also imposed. Donor funding with strings attached.</li> <li>▪ Problems to solicit for funding e.g. proposal writing-lack of compliance</li> </ul>

<ul style="list-style-type: none"> <li>▪ Qualified personnel</li> <li>▪ Increasing confidence even luring donors</li> <li>▪ Community driven interventions or projects for capacity building</li> <li>▪ Net working</li> <li>▪ Registered Private Voluntary Organisations</li> <li>▪ Long service</li> </ul> <p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>▪ Networking for advocacy, lobbying and information</li> <li>▪ To make publications about their work</li> <li>▪ To get funding and capacity building.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Duplication of interventions and competition stiff between NGOs</li> <li>▪ Networking</li> <li>▪ Monitoring and Evaluation problems and lacking expertise</li> <li>▪ Need to have monitoring and evaluation policies</li> <li>▪ Capacity building of staff problems</li> <li>▪ Lack of documentation</li> <li>▪ Lack of structures to maintain qualified staff-brain drain problems</li> <li>▪ Lack of homogeneity in terms of work conditions e.g. salaries etc.</li> <li>▪ Lack of policies on HIV/AIDS issues e.g. stigma, PWAs.</li> <li>▪ Low advocacy and lobbying</li> <li>▪ Lack of awareness of HIV/AIDS policies.</li> </ul>
<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>▪ Donors pulling out</li> <li>▪ De-registration</li> <li>▪ Duplication-e.g. NAC structures (DAAC, WAAC)</li> <li>▪ Brain drain of qualified personnel</li> <li>▪ Bureaucratic systems in decentralization. Resources not getting to stipulated/intended beneficiaries. Policies not clear on this</li> <li>▪ HIV/AIDS magnitude has increased so resources are few</li> <li>▪ Hyper inflation and budgets in proposals failing to assist beneficiaries adequately- power of dollar eroded.</li> <li>▪ Political interferences</li> <li>▪ Logistical problems, economic upheaval, fuel problems</li> <li>▪ Problems having 5 year strategic plan</li> <li>▪ Drought</li> </ul>	

<b>4. Faith Based Organisations and PWA groups</b>	
<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>▪ Accessibility to church structures</li> <li>▪ Well-trained caregiver.</li> <li>▪ Faith based organisations use the holistic approach which caters not only for the materialistic support, but also the mind and the spirit</li> <li>▪ Support groups formation</li> <li>▪ Creation of sharing platforms</li> <li>▪ Skills training for support groups</li> <li>▪ Fundraising activities</li> <li>▪ Use of volunteers</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>▪ Lack of professional planning</li> <li>▪ Poor documentation of events</li> <li>▪ Inadequate resources</li> <li>▪ Poor organizational structures</li> <li>▪ We mainly rely on volunteers</li> </ul> <p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>▪ Outreach to target groups is easier through church structures</li> <li>▪ Sharing of experiences</li> <li>▪ Exchange visits</li> </ul>
<p><b>Constraints</b></p> <ul style="list-style-type: none"> <li>▪ When an organisation becomes bigger than its capacity and resources</li> <li>▪ Where there is lack of transparency within leadership</li> <li>▪ Ignorance and lack of professionalism</li> <li>▪ Duplication of activities</li> <li>▪ Economic hardships</li> </ul> <p>Political interference</p>	<p><b>Challenges for organisations</b></p> <ul style="list-style-type: none"> <li>• Ever increasing numbers of OVC</li> <li>• Feeding them and clothing them</li> <li>• Politics</li> <li>• Birth certificates (lack of).</li> </ul>
<p><b>Challenges for the country</b></p> <ul style="list-style-type: none"> <li>• Ever increasing number of OVC</li> <li>• The brain drain</li> <li>• Feeding, clothing, educating them and delivering medical care</li> <li>• Birth certificates (lack of).</li> </ul>	

<b>Agreed actions</b>	<b>By whom</b>	<b>By When</b>
We should fund raise for our organisations	All	Ongoing
There is need for networking	All	Ongoing
Train the current staff and in future, employ professionals	All	Ongoing

**Any Other Comments /Observations and Lesson Learnt**

- Issues with a legal angle would be raised in the next session.
- The community should give support to the OVC programmes so that they are effective when implementing them.
- Lessons through workshops help in behaviour changes in these days of HIV/AIDS through out the country.
- Perseverance
- Networking to avoid duplication
- Negotiation skills
- Need for working with various stakeholders
- “Burnt our fingers.”
- Increase capacity building
- Enhance monitoring systems
- Increase advocacy and awareness of HIV issues
- Advocate for OVC policy reviews
- Strengthen umbrella organisations’ representation at local/national level

**VSO RAISA’S Orphans and Vulnerable Children and HIV/AIDS  
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Session Minute Form**

**Title of session:**                      **The Legal Issues related to OVC**

Date of Session:                                      Thursday 28 November 2002

**Main Issues Arising**

Paper delivered is under Appendix 3

*Orphan- ‘a child who has lost both parents or who are both deceased’*

1. Identity/status of the person is related to the birth certificate.
2. Wills are very significant especially with OVC and inheritance issues as well as appointment of executor.
3. Need for guardian/ custodian to represent minor children. Inherent problems related to children with ‘no name/totem’
4. Court considerations are in the best interest of the child.
5. Introduction of family law courts so that all matters are done under one roof- still being worked on.
6. Issues of court backlogs and impact on OVC.
7. Traditional courts have to reconcile with western court rulings.
8. Procedures on registering of property were discussed.
9. The role of Zimbabwe Women Lawyers Association and its role in supporting women and children through the legal system.
10. Special Definitions

Orphan: A child who would have lost both parents or who are both

deceased.

Child: Any person who is below the age of 18 or is above this age but is mentally retarded.

Child Abuse: There are various forms of child abuse.

Physical Abuse: Non-accidental physical harm on a child (cuts, bruises, alcohol or administration of substances)

Sexual Abuse: Exploitation of a child by an adult or another child for his or her own sexual satisfaction.

Neglect Abuse: Intentional failure to provide a child with basic necessities.

Emotional Abuse: Psychological and mental abuse, normally any other forms of abuse can cause this form of abuse, it also covers verbal, frightening and threatening.

