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UNIVERSITY OF THE WITWATERSRAND

Community-Based Coping Strategies for Orphans and Vulnerable Children (OVC) in Zimbabwe

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John Ringson

809699

A Thesis Submitted to the Faculty of Commerce, Law and Management, University of the Witwatersrand, in fulfilment of the requirements for the Degree of Doctor of Philosophy

Supervisor: Dr M.J.D. Matshabaphala

August 2017

ABSTRACT

This thesis was strongly motivated by the desire to examine the sustainability of community-based coping strategies for Orphans and Vulnerable Children (OVC) in the rural communities of Zimbabwe with specific reference to the Gutu District. It utilises Basic Human Needs theory and the Ubuntu philosophy as theoretical foundations in discussing OVC strategies in the Gutu District. Despite the adoption of both contemporary and traditional strategies to cope with orphans and vulnerable children, the post 2000 era witnessed the unprecedented rise of OVC crisis because of the socio-economic and political challenges that affected the country. A possible explanation of why the OVC phenomenon continues to increase lies in the fact that contemporary and traditional coping strategies are being pursued in parallel and not in a manner that seeks to leverage synergies. The study examines the practicability of integrating contemporary and traditional strategies for the sustainable livelihood of OVC care and support with a focus on the feasibility of the integration, interdependence and hybridization of these two approaches.

The research draws on cultural hermeneutics to diplomatically mediate the rival philosophies, cultures, structures, ideas and strategies for sustainable development within the context of an open system development paradigm. Focus group discussions, historical narratives, semi-structured and in-depth interviews were utilised within a qualitative case study design to gain in-depth understanding of the practicability of the integration of contemporary and traditional OVC coping strategies in Zimbabwe.

Overwhelmingly, the study established that there is discord, fragmentation and disharmony between contemporary and traditional OVC coping strategies that result in the failure to achieve sustainability for the OVC care and support environment in Zimbabwe. Ultimately, the study concluded that, although, there are cultural and philosophical differences between contemporary and traditional coping strategies, the two can be reconciled based on common objectives and ideas. The increasing influences of globalization and modernity also narrow the gap

between traditional and contemporary coping strategies. It is therefore viable to establish an integrated model for OVC care and support. In practice, this would mean, for example, the institutionalization of the traditional OVC approaches such as extended family and the Zunde ramambo (king's granary) alongside contemporary strategies such as support from NGOs, FBOs and government. In such an instance, the support from NGOs, FBOs, and government is rendered more effective and is better entrenched when it is channelled through the traditional structures on the ground.

This thesis constructed the hybridised model known as the Coping Strategies Integrated Model (CSIM) by integrating the compatible relevant elements entrenched in traditionalism, medievalism and modernism as a sustainable mechanism for dealing with the perennial problem of OVC in Zimbabwe.

DECLARATION

I declare that, **"Community-Based Coping Strategies for OVC in Zimbabwe"** is my own unaided work. It is submitted in fulfilment of the requirements of the degree of Doctor of Philosophy at the University of the Witwatersrand, Johannesburg, in the Republic of South Africa. It has not been submitted before for any degree or examination in any other University.

.....

John Ringson

August 2017

DEDICATION

This thesis is dedicated to my wife Ruth and daughters Tadiwanashe and Kuzivaishe.Thank you for soldiering on without daddy's wings during my sporadic absences at home due to research commitments. I am deeply appreciative of the tremendous support, morally, spiritually and financially, without which this research would not have been possible. I would also like to dedicate this work to my father and mother Mr R & Mrs A. Dope Mawoneke Mutangi for moral and spiritual support. I love you Daddy and Mom you are the real pillars and inspiration of my success.

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This thesis could not have seen the light of the day if I had not met many wonderful and committed academics and researchers who contributed immensely to the development and evolution of this discourse. Very few projects in life are successful without the co-operative effort of many gifted people who are willing to network and submit their expert power, experience and passion for a common goal. This study is a testimony to this co-operation and confirms the reality that we are the sum total of all the contributions made to our lives by the people we have had the privilege to encounter on our journey of life. An intellectual discourse of this extent cannot be realised without assistance and motivation from other significant individuals and institutions.

I am indebted to Batanai HIV/AIDS Service Organisation (BHASO) in Zimbabwe for allowing me to use their existing community support groups in the Gutu District as information-rich sources.

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Last, but not least, I must express my gratitude to my family which has supported this intellectual voyage of discovery for a long time. To my wife-Ruth, daughters Tadiwa and Kuzivaishe, thank you for soldiering on without daddy's wings. I am deeply appreciative of the tremendous support, morally, spiritually and financially, without which this would not have been possible. I hope that the many other people who are not mentioned here explicitly nevertheless know and appreciate how

grateful I am to them. To all who supported me, I assure you that your efforts will not be in vain, and I will not disappoint for this study is a legacy for posterity. Indeed, constructing this thesis was an exciting expedition in the world of philosophical engagement and radical ideas. It was challenging and accompanied by many institutional strictures, but most of all it was a rewarding adventure into the realm of academia that the researcher found intellectually satisfying. The researcher enjoyed and celebrated every moment of this study that means much more to me than the following pages comprise. Thank you all for your monumental contribution to the evolution and final production of this work. Without you, completing this study would have remained a mirage.