<b>Agreed actions</b>	<b>By whom</b>	<b>By When</b>
.Become more aware of laws related to OVC	ALL	On going
Advocate for access to legal system for those in rural areas	ALL	On going
Follow up on the role of the Zimbabwe National Council for the Welfare of Children	ALL	Feb 2003
Organise an advocacy and lobbying w/shop on OVC	Felistas/VS O	2003/04
Organisations to send comments to VSO on OVC policy documents	ALL	mid December 2002
Visit local Social Welfare Offices	ALL	On going

**Any Other Comments /Observations and Lesson Learnt**

- Issues of abuses especially sexual abuse hidden in family politics and traditions e.g. forced marriages.
- It was alluded to that justice does not prevail because of the locality of the law courts (mainly urban).
- More advocacy is required on legal issues especially because of cultural contexts- e.g. wills and inheritance.
- No specific legislation which addresses issues related to orphans.
- Most services offered are not orphan friendly as they need referrals and the availability of guardians/ parents to make the applications.



**VSO RAISA'S Orphans and Vulnerable Children and HIV/AIDS  
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Session Minute Form**

**Title of session:** **Knowledge to Behaviour Change**

Date of Session: Friday 29 November 2002

<b>Main Issues Arising</b>
1. HIV/AIDS interventions numerous and varied. 2. Culturally, sexual matters are taboo, yet they need to be discussed in order to talk of HIV/AIDS. 3. The Stepping Stones Training package and communication and relationship skills. 4. Stepping Stone principles and challenges as well as impact. 5. Correct information does not necessarily lead to behaviour change. 6. Issues related to the reluctance of men being involved in Stepping Stones activities.

<b>Agreed Points</b>	<b>By whom</b>	<b>By When</b>
1. Need to continue to improve communication and relationship skills within workplace and families.	ALL	On going
2. We have to talk about sex to deals with HIV/AIDS		
3. Work with knowledge to behaviour change strategies provided by the communities themselves.	All	On going
<b>Any other Comments/ Observation</b>		
FACT offices within Zimbabwe and the region are prepared to assist communities to become more familiar with the Stepping Stone training		

**VSO RAISA'S Orphans and Vulnerable Children and HIV/AIDS  
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Session Minute Form**

**Title of session:** **The GIPA Principle**

Date of Session: Friday 29 November 2002

<b>Main Issues Arising</b>
Defining GIPA, what greater involvement actually means in practice and why it is important to put into practice.



### **. Resources available other than Financial**

- Vision
- Commitment
- Enthusiasm
- personal/organisational
- Recognition
- Skills training/trained personnel/ personnel attributes
- Information/ networking capabilities
- Creativity
- Perseverance
- Time and willingness
- Faith
- Motivation

### **. Resources available from the National AIDS Council**

The presentation from the National Aids Council did not take place because the officers were said to be preparing for National Aids Day. Hand out were made available instead. These were followed by a discussion led by some of the participants who have had working knowledge of the NAC at district and village level. The main issues raised in relation to NAC:

- Level of consultation and the issues of sidelining NGOs and other key stakeholders during and after the formation of NAC structures country wide e.g. DAACs and WAACs.
- Strategic plans of NAC which appear to be 'top-down' do not necessarily reflect the ASO priorities and so issues of differences in priorities arise.
- Resistance to change as new structures are put in place and some old ones are made redundant.
- NAC structures sometimes implement rather than coordinate programmes.
- Politicisation of the whole intervention process.
- Stigmatisation is not being addressed during the NAC approach to distribution of resources.
- The resources being distributed are meagre considering the magnitude of the problem.
- Monitoring and evaluation systems are not participatory or effective.
- The recent budget indicates that there will be no AIDS levy after 2003 and an endowment fund will be set up, which could face the same problems as with the administration of the current 3% AIDS levy.

One village perspective of the NAC 's intervention indicated that committees on the ground were representative of the village population

and some distribution of cash and food items as well as school fees had taken place.

**. VSO Small Grant Funding**

A presentation was made on the small grant funding process with discussions on:

- The amounts available.
- The type of projects, which are sponsored.
- The criteria used to select projects and the process of selection.
- Monitoring and evaluation and reporting systems.

**4. Any other potential donors and funders**

Other possible funding opportunities were discussed including those indicated in the Zimbabwe Aids Network directory and the British High Commission Small Grants.

<b>Agreed Points</b>	<b>By whom</b>	<b>By When</b>
Need to foster the GIPA principle within the NAC programme	ALL	On going
Advocate for the reduction of red tape within the NAC structures to expedite distribution of resources.	ALL	On going
Advocate for the reduction of red tape within the NAC structures to expedite distribution of resources.	ALL	On going
Advocate for greater involvement of ASOs and NGOs within the NAC structures	ALL	On going
Advocate for greater transparency in distribution of resources	ALL	On going

**An ice breaker**

1. A short exercise was done on an individual basis based on completing the following sentence in order to establish organizational priorities: If I had up to **X** dollars to spend on OVC, I would.....Some responses given were:

- Hold a seminar on peer education
- Implement a feeding programme
- Provide psycho-social support in the form of clothing, food and medicines

2. There was general agreement on the need for capacity building so that beneficiaries could be involved in sustainable income generating projects.

**VSO RAISA'S Orphans and Vulnerable Children and HIV/AIDS  
Workshop  
Session Minute Form**

**Title of session:** **The Way Forward/Action Planning**

Date of Session: Friday 29 November 2002

<b>Main Issues Arising</b>
Need for a network to lobby on behalf of OVC. VSO tasked to investigate what is already in place e.g. Zimbabwe Council for the Welfare of Children's mandate. It was not concluded as to how to go forward unless a small committee was set up to follow this initiative through. The committee could also liaise with ZWLA for legal issues as well as FMWZ, The Centre and SAFAIDS and give feed back to the relevant Ministries.

<b>Agreed Points</b>	<b>By whom</b>	<b>By When</b>
Implement what we have learnt from the OVC workshop	ALL	On going
GIPA principle	ALL	On going
Feedback on OVC workshop to our organisations	ALL	Mid December
Network with new partners	ALL	On going
Input on OVC policy document	All/Felistas	End of January 2003
Improve on ways of resource mobilization	ALL	On going
VSO/RAISA disbursement of SGF 1 <sup>st</sup> group	Felistas	End of January 2003
Report from OVC Workshop	Nesta	Mid December 2002
SGF Application Committee Meeting	Felistas (Chair)	End of January 2003
Submit SGF applications	AL	By end of December 2002

<b>Any other Comments/ Observation</b>
Some more thought needs to be put into the follow up activities after the interest generated from this OVC workshop. One issue to be considered is the role of the VSO RAISA Country Coordinator in building and strengthening partnerships and advocacy work, based on the issues raised in the workshop around OVC.

**VSO RAISA'S Orphans and Vulnerable Children and HIV/AIDS  
Workshop  
Session Minute Form**

**Title of session:** **Evaluation Report**

Date of Session: Friday 29 November 2002

**Main Issues Arising**

Comments on the following:

- **Content:** what the session taught you, whether it was enjoyable, relevant or worthwhile.
- **Presentation:** how well or badly the facilitator introduced and ran the session with the participants.
- **Timing:** whether it was too long, rushed or just right.

**Day One: Thursday 28 November 2002**

**1. Introduction and Ice breaker**

Content: Presentation: Timing:

*The way was out of this world. We ended up knowing each other well.*

**2. The RAISA Initiative in Zimbabwe**

Content: Presentation: Timing:

- *Nice little exercise which clarified the RAISA brief.*
- *We were able to participate with contributions and are now aware of other regional players and target areas.*
- *The content was good and brain storming as well as investigating whether the participants have read their handouts. One should learn to read documents when available.*

**3. Opening Address**

Content: Presentation: Timing:

- *Maybe we can get access to the manual 'the Zimbabwe National Strategy on Children in Difficult Circumstances???*
- *The presentation of the Minister's speech showed that Govt. is behind us all the way and that they are making efforts to map out strategies to help the plight of support groups and NGO toward the cause of the OVC.*
- *Short and to the point.*
- *It was good but they must have prepared answers for all questions.*

*The content was good although some promises are on paper and no groundwork at grassroots level*

#### **4. Case Study on OVC Care**

Content: Presentation: Timing:

**Did not take place- presenter did not show up.**

#### **5. Partner Presentations on OVC and HIV/AIDS**

Content: Presentation: Timing:

- *Fine but need for structuring and elucidating and compiling and summary of main points by the workshop facilitators.*
- *Learnt how other areas like Bulawayo, Bindura and Masvingo Orphan care programmes are working. This session was well presented and everyone benefited from one another. Timing was right.*
- *Very participatory- we mapped our shortfalls and strengths very well.*

#### **6. Lessons Learnt from Partner Presentations**

Content: Presentation: Timing:

- *Lessons learnt will help our NGO to be very effective. Presentation-excellent*
- *Networking in order to avoid duplication of programmes.*
- *To plan monitor and evaluate the orphan care programme in my organisation, to use indicators, external evaluators. Time was not kept.*

#### **7. Legal Issues related to HIV/AIDS**

Content: Presentation: Timing:

- *Not practical to our needs- needed case study examples should have used overhead projection.*
- *Too short a time to cover all we need to hear.*
- *The time was so short because this is the most difficult area as some of us are even have the same problem.*

#### **Day Two: Friday 29 November 2002**

##### **1. Knowledge to Behaviour Change**

Content: Presentation: Timing:

- *Nice presentation but the presenter talked down to the participants at times- the level could be raised (?) up a bit.*
- *The content had all the facts on one's behaviour and steps on how to change. The presentation was well done. Time was kept. I learnt some principles, challenges on Stepping Stones.*
- *The knowledge to behaviour change is now common. He was to a point.*

- *Presentation: very energetic and educative.*

## **2. Implementation of GIPA**

Content: Presentation: Timing:

- *All excellent.*
- *The lesson was enriching and reviving because we have noted some PWAs are at least doing some commendable work in order to live positively. They are even going out of their way to impart confidence to youths and the cause of the ONC and other stakeholders.*
- *Very informative- we are going to implement the GIPA principle.*
- *The presentation was good and the Centre seems to be engaged in good programmes, which will benefit everybody the elderly, youths, and the employees.*
- *Good delivery- long points could be summarized for presentation purposes and to allow a quick flow of ideas. The long statements are however crucial for handouts.*

## **3. Resource Mobilisation**

Content: Presentation: Timing:

- *The content was worthwhile; I learnt that money is not the only resource needed in my organisation. There are other resources like skills training, time and willingness. Timing was right.*
- *NAC issue still has to be cleared by NAC. VSO was very clear.*
- *More skills needed in proposal writing.*

## **4. The Way Forward and Action Planning**

Content: Presentation: Timing:

- *This is a bit woolly and needs more focusing on short, medium and long term priorities.*
- *It was ok and people were contributing and promising to work harder and implementing on what we have learnt.*
- *This captured all we have 'workshopped'. The action plan will keep us networking.*

## **5. Comments on:**

**Suitability of venue**

- *The venue was good, but the acoustics were a bit challenging at times. Thank you overall.*
- *The venue is good-out of town disturbances-also very quiet and greeny (sic).*
- *The system of sharing a bedroom is not recommended nowadays as T.B. is so common.*



**Workshop administration.**

- *Well done!*
- *The Administration sure was very good and we were under the Holy Spirit's umbrella.*

**Overall Comments**

- *This has been a good, educative workshop.*
- *The workshop has been an eye opener for most of us who are doing OVC (sic) in terms of information sharing ad how we can expand our resource base.*
- *Please-two workshops are required in a year.*
- *Taught us to be cooperative throughout all groups and had good time.*