TABLE OF CONTENTS

ABSTRACT ..... **I**

DECLARATION ..... **III**

DEDICATION ..... **IV**

ACKNOWLEDGEMENTS ..... **V**

TABLE OF CONTENTS ..... **VIII**

LIST OF TABLES ..... **XIII**

LIST OF FIGURES ..... **XIV**

LIST OF ABBREVIATIONS ..... **XV**

CHAPTER 1 ..... **1**

RESEARCH OVERVIEW **1**

1.0 Introduction 1
1.1 Background to the Study 3
1.1.1 Global Situation and Trends of OVCs *4*
1.1.2 Sub -Saharan Africa and OVC Prevalence *8*
1.1.3 Prevalence of OVC in Zimbabwe *9*
1.1.4 Metaphysics of the Study Phenomenon *11*
1.1.5 The Socio-Economic and Political Context of Zimbabwe *14*
1.2 Problem Statement 18
1.3 Purpose Statement 20
1.4 Justification of the Study 20
1.5 OveralL Research Question 21
1.6 rESEARCH OBJECTIVES 21
1.7 Sub-Questions 22
1.8 Scope of the Study 22
1.9 Organization of the Study 24
1.10 Conclusion 29

CHAPTER 2 ..... **31**

LITERATURE REVIEW AND THEORETICAL FRAMEWORK **31**

2.0 Introduction 31
2.1 Community-Based OVC Coping Strategies in Zimbabwe 32
2.1.1 Traditional Coping Strategies in Zimbabwe *35*
2.1.1.1 Zunde ramambo (King's granary) and OVC Care and Support 37
2.1.1.2 Extended Family Safety Net System 38
2.1.2.3 A Critique of the Traditional OVC Coping Strategies 40
2.2 Conceptualizing Orphans and Vulnerable Children 41
2.2.1 Orphans *44*
2.2.2 Contemporary OVC Coping Strategies in Zimbabwe *46*
2.2.2.1 Government's Legislative Child Support Frameworks 47

2.2.2.2 Policy Child Protection Frameworks 53
2.2.2.3 A Critique of Contemporary OVC Coping Strategies 57
2.2.3 Vulnerable Children 58
2.2.4 Orphans and Vulnerable Children (OVC) 61
2.3 Basic Human Needs Theory 65
2.3.1 Critique of the Basic Human Needs Theory 69
2.4 Global Contemporary Philosophies 71
2.4.1 Existentialism and Basic Human Needs 71
2.4.2 Phenomenology and Basic Human Needs 73
2.4.3 Metabletics and Basic Human Needs 75
2.4.4 Epistemology: Hermeneutics 77
2.5 Contemporary African Philosophical Trends 79
2.5.1 Ethno-Philosophy and Human Needs 81
2.5.2 Ubuntu Philosophy and Human Needs 83
2.5.2.1 Collective versus Individualistic Communities 89
2.5.2.2 Power Distance in Collective and Individualistic Societies 91
2.5.2.3 Masculinity versus Femininity in Individualistic and Collective Societies 94
2.5.3 Philosophic Sagacity and Human Needs 95
2.5.4 Nationalist-Ideological Philosophy and Human Needs 97
2.5.5 Professional Philosophy and Human Needs 98
2.6 Critique of Ethno-Philosophy in OVC Care 100
2.7 Conclusion 103

CHAPTER 3 105

CONCEPTUAL FRAMEWORK 105

3.0 Introduction 105
3.1 CONCEPTUALIZATION OF HISTORICAL HERMENEUTICS 106
3.2 OKERE'S CULTURAL HERMENEUTICS AND HUMAN NEEDS 108
3.2.1 Cultural Hermeneutics in Knowledge Production 111
3.2.2 Open and Closed Systems in Knowledge Production 113
3.2.2.1 Traditionalism and Knowledge Production 113
3.2.2.2 Medievalism and Knowledge Production 114
3.2.2.3 Modernism and Knowledge Production 115
3.3 Historical Development of Child's Rights Concept 118
3.3.1 Early Children Maltreatment 119
3.3.2 Declarations/Emergence of Children's Rights 129
3.3.3 Historical Evolution of Child Welfare Services 134
3.3.4 Cultural Contestations in Child Rights and Maltreatment 137
3.4 Nature of OVC Care and Support in Zimbabwe and South Africa 139
3.4.1 Food and Nutrition OVC Need 141
3.4.2 Educational Needs 146
3.4.3 Medical Care and Support Needs 149
3.4.4 Psychosocial Support (PSS) for OVC Needs 151
3.4.5 Multi-Stakeholder Interventions in OVC C in South Africa 154
3.4.6 Sustainable Livelihood Approach in OVC Care and Support 165
3.5 The Role of Shona Chiefs in OVC Care and Support 167
3.5.1 The Reduction of the role of Chiefs in Zimbabwe 169

3.5.2 Chiefdoms and Functions in Society in Zimbabwe *170*
3.5.3 Compromised Religious and Political Powers of Chiefs in Zimbabwe *171*
3.5.4 Patriachal Systems and OVC Care and support in Zimbabwe *173*
3.6 OVC LEGISLATIVE AND POLICY FRAMEWORKS IN ZIMBABWE 175
3.6.1 The Children's Protection and Adoption Act (5:06) *175*
3.6.2 Guardianship of Minors Act (5:08) *176*
3.6.3 Births and Deaths Registration Act (5:02) *177*
3.6.4 The Education Act (25:04) *177*
3.6.5 Zimbabwe National Orphan Care Policy (ZNOCP) *178*
3.6.6 National HIV/AIDS Orphan Care Policy *179*
3.6.7 National Action Plan for OVC Policy *181*
3.6.8 ZimAsset, Child Protection and Security Policy *183*
3.7 INTEGRATED MODEL AS A SOLUTION TO OVC CHALLENGES 185
3.7.1 Prospects and Challenges of Integrating OVC Coping Strategies *187*
3.8 CONCLUSION 188

CHAPTER 4 190

RESEARCH METHODOLOGY AND DESIGN 190

4.0 INTRODUCTION 190
4.1 PHENOMENOLOGICAL HERMENEUTICS PHILOSOPHY 190
4.2 RESEARCH PARADIGM: QUALITATIVE APPROACH 192
4.3 CASE STUDY APPROACH 193
4.3.1 Case Study Design *194*
4.4 TARGETED POPULATION AND STUDY AREA 196
4.5 STUDY SAMPLE AND PURPOSIVE SAMPLING 199
4.6 DATA COLLECTION INSTRUMENTS 201
4.6.1 Semi- Structured Interviews *202*
4.6.2 In-depth Interviews *203*
4.6.3 Focus Group Discussions (FGDs) *203*
4.6.4 Narrative Interviews *205*
4.7 DATA ANALYSIS PROCEDURE 209
4.8 LIMITATIONS OF THE STUDY 209
4.9 ETHICAL CONSIDERATIONS 210
4.10 CONCLUSION 210

FINDINGS PART 1 212

CHAPTER 5 212

SOCIO-ECONOMIC EXPERIENCES OF CARE-GIVERS AND OVC 212

5.0 INTRODUCTION 212
5.1 DEMOGRAPHIC SOCIO-ECONOMIC PROFILES FOR CARE-GIVERS AND OVC IN ZIMBABWE 214
5.1.1 Marital Status and Socio-Economic Experiences in OVC Care and Support *216*
5.1.1.1 Findings on the Socio-Economic Experiences of the Widows in OVC Care 217
5.1.1.2 Findings on the Socio-Economic Experiences of Married Caregivers 224
5.1.1.3 Findings on the Socio-Economic Experiences of Divorced Caregivers in OVC Care 231
5.1.1.4 Findings on the Socio-Economic Experiences of Single Caregivers in OVC Care .. 238

5.1.1.6 Findings on the Socio-Economic Experiences of Child-Headed Households.....241
5.1.2 Educational Status and Socio-Economic Experiences in OVC Care and Support.....245
5.1.2.1 Findings on Socio-Economic Experiences on Educational Status of Care-givers..245
5.1.2.2 Findings on Socio-Economic Experiences of OVC in Educational Support.....251
5.1.3 Demographic Relationship between the Participants in Gutu District 255
5.1.3.1 Relationships of Care-givers to OVC in Households in Gutu District.....255
5.1.3.2 Relationships of OVC to Care-givers in the Households in Gutu District 255
5.1.4 Sources of Income for Care-givers and Child Headed Households in Gutu.....256
5.1.4.1 Findings on the Sources of Income for Care-givers' Households in Gutu District256
5.1.4.2 Findings on the Sources of Income for the Child-Headed Household in Gutu District.....262
5.2 CONCLUSION.....265

FINDINGS PART 2 267

CHAPTER 6 267

NATURE OF OVC CARE AND SUPPORT, COPING STRATEGIES AND INTEGRATION.....267

6.0 INTRODUCTION.....267
6.1 NATURE OF OVC CARE AND SUPPORT AND COPING STRATEGIES (CARE-GIVERS' FGDS).....268
6.1.1 The Concept of OVC in the Gutu District of Zimbabwe 268
6.1.2 Characteristics and Features of OVC in the Gutu District of Zimbabwe 277
6.1.3 Home-Based OVC Programmes in the Gutu District of Zimbabwe 282
6.1.4 Relevance of Extended Family in OVC Care and Support in Gutu District.....289
6.1.5 The Kings Granary (Zunde Ramambo) in OVC Care and Support in Gutu District 293
6.1.6 The Nature of OVC Assistance from Various Stakeholders in the Gutu District.....296
6.2 NATURE OF OVC CARE AND SUPPORT AND COPING STRATEGIES (OVC FGDS).....303
6.2.1 The Concept of OVC in the Gutu District.....303
6.2.3 The Needs and Interests of OVC in the Gutu District 307
6.2.4 Traditional Leaders' Assistance in OVC Care & Support in Gutu District 310
6.2.5 Relevance of Extended Families in OVC Care and Support in Gutu District 313
6.3 INTEGRATION OF COMMUNITY-BASED OVC COPING STRATEGIES (KEY INFORMANTS).....319
6.3.1 Community-Based Programmes for OVC Care and Support in Gutu District.....320
6.3.2 Community-Based Programmes and Zunde Ramambo in OVC Care and Support 329
6.3.3 ZimAsset and OVC Care and Support in Gutu District.....332
6.3.4 Contemporary OVC Strategies and Extended Families in OVC Care in Gutu District ...335
6.3.5 Challenges in Implementing OVC Care and Support Programs in Gutu District 337
6.3.6 The Relevance of Kings' Granary and Extended Family in OVC in Gutu District 339
6.3.7 The Possible Remedial Mechanisms for OVC Challenges in Gutu District.....340

CHAPTER 7 343

ANALYSIS AND META-THEORETICAL CONSIDERATIONS 343

7.0 INTRODUCTION.....343
7.1 SOCIO-ECONOMIC EXPERIENCES OF CARE-GIVERS IN OVC CARE AND SUPPORT.....345
7.1.1 Theme 1: Inheritance Issues in Families.....346
7.2 NATURE OF OVC CARE AND SUPPORT SYSTEMS IN ZIMBABWE 351
7.2.1 Theme 2: Disproportion in the Provision of OVC Basic Needs 352
7.3 CONTEMPORARY AND TRADITIONAL OVC COPING STRATEGIES.....355

7.3.1 Theme 3: Lack of Resources and Political Meddling *362*
7.3.1.1 Government Departments and OVC Care 363
7.3.1.2 Non-Governmental Organisations and OVC Care 367
7.3.1.3 Faith Based Organizations and OVC Care 369
7.3.1.4 Traditional Leaders and OVC Care 371
7.3.1.5 Care-givers and OVC Care 376
7.4.1 Theme 4: Harmonization of Cultural Contestations *380*
7.5 META-THEORETICAL CONSIDERATIONS OF CULTURAL HERMENEUTICS THEORY 382
7.6 CONCLUSION 386