*Speed of hotel service could have been improved in some cases.*

## VSO RAISA OVC Workshop Participants: 28-29 November 2002

Name	Postal_address	Phone	Province
1. Mandlenkosi Sibanda: Children of Africa Development Initiative	Box 2830, Bulawayo	09-76296	Bulawayo
2. R. Moyo : Hope For a Child in Christ	Box 2776, Bulawayo	09-60257	Bulawayo
3. Kasirai Hweta: Loving Hands	Box FM 439 Famona, Bulawayo	09-61967 or 023 753 037	Bulawayo
4. Cecilia Kanjanda: Family AIDS Care Trust (Nyanga)	Box 250, Nyanga	0298-893	Manicaland
5. Pastor Munemo: Church Community Orphan Care Programmes (Bindura Ministries Fraternal)	Box 123 , Bindura	071-6533	Mash Central
6. Pamela Gutu: Hope AIDS Orphan Support Services	P.O. Box 203, Beatrice	065 517	Mash East
7. F. Chimombe: Uzumba Orphan Trust	Box 379, Murehwa	091-369965	Mash East
8. Sekai Ndhlovu (Mhare): Auxilia Chimusoro Masvingo Provincial Network for People Living With AIDS	Box 1707, Masvingo	039-64307	Masvingo
9. D. Chizhande: Dananai Child Care Organization	P.O. Box 357 Masvingo	039-62643	Masvingo
10. E.P. Zvimba: Family AIDS Care Trust (Chiredzi)	Box 381, Chiredzi	031-3375/3002	Masvingo
11. D. Mureriwa: The Bethany Project	P. Bag 683, Zvishavane	(051) 2186	Midlands
12. M.J. Gormon Mashambanzou	40 Sandown Rd. Waterfalls, Harare	610079	Harare
13. T. Musiiwa and A. Chinyama: Ivainesu Health Project PWA	P. O. Box 481 Magunje	064 6934/5	Mash West
14. M. D Chiyangwa: Nyamazizi/Matsika Home Based Care	P.B. 8083 Rusape	02583-2741	Manicaland
15. L. Mawire: Child Protection Society	P. O. Box BE 220 Belvedere	708829	Harare
16. Mrs. Kukwana: Mathew Rusike Children's Home	P. . Box H99 Hatfield Harare	091 311 529	Harare
17. E. Ndabangi: Shearley Cripps Children's Home	P. O. Box UA 378 Union Avenue Harare	725919	Harare

<b>Name</b>	<b>Postal_address</b>	<b>Phone</b>	<b>Province</b>
18. V. Moyo: Voice of Hope	51 Enterprise Road Highlands, Harare	776421 vmmoy@yahoo.com	Harare
<b>Facilitators</b>			Harare
19. Violet Mutyamaenza Zimbabwe Women Lawyers Association	P.O. Box CY 473 Harare	zwla@zol.co.zw	Harare
20. Lovemore Magwere Action AID	P. O. Box CY2451 Causeway, Harare	263-4-788122 magwere@africaonline.org.zw	Harare
21. Sheilla Dotoro Zimbabwe Aids Network	P. O. Box CY 3006 Causeway Harare	<a href="mailto:sdotoro@zan.co.zw">sdotoro@zan.co.zw</a> 263 4 703819	Harare
22. Believe Dhliwayo The Centre	P. O. Box A930 Avondale, Harare	263-4-732966/704728	Harare
23. E. Matapatira Ministry of Public Service, Labour and Social Welfare	P.O. Box CY 562 Harare	701713/7 ematapurir@yahoo.compmmm	Harare
<b>CONFERENCE ORGANISERS</b>			
24. Nesta K. Hatendi 25. Felistas Chikaura VSO/RAISA	P.O. Box CY 1836 Causeway Harare	<a href="mailto:vsozim@zol.co.zw">vsozim@zol.co.zw</a> 263 4 336193/4	Harare



# Regional AIDS Initiative of Southern Africa

## Appendix 1 Workshop Programme

### Orphans and Vulnerable Children and HIV/AIDS Workshop

Thursday 28 November 2002

Time	Activity	Facilitator
8:30 -9:00 am	Introductions and Ice Breaker.  The RAISA Initiative in Zimbabwe.	Nesta Hatendi/Felistas Chikaura Voluntary Service Overseas (VSO). Nesta Hatendi-VSO
9:00-9:30 am	Opening Address.	Department of Social Welfare.
9:30-10:00 am	Case study on OVCs.	Batsirai Group of Chinhoyi.
10:00-10:30 am	<b>Coffee break</b>	
10:30-12:30 pm	Partner group discussions on OVCs and HIV/AIDS.	Zimbabwe Aids Network.
12:30-2:00 pm	<b>Lunch Break</b>	
2:00-3:15 pm	Partner Presentations and Lessons learnt.	Zimbabwe Aids Network.
3:15-3:30 pm	<b>Tea break</b>	
3:30-4:30 pm	Legal Issues related to OVCs.	Zimbabwe Women's Lawyers Association.
4:30-4:45 pm	Evaluation of the day's proceedings.	VSO-Felistas Chikaura.

**Friday 29 November 2002**

<b>Time</b>	<b>Activity</b>	<b>Facilitator</b>
8:30 -9:00 am	Knowledge to Behaviour Change and OVCs.	L Magwere-Action Aid.
9:00-10:00 am	Implementing the GIPA Principle without taking advantage of OVCs.	B. Dhliwayo- The Centre.
10:00 -10:30 am	<b>Coffee Break.</b>	
10:30-12:00	Resource Mobilisation.	National Aids Council VSO-Felistas Chikaura/Nesta Hatendi.
12:00-12:30 pm	The Way Forward/ Action Planning.	VSO-Felistas Chikaura.
12:30-12:45 pm	Evaluation and Closure of Workshop- followed by Lunch.	VSO-Nesta Hatendi.