CHAPTER 8 388

CONCLUSIONS & CONTRIBUTION TO KNOWLEDGE 388

8.0 INTRODUCTION 388
8.1 CONCLUSIONS AND SUMMARY OF THE STUDY 388
8.1.1 Demographic Socio-Economic Experiences of Care-givers and OVC *388*
8.1.2 Objective 1: Nature of OVC Care and Support System in Zimbabwe *390*
8.1.3 Objective 2: Traditional and Contemporary OVC Coping Strategies *392*
8.1.4 Objective 3: Integration of Community-Based OVC Coping Strategies *394*
8.2 CHAPTER SUMMARIES 395
8.3 CONTRIBUTION TO THE ADVANCEMENT OF KNOWLEDGE 401
8.4 RECOMMENDATION FOR FURTHER STUDIES 403

REFERENCES 405

APPENDICES 432

APPENDIX A 432
APPENDIX B 434
APPENDIX C 435
APPENDIX D 437
APPENDIX E 438
APPENDIX F 439
APPENDIX G 440
APPENDIX H 442
APPENDIX I 443
APPENDIX J 445
APPENDIX K 446
APPENDIX L 448
APPENDIX M 450
APPENDIX N 451
APPENDIX O 452

LIST OF TABLES

Table 1.1: Overview of HIV/AIDS and OVC Trend in Selected Regions 6
Table 1.2: Estimated Number of Orphans in Sub-Saharan Africa 9
Table 1.3: Orphans Prevalence in Selected Southern African Countries 10
Table 2.1: Age-Based Legal Definitions of a Child in Zimbabwe 43
Table 2.2: Definitions of Orphans from Selected African Countries 45
Table 2.3: Ratification of International Child Related Treaties 49
Table 2.4: Child Related Legislation and Gaps Children's Rights 52
Table 2.5: Child Related Legislation Policies & Gaps in their Rights 55
Table 2.6: Terms Used to Define Vulnerable Children in Africa 59
Table 2.7: Differences in Collective and Individualistic Communities 90
Table 2.8: Power Distance in Individualistic and Collective Societies 93
Table 2.9: Differences between Feminine and Masculine Communities 94
Table 3.1: Empirical Situation Considered as Child-Maltreatment 121
Table 3.2: Evolution of International Standards of Children's Rights 131
Table 4.1: Chart linking Research Questions and Methods of Study 207
Table 5.1: Coded Focus Group Discussions for Care-givers and OVCs 213
Table 5.2: Demographic Profiles of Care-givers and OVCs 214
Table 5.3: Socio-Economic Experiences of Widows in OVC Care 219
Table 5.4: Socio-Economic Experiences of Married Care-givers 226
Table 5.5: Socio-Economic Experiences of the Divorcees in OVC 233
Table 5.6: Socio-Economic Experiences of Single Care-givers 238
Table 5.7: Socio-Economic Experiences of Child-Headed Households 242
Table 5.8: Socio-Economic Experiences of Care-givers in Education 265
Table 5.9: Socio-Economic Experiences of OVCs in Education 252
Table 5.10: Socio-Economic Experiences of Care-givers Related to Sources of Income 257
Table 5.11: Socio-Economic Experiences of Child-Headed Incomes 263
Table 7.1: Analysis of Stakeholders' Views on OVC Strategies 356
Table.7.2: Zimbabwe Traditional Leaders Act 2001 and Responsibilities 372

LIST OF FIGURES

Figure 1.1: OVC Community Stakeholders in Gutu District 23
Figure 1.2: Research Process of the Study 25
Figure 2.1: Forms of Community-Based OVC Care and Support 34
Figure 2.2: Fundamental Basic Human Needs and Satisfiers 67
Figure 3.1: Coping Strategies, Knowledge Production & OVC Stakeholders 117
Figure 3.2: Impact of HIV/AIDS and Poverty on OVC Challenges 140
Figure 3.3: Consequences of lack of PSS in Children's Lives 153
Figure 4.1: Administrative Structures for the Rural Communities 197
Figure 4.2: Map of the Study Area Gutu, Zimbabwe 198
Figure 4.3: Data Collection Instruments and Techniques 201
Figure 7.12: Coping Strategies Integrated Model (CSIM) 385

LIST OF ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
AIP	Access to Information and Protection Act
ASO	AIDS Service Organisation
BEAM	Basic Education Assistance Module
BHN	Basic Human Needs
BHASO	Batanai HIV/AIDS Service Organisation
CABA	Children Affected by HIV/AIDS
CBO	Community-Based Organization
CBZ	Catholic Bishops of Zimbabwe
CHH	Child Headed Household
CoZ	Constitution of Zimbabwe
CNSP	Children in Need of Special Protection
CINDI	Children in Distress
DARDC	District Rural Development Committee
EFZ	Evangelical Fellowship of Zimbabwe
ESAP	Economic Structural Adjustment Programme
FTLR	Fast Track Land Reform
FBO	Faith Based organisation
FGD	Focus Group Discussions
GoZ	Government of Zimbabwe
GNU	Government of National Unity
HIV	Human Immuno-Virus
ICCPR	International Covenant on Civil and Political Rights
MoHCW	Ministry of Health and Child Welfare
NAC	National AIDS Council
NANGO	National Association of NGOs
NAP for OVC	National Action Plan for Orphan and Vulnerable Child
NGO	Non-Governmental Organization
NGP	National Gender Policy
OVC	Orphans and Vulnerable Children
OCVA	Orphans and Children made Vulnerable by HIV/AIDS
POSA	Public Order and Security Act
PVO	Private Voluntary Organization
RCZ	Research Council of Zimbabwe
RUDO	Rural Development Organisation
RDA	Ruvuma Development Association
PSS	Psychosocial Support
SSA	Sub-Saharan Africa
STERP	Short Term Emergency Recovery Programme
TANU	Tanganyika African National Union
UDACIZA	United Development of Apostolic Churches
UDHR	Universal Declaration of Human Rights
UNAIDS	United Nations Joint programmes of AIDS
UNDRC	United Nations Declarations of the Rights of Children

UNICEF	United Nations Children's Education Fund
VIDCO	Village Development Committee
WARDC	Ward Development Committee
WB	World Bank
WHO	World Health Organization
ZNOCP	Zimbabwe National Orphan Care Policy
ZIMVAC	Zimbabwe Vulnerable Assessment Committee

CHAPTER 1
RESEARCH OVERVIEW

1.0 INTRODUCTION

Zimbabwe's social security was confronted with various hurdles because of adverse socio-economic conditions. The crisis is manifesting itself in the form of deteriorating standards of living in ordinary households. Muronda (2009) posits that before independence, there were two streams of social security operating in Zimbabwe, namely the legislated formal policy for the white minority and the informal welfare arrangements organized along traditional practices for the majority of the black people. Despite the government's policies and efforts since independence to redress imbalances for the majority population and uplift society, the rate of poverty is escalating and the gap between the more fortunate and the poor. Underpinned by the Basic Human Needs (BHN) theory (Maslow, 1943; Max-Neef, 1991) and philosophy of Ubuntu (Samkange, 1980; Mbigi, 1995) this study focused on community-based coping strategies for Orphans and Vulnerable Children (OVC) in Zimbabwe using Gutu District as case study.

There was an attempt by the study to document informal welfare arrangements predicated on traditional practices and legislated policy responses to OVC care and support at the grassroots level. Samkange (1980) argues that Africans were forced by circumstances to live together and work communally for their livelihood. These social structures and ways of life had a profound impact on their productivity within their communities. It is because of these entrenched practices that Mbigi and Maree (1995) emphasise that the adoption of any management practice, either from the east or the west, can only be to complement indigenous development paradigms. In the same context, Mosana (2002) adds that it is necessary, if Africa is to resume its place as a competitive partner in the global market, to leverage and capitalise the wealth inherent in indigenous knowledge systems. This study is aligned with the above positions and proposes that there is a need to draw upon cultural practices

that are steeped in tradition and social structures in developing effective, productive and sustainable OVC coping strategies for modern day Zimbabwe.

Teffo (1994) observes that in traditional communities, the existence of humans was understood in the context of socialization. People could only exist in concert with others. This is the underlying tenet of Ubuntu*,* "*umuntu ngumuntu ngabantu*" in Zulu, which translates into "a human being is human being through other human beings". Hence, this understanding of "community mutualism" is expressed through group solidarity of the "collective finger theory" (Mosana, 2002), which pronounces: "a man is a man only through others". "I am" because "we are". Mosana further emphasizes that the collective finger theory envisages that one has to encounter the "we" before the "I'. This model of thinking has the potential of recalibrating the contemporary governance systems and intensifying various ethnic and socio-cultural formations within the context of OVC care and support. Accordingly, Mbigi (1995) further argues that instituting western models of development has dehumanized large populations of black people by destroying and submerging their social structures.

For instance, a typical example of such social structures is communal interdependence which is an embodiment of co-operative community farming *(nhimbe)*, *Zunde ramambo* (King's granary) and co-operative cattle herding (*majana / madzoro),* extended family and traditional African courts. The concept of co-operative community farming was when two or more families would come together and combine their resources for ploughing, cultivating, weeding and/or harvesting each other's field (Mararike, 2004). According to Machingura (2012), the Shona term *Zunde ramambo (*King's granary) is conceptualised as a method of growing and storing grain for use when food supplies are either high or low. He further emphasizes that it was a traditional practice associated with the feeding abilities of the Shona and the Ndebele Kings and Chiefs in Zimbabwe.

Similarly, Mararike (2004) observes that co-operative cattle herding was a tradition whereby families would come together and agree to a roster for herding each other's

cattle. In this view, such traditional structures entail the philanthropic approaches that cater for the disadvantaged and the underprivileged of society including OVCs. Letseka (2012) argues that there is a direct link between western contemporary models of OVC care and support with the traditional models that can be easily integrated. However, the mismatch between the two is that the African-oriented models are based on a mutual communitarian approach whereas the western-oriented models tend to be capitalistic, individualistic and competitive.

Nonetheless, despite the undermining of the traditional socio-economic structures as highlighted by Mbigi (1995) and Broodryk (2004) and supported by Masuka, Banda and Mabvurira (2012) who further emphasized that the inception of the contemporary strategies has led to the submergence of some typical traditional OVC coping strategies, the World Bank (WB) (2000) insisted that localisation should be emulated for embracing grassroots participation and giving people opportunities to shape their destiny. On that premise, this study therefore sought to examine existing traditional and contemporary OVC coping strategies with a view to integrating those elements that are compatible within the local rural communities in Zimbabwe.

1.1 BACKGROUND TO THE STUDY

In retrospect, the emergence of HIV/AIDS and other chronic diseases, which claim many lives, destabilized the socio-economic fabric in countries with fragile economies such as Zimbabwe, and necessitated responses to the OVC crisis that were driven by communities (Mustapha & Whifield, 2009). Mustapha further indicates that the communities provided safety nets for the care and support of OVC, care-givers and their families through indigenous socio-economic networks. However, the increase of HIV/AIDS in the 1980s coupled with recent events challenged these patterns, which eventually led to the incapacity of traditional family patterns due to forces of contemporary realities. Generally, as a global phenomenon, German (2005) observes that African family groups are becoming internally deinstitutionalised, carrying out fewer indigenous functions and becoming more unstable, and that the cultural value of families has generally been

weakened. Although there are many factors that aggravated the socio-economic challenges of OVC, most of the studies carried out in the 1990s indicated that the deaths of more than half of adults globally was linked to HIV/AIDS (Gregson, Garnett &Anderson, 1994; Foster, Shakespeare & Chinemana, 1995; Chizororo, 2008).