Sharing skills. Changing lives

## **Appendix 2 Address by the Permanent Secretary of Public Service Labour and Social Services**

### **ADDRESS BY PERMANENT SECRETARY OF PUBLIC SERVICE, LABOUR AND SOCIAL SERVICES AT A NATIONAL WORKSHOP ON OVC AND HIV/AIDS TO BE HELD ON 28 - 29 NOVEMBER 2002**

- THE CHAIRPERSON OF VOLUNTARY SERVICE OVERSEAS VSO
- GOVERNMENT OFFICIALS, INVITED GUESTS
- LADIES AND GENTLEMEAN

IT GIVES ME PLEASURE TO ADDRESS YOU TODAY AFTER YOU INVITED STAKEHOLDERS IN CHILD CARE AND PROTECTION. AS YOU KNOW CHILDREN ARE OUR FUTURE LEADERS AND WE PROTECT THEM FROM MALTREATMENT AND REGIONAL AIDS IN SOUTHERN AFRICA WOULD LIKE TO PROVIDE BUILDING BLOCKS WHICH STRENGTHEN CAPACITY TO DEVELOP MULTISECTORAL PROGRAMMES AND TO INCREASE THEIR IMPACT. THE VSO/RAISA HAS JOINED FORCES I.E. CIVIL SOCIETY ORGANISATIONS AND GOVERNMENT INSTITUTIONS TO PROVIDE EFFECTIVE, PREVENTATIVE TREATMENT, CARE AND ADVOCACY FOR PEOPLE AFFECTED BY HIV/AIDS.

I AM MADE TO UNDERSTAND THAT THE PURPOSE OF THE VSO RAISA WORKSHOP IS TO:

- BRING TOGETHER BOTH PARTNERS WHO ARE ALREADY INVOLVED IN THE PROVISION OF CARE FOR THE INCREASING NUMBER OF HIV/AIDS ORPHANS AND OTHER VULNERABLE CHILDREN (OVC)
- SHARE LESSONS LEARNT AND SUGGEST. WAYS FORWARD

IT IS HOPED THAT THE KNOWLEDGE GAINED FROM THIS WORKSHOP ON ADVOCACY ACTIVITIES WILL BENEFIT ORPHANS AND OVC AND THEIR GUARDIANS AFFECTED AND INFECTED BY HIV/AIDS.

LADIES AND GENTLEMEN STATISTICAL ESTIMATES INDICATE THAT THERE ARE 650 000 ORPHANS WHO MAY NEED CARE. PROJECTIONS ARE THAT BY THE YEAR 2005 THERE WILL BE 1 000 000 ORPHANS. THE WELFARE OF CHILDREN IN ZIMBABWE IS BEING AFFECTED BY SOCIO-ECONOMIC FACTORS SUCH AS POVERTY, AND DROUGHT. BRINGING AWARENESS TO THE PROTECTION, ACCEPTANCE AND ACCESSING SERVICES CANNOT BE OVER EMPHASISED WHEN WE RECOGNISE THAT CHILDREN ARE OUR FUTURE.

IT IS IMPORTANT THAT WE STRENGTHEN OUR PARTNERSHIPS, WHICH WE MAXIMISE ON LIMITED HUMAN, MATERIAL AND FINANCIAL RESOURCES. PREVIOUSLY, EFFORTS BY STAKEHOLDERS WERE FRAGMENTED AND ACTIVITIES WERE UNCOORDINATED LEADING TO DUPLICATION AND INACCESSIBILITY BY THE MOST NEEDY.

LADIES AND GENTLEMEN MY MINISTRY IS IN THE PROCESS OF DECENTRALISING CHILD CARE AND PROTECTION ACTIVITIES TO LOCAL AUTHORITIES WHO ARE STRATEGICALLY POSITIONED TO RESPOND TO THE NEEDS OF THE CHILDREN AND IN WHOSE JURISDICTION THESE CHILDREN ARE TO BE FOUND.

THE DEPARTMENT OF SOCIAL SERVICES WHOSE MANDATE IS THE CARE AND PROTECTION OF CHILDREN HAS COME UP WITH AN OPERATIONAL MANUAL FOR THE CARE AND PROTECTION OF CHILDREN IN DIFFICULT CIRCUMSTANCES, THE

ZIMBABWE NATIONAL STRATEGY ON CHILDREN IN DIFFICULT CIRCUMSTANCES. IT BRINGS TOGETHER THE DIFFERENT STAKEHOLDERS TO ADVOCATE AND ADDRESS ISSUES FOR OVC.

THE BUILDING BLOCKS PROVIDED BY YOUR *ORGANISATION* WHICH STRENGTHEN CAPACITY TO DEVELOPMENT, MULTISECTORAL PROGRAMME IS VERY MUCH APPRECIATED. YOU ARE ALL AWARE THAT RESOURCES ARE LIMITED, BUT BY PLANNING TOGETHER WE CAN GO FAR IN ADDRESSING THE CHALLENGES FACED BY OVC.

THE CHILDREN'S PROTECTION AND ADOPTION AMENDMENT BILL SEEKS TO ENLARGE THE NUMBER OF PLAYERS BY INCLUDING EDUCATION AND HEALTH OFFICERS AMONG THOSE WHO CAN REMOVE CHILDREN INTO CARE.

THE INSTRUMENT ALSO SEEKS TO SET UP A CHILD WELFARE COUNCIL FOR COORDINATING AND MONITORING OF CHILD WELFARE ISSUES. IT ALSO SEEKS TO SET UP A CHILD WELFARE FUND WHERE RESOURCES FROM THE FISCUS AND FROM OTHER STAKEHOLDERS CAN BE PULLED TOGETHER FOR DISTRIBUTION AND ACCESS BY ALL THOSE INVOLVED IN CHILD CARE AND PROTECTION.

COMMUNITIES SHOULD BE INVOLVED FROM THE ONSET WHOSE PROGRAMMES IS MEANT TO BENEFIT THEM, TO ENHANCE OWNERSHIP SUPPORT AND SUSTAINABILITY. COMMUNITIES SHOULD BE CAPACITED SO THAT THEY CAN RESPOND EFFECTIVELY AND ECONOMICALLY TO THE NEEDS OF THEIR CHILDREN WITHIN THEIR CAPABILITY. IT IS HOPED THAT THROUGH NETWORKING, KNOWLEDGE AND SKILLS WILL BE IMPARTED TO ALL STAKEHOLDERS TO ENHANCE THE RESPONSE TO CHILD CARE AND PROTECTIONS

I WOULD ALSO LIKE TO TAKE THIS OPPORTUNITY TO MAKE YOU AWARE ON THE ISSUE OF REGISTRATION OF NGOS IN THIS COUNTRY. MY MINISTRY THROUGH THE DEPARTMENT OF SOCIAL SERVICES REGISTERS REGIONAL, LOCAL AND INTERNATIONAL NGOS WISHING TO OPERATE IN ZIMBABWE. IT IS IMPORTANT THAT THEY REGISTER FIRST BEFORE THEY START OPERATING. THE PVO ACT CLEARLY STATES THAT NO ORGANISATION SHALL COMMENCE OR CONTINUE TO CARRY ON ITS ACTIVITIES UNLES IT HAS BEEN REGISTERED.