Chizororo (2008) indicates that while HIV/AIDS is a global issue it disproportionally affects Africa more than other continents (Asia, Latin America, Europe, North America and Australia), and it remains at the epicentre of the HIV/AIDS pandemic. UNAIDS (2006:13) estimates that between 2003 and 2005 64 per cent (24.5 million) of the world's population affected by HIV/AIDS lived in Sub-Saharan Africa (SSA), even though the continent only accounts for 10% of the world's population. Thus, in 2005 alone, an estimated 93,000 adults and children died of HIV/AIDS in Southern Africa, or one third of the global AIDS deaths (UNAIDS, 2006). The above information suggests that, although the OVC crisis is due to various factors such as natural deaths, wars and disasters world-wide, it assumed greater prominence as a global phenomenon due to HIV/AIDS. Gomo (2003) observes that HIV/ AIDS killed more people in Africa than in other parts of the world such as Asia, Latin America, Europe and North America largely because of poverty. Furthermore, Wanyama (2010) notes that the HIV/AIDS pandemic has exceeded war in deaths, morbidity and social disintegration of families in the world. Similarly, Gomo (2003) emphasizes that the debilitated socio-economic and political structures due to colonialism made Africans more vulnerable to HIV/AIDS mortality when compared to other continents. Thus, the ontological reality of OVC as a result of the HIV/AIDS pandemic compounded with other factors impelled the contemporary or international philanthropists to intervene with their modern approaches.

1.1.1 Global Situation and Trends of OVCs

Since the beginning of the HIV/AIDS epidemic, almost 78 million people between the ages of 15 and 49 have been infected with the HIV and an estimated 39 million have been killed by HIV/AIDS (World Health Organisation, 2013:1). Although the

burden of HIV/AIDS continues to vary considerably between countries and regions, 35 million people between the ages of 15 and 49 were living with HIV at the end of 2014 and 1.5 million of the same age group had died worldwide (UNAIDS, 2014:1). The World Health Organisation (WHO, 2014:1) further indicates that the adult demand for anti-retroviral treatment (ARV) in developing countries exponentially increased from 7% in 2003 to 30% by the end of 2014 and is likely to increase in 2015 due to WHO's international campaigns. The most disturbing observation in the international trends relating to OVCs is that HIV/AIDS mainly exterminated economically active age groups while leaving child headed households (CHH) and children cared for by communities challenged by poverty. The UNAIDS (2014) notes that this unfortunate trend over-burdened the developing and ill-resourced countries and poverty-stricken communities around the world.

German (2005) observes that, although HIV/AIDS exacerbated the OVC challenge world-wide, the impact varies regionally. These considerable variations in impact are mainly attributed to the socio-economic power of those regions (UNAIDS, 2004). According to UNAIDS (2004), the variations of the impact of HIV/AIDS in relation to OVC prevalence is influenced by physiological, psychological, sociological, spiritual and political factors. These factors concomitantly regulate the socio-economic and political fabric of any given region. Thus, these regulatory or determinant factors ultimately become conduits of the national interventions frameworks. Table 1.1 below illustrates a summarised overview of regional HIV/AIDS and OVC trend.

Table 1.1: Overview of HIV/AIDS and OVC Trends in Selected World Regions

Region/Continent	HIV and OVC Trend	Socio-Economic Justification
Eastern Europe and Central Asia	1.4 million People infected with HIV and OVC prevalence due to AIDS is low. Formal care is predominantly used by Europeans and Central Asia uses both formal and informal care and support.	This region consists of countries such as Ukraine and Russian Federation. This region is experiencing fastest growth of HIV infection especially among high risk groups such as intravenous drug users and commercial sex workers, who are living in economic depressed settings. Life expectancy is relatively high due to availability of life prolonging therapies, strong economies and health infrastructure.
Western Europe, North America and Australia	1.5 million People living with HIV and OVC prevalence due to AIDS is relatively low. Formal and institutional care is predominantly used as support mechanism.	In this region, the pandemic is largely under control due to their economic power and the availability of life prolonging therapies such as ARV and hence life expectancy of people is high and adult mortality rate is relatively low.
Asia	7.2 million People living with HIV and OVC prevalence due to AIDS is relatively low but because of large populations in countries such as China and India OVCs in general are relatively high. Informal care and support is predominantly used.	This region consists of very large populations of about 2.5 billion people in India and China alone. HIV remains at 1% in China because of their strong and strict social and moral fabric. The situation here is combined with countries such as Thailand with established HIV prevention programmes and countries such as China with well-established

		economies. Thus, although there are many people infected there is low adult mortality rate and high life expectancy rate (WHO, 2013:1).
Latin America and the Caribbean	2 million people living with HIV and OVC prevalence due to AIDS is relatively high in some parts such as Caribbean countries. Formal care and support is predominantly used.	The Caribbean is the second most infected region after Sub-Saharan Africa. Just like Sub-Saharan Africa it has recorded high adult mortality rates. In countries such as Brazil there is also high infection rate due to intravenous drug users but death rate remained at a low-level due to life prolonging therapies availability. Life expectancy is relatively high due to their health infrastructure and an adult mortality death is relatively low in Brazil but high in the Caribbean (German, 2005)
Sub-Saharan Africa	29.8 million People living with HIV and OVC prevalence is very high. Informal care and support mechanisms were formerly used in most of the African countries but largely diluted and/or extricated by formal methods from the West.	Sub-Saharan Africa is the Epicentre of the global HIV/AIDS pandemic and hence OVC prevalence is very high. For some time now it has been the worst affected region, having only 10% of the world's population but contributing more than 60% of total of people living with HIV/AIDS. The determinant factors of HIV epidemiology in Africa entail the physiological, psychological, sociological, spiritual and political which are deeply rooted in historical context (UNAIDS, 2004:26). Life expectancy is very low coupled with high infant and adult mortality rates.

Sources: UNAIDS (2004:26); German (2005:26); WHO (2013:1)

Alarmed by the rate of HIV/AIDS and the subsequent prevalence of OVC, a United Nations General Assembly Special Session on OVC was held in New York in 2001 and subsequently in 2005 (UNICEF, 2005). The focus of these conferences was on the development and implementation of interventions and strategies aimed at supporting OVCs world-wide (UNICEF, 2005). The international community, particularly donor countries, as well as civil society and the business sector sought to complement the efforts of national OVC programmes in affected regions and countries in Sub-Saharan Africa that are at high risk by directing special assistance.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) (2004) reported that by the end of 2003, there were about 143 million orphans across the globe, excluding other vulnerable children. Furthermore, UNAIDS (2004) disclosed that for the past three decades and beyond, there has been an escalating trend of OVC in the world due to the HIV/AIDS pandemic, natural deaths, poverty and civil unrest. UNICEF (2010) postulates that the escalating trend of OVC, is attributed to civil conflicts and HIV/AIDS. The above information indicates that the causal factors of OVC are multifaceted and inherently part of human communities. Consequently, the diminishing socio-economic and development status of children, families, households and communities' due to OVC prevalence has been declared a critical issue of concern at international level (UNICEF, 2005).

1.1.2 Sub -Saharan Africa and OVC Prevalence

Although HIV/AIDS is not the only cause of early parental deaths, studies have indicated that from the early 1990s, more than half of parental deaths in Africa were due to HIV/AIDS (Foster, 1995; Gregson, 1994; Chizororo, 2008). An analysis by Chizororo (2008) confirms this view. She explains that whereas 2% of children in Sub-Saharan Africa (SSA) were orphans before the start of the HIV/AIDS pandemic, the number increased to 7% by 2007. Subsequently, UNICEF (2006) noted that in SSA, HIV/AIDS has resulted in an increase in the number of orphaned children from 30.9 million by the end of 1990 to 48.3 million by the end of 2005. This drastic increase of OVC in the region was exacerbated by HIV/AIDS from

1985, which claimed many lives in developing countries. By way of example, the trends on orphaned children in SSA are represented in Table 1.2 below.

Table 1.2: Estimated Number of Orphans in Sub-Saharan Africa

Year	Population Aged 0-17	Total Number of Orphans	Total Number of Orphans due to AIDS	Orphans due to AIDS as a % of all Orphans.
1990	271 000 000	39 000 000	330 000	1
1995	309 900 000	35 000 000	2 300 000	7
2000	348 500 000	41 500 000	7 000 000	17
2005	387 000 000	48 300 000	12 000 000	25
2010	427 000 000	53 1000 000	15 700 000	30
2015	520 000 000	59 3000 000	16 900 000	34

Source: UNICEF (2010:10)

An interpretation of the above statistical data indicates that the loss of breadwinners within the homes has left behind thousands of helpless dependents. As shown in Table 1.2 above, orphaned children could increase to 16 900 000 by 2015 rising from 15 700 000 in 2010. Children in particular have become susceptible to social and economic hardships due to loss of parents, illness in the home, family disintegration and involuntary negligence (Wanyama, 2010). Therefore, the increase of OVC coupled with the socio-economic challenges in SSA point to even more challenges in poor communities.

1.1.3 Prevalence of OVC in Zimbabwe

In Zimbabwe, the National AIDS Council (NAC) (2011) indicates that there are approximately 5.6 million children of which 1.3 million are orphans. It was further reported that 5 000 of these children are currently cared for at the Manhinga Orphanage Centre, Jairos Jiri and Mavambo Orphanage, among other institutions. NAC (2011) suggests that there were more than 48 000 child headed households in

Zimbabwe housing approximately 100 000 children. Furthermore, the Ministry of Health and Child Welfare (MoHCW), the Centers for Disease Control and UNAIDS (2004) indicated that about 165 000 children are living with HIV/AIDS, which undermines the capacities of local communities to cope with challenges presented by OVCs. Data captured by UNICEF (2010) in Southern Africa showed a rapid increase in orphaned children. Table 1.3 below illustrates the prevalence of orphans in selected Southern African countries in 2010.

Table 1.3: Orphans Prevalence in Selected Southern African Countries in 2010

Country	Total Number of Orphans	Number Orphaned due to AIDS in 2010	Orphans by AIDS as a % of all Orphans	Total number of Orphans projected in 2015
Botswana	150 000	1 200 000	76	170 000
Malawi	950 000	550 000	57	1 100 000
Mozambique	1 500 000	570 000	34	1 900 000
Namibia	140 000	85 000	62	170 000
SouthAfrica	2 500 000	1 200 000	49	3 200 000
Zambia	1 200 000	710 000	57	1 300 000
Zimbabwe	1 400 000	1 100 000	77	1 300 000

Source: UNICEF (2010:11)

As statistics indicate, Zimbabwe has experienced more than a million cases involving orphaned children. Chigora and Guzura (2011) suggest that since 2000, Zimbabwe experienced a political impasse resulting in the participation of civic organisations in the political arena. Thus, the political impasse (which included land redistribution in 2000, the *Murambatsvina,* a government-driven operation to "clean the filth" and political intolerance) led to economic decline affecting the livelihood of the local communities. Due to subsequent politically motivated events, Zimbabwe experienced a massive urban-rural migration, which ultimately aggravated the socio-economic challenges of the rural local communities. The unsustainability of the coping strategies which emanated from civil unrest,

structural violence and poverty from the 2000s are also factors to consider in this regard.