LADIES AND GENTLEMENT, I WOULD LIKE TO TAKE. THIS OPPORTUNITY TO THANK OVS AND RAISA FOR ORGANISING THIS WORKSHOP, BRINGING TOGETHER PEOPLE WITH SIMILAR VISIONS FOR OUR OVC. I HPE THIS ONLY THE BEGINNING OF OUR WORKING TOGETHER.

THANK YOU!!

## **Appendix 3 Case study of OVC Batsirai group Chinhoyi**

# **BATSIRAI GROUP PRESENTATION – REGIONAL OVC WORKSHOP**

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Batsirai group is an AIDS service organisation based in Chinhoyi town (Mashonaland West Province of Zimbabwe) The organisation operate in all six districts that make up Mashonaland province, and run five programmes which are as follows:

### **ORPHAN PROGRAMME STRATEGIES**

#### **Partnership**

The programme works in partnership with the community thereby providing the technical support to the partner who is responsible for the outcome of the programme. The programme's major aim is to support community initiatives by building capacities especially of rural communities and other community based organisations to cope with the epidemic. Comprehensive training and back up support is provided to individual communities and organisations. Participatory monitoring and evaluation is done at the end of the year to measure acceptability and impact of the intervention.

#### **Community Training**

This provides Batsirai with an opportunity to service the general community by training large numbers of people in the areas of prevention, support, care and orphans. Batsirai's responsibility is only in training them and will not do any targeted follow ups to see whether knowledge gained is being utilised. This is for distance communities where a relationship is not sustainable due to distance and costs involved.

#### **Orphan Programmes**

##### **Programme Goal**

To build the capacity of communities so that they can be able to respond to HIV/AIDS problems with regard to orphan and children in vulnerable circumstances.

##### **Objectives**



1. To facilitate 6 communities, identify their priorities through a participatory community needs assessment by December 2001
2. To train 40 community leaders per community on how to run effective orphan care programmes
3. To facilitate the identification of 45 volunteers per community
4. To train 45 community volunteers per community in care and support of orphaned children and children in vulnerable circumstances
5. To initiate resource mobilisation and community involvement in the care of children in vulnerable circumstances in all the six communities
6. To facilitate six emuneration exercises in each community

## Training

1. The training programme will start with a community mobilisation exercise. In this exercise all stakeholders, community leaders meet through a one day meeting together identify problems affecting children, orphans, set their priorities, establish a community structure that coordinates and spearhead the orphan programme. This process is followed by identification of volunteers, based on criteria they come up with.
2. 45 volunteers are trained in each community to the care and support of orphans. The training covers:
  - Communication
  - Counselling
  - Home visits
  - Care of the terminally ill
  - Assessment of family needs

Trained volunteers are expected to offer the above services through home visits and report to the community spearheading committee once every month.

3. Community leaders training – the steering committee should be trained n how to manage and run community projects. Every year 30 community leaders in each of the six communities are trained in the following areas:
  - Basic management
  - Monitoring and evaluation
  - Monitoring of community volunteers
  - Record keeping
  - Selecting, planning and management of income generating activities

This is a five-day training programme. Training is the key to the programme development and this is an ongoing activity. For volunteers once every two months an in-service training programme is done during their monthly meetings.

## Enumeration

This exercise is done immediately after training volunteers. Each community should do a door-to-door orphan enumeration exercise so that they know the number of orphans in their community; their needs, problem areas and they allocate resources accordingly. After enumeration exercise, each community will categorise children according to their needs and keep all records. These records are also kept at Batsirai Group's Orphan Care Programme.

### **Support Visits**

Batsirai Group programme staff need to support these communities by attending their meetings once every month to offer support, in-service training and visit homesteads. This activity will help strengthen the programme, collect information and offer on spot training.

### **Material Support**

Assistance in food handouts, school fees and uniforms will be done initially as a rescue package. Meanwhile the community is engaged on an activity to mobilise resources so that they will in turn take over the responsibility. This is done to only needy clients after assessment. 400 children per community should benefit through this activity.

### **Community Exchange Visits**

Each year 10 members of each community will visit another successful community to learn how they are running their programme. The team should include both volunteers and community leaders.

### **Income Generating Activities**

Each community is supposed to start and run income-generating activities coordinated by the steering committee to generate income for the needs of orphans. This will enable communities to be self sustained after the year of support.

### **Lessons Learnt**

- It is very important to take care of the technical and emotional needs of a caregiver to avoid burn out.
- Commitment is vital to all involved for the programme to continue
- When recruiting volunteers there is need to give adequate information - to avoid false expectations
- Networking and collaboration among different institutes and stakeholders avoids duplication of work and competition among organisations
- Utilisation of local resources is a potential to sustain a programme
- Involvement of orphans facilitates psychological support and builds self esteem among them
- Involvement of the orphans in IGAs facilitates acceptance of them as it provides opportunities for them to be self-sufficient
- A programme is not complete if prevention and care are not linked – referral system

- Communities have acknowledged the magnitude of OVC problem and are ready to participate
- Data on OVC is poor and non-existing especially on the initial stage
- IGAs encourages team work
- Exchange visits promotes sharing and learning – facilitates adaptation implementation of skills learnt in respective areas
- Support visits encourage and motivate communities
- Transfer of skills learnt after training to the beneficiaries

## Challenges

- Limited funding
- Inadequate support – stakeholder
- Increased burden of care at family level –due to high inflation and cost of living
- Misunderstandings about the programme
- Insufficient trained people -high workload volunteers due to fast track
- Referrals not assisted eg BEAM
- No food - poverty
- Poor relationship between children and family – prone to abuse

## **Appendix 4 Legal Paper: Zimbabwe Women Lawyers Association**

### **CHILDREN IN DIFFICULT CIRCUMCIRSTANCES**

#### **PAPER PRESENTED BY MS VTC MUTYAMAENZA OF ZIMBABWE WOMEN LAWYERS ASSOCIATION**

**28 NOVEMBER 2002**

The legal issues pertaining to orphaned and vulnerable children are multiple. This paper will however focus on those issues that have been presented to Zimbabwe Women Lawyers Association (ZWLA).

ZWLA is a membership organization of women lawyers who came together to advance the professional interests of women lawyers as well as to promote the legal interests of disadvantaged women in accessing the justice system. ZWLA provides free legal assistance to women and of late to children also. It also conducts legal education as well as advocacy programmes for the enactment and law reform of gender sensitive laws. It has now become imminent that attention needs to be given to children as a special category and not to assume that children's problems are synonymous with their female caregivers and guardians, and to also assume that every child has a female caregiver or guardian and that these always have the children's interests at heart. There are some instances when in fact the women have caused or worsened children's problems. This culminated in us separating children from our general legal assistance for women. A special Children's desk was thus created in 2001 to carter for children.

With the Zimbabwean population percentage rates of HIV-AIDS infection at about 37% and ranking 2<sup>nd</sup> in the world it is not doubted that the pandemic has racked havoc in Zimbabwe and elsewhere in Africa. A lot of children have lost both parents to the disease and orphans have increased. This paper will focus on the legal problems faced by orphaned children in particular those who would have lost their parents to the pandemic and particular as presented to ZWLA.

#### **SPECIAL DEFINITIONS**

**Orphan** a child who would have lost both parents or who are both deceased

**Child** any person who is below the age of 18 or is above this age but is Mentally retarded.

**Child abuse** the various forms of child abuse

**Sexual abuse** exploitation of a child by an adult or another child for his or her own sexual satisfaction.

**Physical abuse** non-accident physical harm on a child (cuts, bruises, alcohol or administration of substances)

**Neglect abuse** intentional failure to provide a child with basic necessities.

**Emotional abuse** psychological and mental abuse, normally any other forms of abuse can cause this form of abuse, it also covers verbal, frightening and threatening.

Children in difficult circumstances require assistance with the administration of their deceased parents' estates. This administration process refers to the registration of the deceased estates with the relevant courts for the appointment of an executor who will represent the estate, gather all the deceased's property, pay off debts and distribute the net proceeds to the beneficiaries and heirs. The executor needs to be a major and a lot of orphaned children have experienced difficulties during this process. Very few people would want to assist the orphaned children with this process let alone where the estates are big and they want to benefit themselves. The delays, which may thus be experienced, may affect the orphaned children and may even result in some of the children losing out on their education because there is no money for school fees or it cannot be accessed on time. Apart from the possibility of losing property to greedy relatives, some of the orphaned children whose parents used to fend for them on a day to day basis, may find themselves without care givers. Orphaned children thus require assistance in winding up their deceased parents estates on time. Socially they would also require a friendly structure from within which life should continue. But on several occasions no one can provide this as some are stigmatized because their parents died of HIV-AIDS.

The process of administration depends on whether the estate is testate (where there is a will) or intestate (where there is no will). Some children have failed to register their parents' estates because non-availability of relevant documents. These include the birth certificates of the children, death certificates of the parent/s, marriage certificates (where required). The issue of birth certificates also poses a great threat in terms of further delaying the winding up of estates. Even though the law requires the births of children to be registered within 6 weeks of birth, to enforce this is a challenge. Consequently a number of children have been forced to apply for the birth certificates only when they are required.

For orphaned children apart from the appointment of an executor who needs to administer the late estates, there is also need to appoint a guardian and a custodian parent for the children. A guardian is the person who deals with policy issues affecting the child i.e. to represent

them legally (sue on their behalf), open bank accounts for them etcetera whilst custody refers to the physical caring of the child. The two may vest in two different people. In Zimbabwe all fathers within valid marriages have an automatic guardianship of their children and the mother will assume it upon the father's death. However upon good cause shown these rights may be changed in line with the principle of the best interests of the minor child. Upon losing both parents anyone preferably the parents' relatives can apply to be appointed any of the two or both. The application is made to the Magistrates Court, though all guardianship applications need to be advertised in one of the daily papers before the appointments are confirmed by the High Court who is the upper guardian of all minor children as per The Guardianship of Minors Act.

In reality however, a lot of children are becoming adults before time, some being forced to take care of their brothers and sisters because no relative is willing to assume responsibility. There are instances when children may have been emancipated, that is they become self sufficient before reaching the age of 18. In such circumstances they may not see a need to look for a guardian or custodian. However if the orphans concerned are not in a position to assume such responsibility in terms of the Children's Protection and Adoption Act, anybody can notify the social service (welfare) department who will conduct investigations to find out if at all the children could be placed in a safe environment. The challenges that present themselves are that with the high levels of poverty and increasing numbers of orphans most homes cannot accommodate any more children. The Government has also sited that its resources are limited the department of social services cannot cope with the ever increasing demand. Relatives are therefore encouraged to care for the orphans so that the children do not have to care for themselves.

A majority of the children who end up caring for themselves experience more problems. They assume adult responsibilities before they are mature enough. In line with the International Convention on Children's Rights every child also defined to be under 18, has a right to be loved and cared for, right to education and safe environment, right to play with other children. Those who assume adult responsibilities are denied such and deprived of a childhood. It may also result in abuse because physically and mentally their bodies are not yet ready for such responsibilities. In some instances there is sexual abuse particularly on the girl child as they turn to prostitution for economic refuge whilst some are married off early on the assumption that they will ease poverty. Or the environment which they may be exposed to for example where relatives take them in and play all dirty cultural tricks (chiramu and kuzvarira) exposing the child to early sexual activities before their bodies

are mature for it. And of course the child is exposed to greater risk of sexually transmitted diseases and HIV –AIDS infection.

Child abuse is in itself a crime that could receive stiff penalties such as 20 years imprisonment in terms of the newly enacted Sexual Offences Act. This act has widened the term sexual abuse to cover a lot of acts that have been previously not covered, for instance the definition of rape goes beyond the touching of genital organs. It covers even the use of instruments on private parts for one's sexual satisfaction. It also covers an individual who supports the sexual exploitation of others such as people who operate brothels.

Child abuse should be reported to the police who should investigate and the matter brought to court as soon as possible. There is a Victim Friendly Court specifically designed for vulnerable witnesses such as children and is staffed with specially trained staff. All those dealing with children should demand for the use of this court. This is important as a lot of child sexual abuse matters often are withdrawn under the guise of negotiation. Studies have proven that about 70% of child abuses in particular sexual abuse are related or connected to the victim in a way and often the matters are withdrawn under the guise of out of "court settlement". Normally these negotiations leading to these settlements do not even include the child or consider what the child thinks, but only meant to protect the abusers. The law has of late improved the legal protection to children and other vulnerable people who fall victim to sexual abuse. The newly enacted Sexual Offences Act mentioned above also introduced stiffer penalties for sexual offenders for example from 10 to 20 years imprisonment for rape.

ZWLA assists the children in such circumstances by following up on police investigations and monitoring the matter as it goes through the courts. Our findings and experiences are documented for our future advocacy programmes. ZWLA also helps the children in such circumstances to prepare for court by interviewing them and monitoring them on how to speak and answer in court. ZWLA is also preparing to train officials within Children's Homes and institutions including some guiding and counseling teachers on how to handle certain legal problems. To this end such officials will undergo basic legal training on selected areas of the law. Our judiciary gender training programme is also aimed at raising children's difficulties with the law and the need for speedy resolutions of such matters.

## **Appendix 5**

### **Knowledge to Behaviour Change**

#### **An Introduction**



# **Appendix 6**

## **GIPA Principle**

## **Appendix 7 Small Grant Fund Guidelines**

### **VSO-RAISA**

#### **GUIDELINES FOR THE SMALL GRANT FUND**

##### **Background**

VSO's Regional AIDS Initiative of Southern Africa, RAISA, is a four-year regional programme that started in 2000. The VSO-RAISA programme joins forces with civil society organisations and government institutions to provide effective prevention, treatment, care and advocacy for people affected by HIV/AIDS, and to mitigate the personal, social and economic impact of the pandemic.

The essence of RAISA is to provide building blocks, which strengthen capacity to develop multi-sectoral programmes and to increase their impact. As part of this programme RAISA is able to provide small grants through its Small Grant Fund. This allows organisations to apply for funding to support activities within their programmes.

##### **Purpose**

The VSO-RAISA Small Grant Fund is an important part of the overall programme to support work in prevention, care and stigma reduction. It has been instrumental in providing financial support for capacity building and mainstreaming of HIV / AIDS by supporting innovative projects.

##### **Size of Grants**

Organisations can apply for a maximum grant of £ 1000 (One Thousands Pounds) per year per organisation. Grants for smaller amounts are more likely to be supported due to the limited funds available.

##### **Who can apply for funding?**

Grants are made available to a wide variety of organisations, including NGO, community groups, unions, government and private sector institutions/organisations.

Any applying organisation should be able to demonstrate that it has the operational and administrative capacity to implement the proposed project / initiative.

##### **Application Process**

Any organisation interested in applying for a grant should complete an application form and return it to the VSO Country Coordinator. A team will review all applications received. One of our aims is to ensure that all

applications are processed quickly and funds made available within a short amount of time. In order to do this, applications received before the 20th of the month will be reviewed in the following months meeting. All applying organisations will receive feedback on their application ASAP and we endeavour to ensure that successful applicants should receive funds within a week of the applications approval.

### **Reports**

Organisations that receive a RAISA grant are expected to provide VSO-RAISA with both a financial and narrative report at three, six and twelve months and/or within 30 days of completion of the project / activity. We encourage organisations to include some photographs in their report of the activities.

Please find Financial Report Form Attached.

No organisation will be considered for subsequent grants unless all relevant reports and documentation have been received by VSO.

### **Priority Areas for Funding**

The following areas have been identified as priority areas for funding and proposals that target any of these in their activities will be given preference:

- Gender
- Orphans & Vulnerable Children (OVC)
- People living with HIV / AIDS (PLWH / A)
- Advocacy

### **GENDER**

Proposals that target / benefit women and children directly will be given priority. This includes projects that aim at empowering women by giving them better condom negotiation skills or improving their livelihoods through basic income generating projects. Project will also be considered if they have elements on educating men towards issues of sexuality or reproductive health with special emphasis on HIV / AIDS. There should be a clear link with HIV / AIDS education or integration thereof in the project.

### **OVC**

Due to the increasing socio-economic impact of HIV / AIDS the plight of OVC are being felt more and more. VSO would like to contribute by alleviating the impact of the pandemic on OVC and would welcome applications addressing these issues.

## PLWH/A & ADVOCACY

Any proposal that includes as its main beneficiary PLWH/A will be given priority. This could be in the area of advocacy, HBC, training etc.

### Criteria for general consideration

- Building on existing programmes.

VSO-RAISA is reluctant to provide funding to an activity that is not part of a strategic plan or project. Therefore awareness campaigns and meetings should be part of a process and not a one off event with no or limited impact.

- Sustainability issues.

The proposal should be able to demonstrate clearly on how the organisation intends to sustain its projects and the impact of the activities of the project without the RAISA Small Grants Fund. Income generating and cost recovery activities are encouraged strongly to assist organisations to sustain themselves and their activities.

- Funding for the formation of committees and for committee meetings.

VSO-RAISA will not provide funding for the formation of committees or the running of their meetings. We can however, consider supporting activities that are part of the development of committees' strategic plan and / or programme.

- Capacity Building Activities

Grant applications for capacity building activities will be considered, therefore, any proposal that aims to develop the capacity of local community in terms of HIV / AIDS, PLWH/A, OVC, gender or advocacy could be considered favourably.

All applications should be submitted to;

VSO RAISA Country Coordinator  
P.O. Box CY 1836, Causeway, Harare

Tel:( 263-4) 336193/4, 307898

Fax : :( 263-4) 336195

E-mail: vsozim@zol.co.zw

# **Appendix 8**

## **Nationals AIDS Council**