In response to the heightened OVC problem, Zimbabwe ratified the United Nations Convention on the Rights of the Child (UNCRC), which culminated in the formulation of various local child care policies. These include the Zimbabwe Orphan Care Policy (ZOCP) of 1999, the Zimbabwe National AIDS Strategic Policy (ZINASP) in 2006, the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) in 2004, Coordinated governance systems in 2007, Basic Education Assistance Module (BEAM) in 2007 and the National Gender Policy (NGP) in 2006 meant to complement and strengthen the overstretched indigenous strategies (Masuku et.al, 2012). It appears, however, that the adoptions of modern OVC care strategies habitually undermined the efficacy of indigenous OVC coping strategies such as *Zunde ramambo/isiphala senkosi* (King's granary) and extended family (Masuku et.al, 2012).

Ngwerume (2010) explains that prior to1985, which marked the emergence of modern OVC coping strategies, traditional coping strategies existed and were operational within local communities. These indigenous OVC coping strategies were an embedment of the indigenous knowledge of the local communities (Awolulu, 1976). Nonetheless, as Masuku, et.al (2012) argue, the introduction of contemporary OVC coping strategies ostensibly diminished the capacity of local rural communities' service providers. The top-bottom governance system adopted by the government illustrates this dynamic (Sachikonye, 1997). Consequently, the co-ordinated frameworks significantly shifted the local communities' socio-economic fabric and instigated the religious and political oriented networks (Moyo, Makumbe & Raftopoulos, 2000). In view of the above, the current study examined community-based OVC coping strategies in the Gutu District of Zimbabwe between 1985 and the 2000s.

1.1.4 Metaphysics of the Study Phenomenon

Community-based coping strategies for the OVC phenomenon in Zimbabwe cannot be empirically and scientifically premeditated outside its ontological and

metaphysical realities. Hibberd (2014) defines ontology as science or study of reality or what is there. Similarly, Honderich, (2005) defined metaphysics as a branch of ontology that is primarily concerned with what it is for anything to be, that is, what it is for anything at all to exist or occur. Accordingly, Hibberd (2014:4) argued that if the logic behind metaphysics and ontology in scientific inquiry is anything to go by, it therefore means that Aristotle's description of metaphysics as 'first philosophy' is justified in that;

> *Metaphysics does not mean a set of statements that are not empirically verifiable and are therefore meaningless (in the manner of logical positivism). Nor does it mean a set of statements about abstract notions that have no basis in, or relevance to, reality, that is, a transcendent metaphysics (in the manner of Plato)".*

In the foregoing statement of Aristotle, this researcher concurs with Etim (2013:12) who regards metaphysics as "philosophical outlook, which tries to reach a more comprehensive, all embracing, totality view of reality without neglecting the unique place of individual things in holism of reality". In this entrenchment, Locke (1924) argues that the role of metaphysics inquiry research is in clearing the ground and removing some of the rubbish that lies in the way of knowledge. Construed from Locke's argument above is that epistemological methodologies of a particular social phenomenon only emerge from a comprehensive understanding of its metaphysical conditions or ontological environment.

In this sense, what it means is that a well-articulated ontology mirrors a type of theoretical and conceptual framework to be reviewed, and a methodology to be employed. For instance, a study undertaken by Etim (2013) argues that metaphysics is a contemporaneous philosophy which reflects the peoples' constitutional forms of government, morality, social life, capabilities, customs and enjoyments. Embedded in this fact, it can therefore be argued that if metaphysics is contemporary, it can also be particularised within the context in which people live. For this reason, Onyenwenyi (1985) argues that, although the themes dealt with in philosophy are universal, their treatment should be relative to people and engrained in their conceptions of life. This conception then justifies and provides the basis for calling a philosophy or metaphysics European, African and/or Asian (Etim, 2013).

Thus, the integration of universalism and particularism metaphysics or philosophy can be achieved within that conception in the foregoing discussion.

Community-based OVC coping strategies are not excluded from metaphysical contemporary philosophy and the tensions between these intercontinental metaphysical realities. Accordingly, to epistemologically examine community-based OVC coping strategies in Zimbabwe, the researcher understood that the OVC phenomenon is a complex situation that is recurrently orchestrated by socio-economic and political situation. In endeavouring to integrate metaphysical realities, the researcher deliberately selected the historical hermeneutics as an epistemological concept by Okere (1983), Ubuntu philosophy (Samkange, 1980; Mbigi, 1995) and the Basic Human Needs (BHN) theory (Maslow, 1943; Max-Neef, 1991) as theoretical lenses respectively. In this study, hermeneutics as a tool and a method can serve as a mediator between culture and philosophy. Hermeneutics deals with interpretation; hence, it is through the interpretation of the symbols of a culture that one can arrive at reflective philosophy. In this way, Okere understands and defines philosophy as an interpretation of culture. Equipped with the philosophy of hermeneutics he concludes that African philosophy is a philosophy which derives its initial impulse and nourishment from the African culture. It is also employed by Okere in his attempt to make some African realities and concepts more ostensible and addresses ontological questions. The ontology or metaphysical philosophy of this study was explored from the sociological, economic and political experiences of Zimbabwe from the early 1980s to the 2000s to clearly reflect the study context and problem under investigation. From the sociological point of view, it is envisaged that OVC are social beings whose well-being is influenced by culture and philosophy inherent in the society in which they are living. Thus, this socialization is also vital in interpreting the economic and political situations of a environment. The OVC phenomenon was therefore examined based on the socio-economic and political situation in Zimbabwe.

1.1.5 The Socio-Economic and Political Context of Zimbabwe

Zimbabwe, a former colony of Britain, attained its independence in 1980 after a protracted liberation struggle (Palmer, 1977; Moyo, 1995). Zimbabwe has an estimated population of 13 million people, with some three or more million people currently residing in South Africa, Botswana, the United Kingdom and several other countries due to the socio-economic and political crisis that has bedevilled the country since the 2000s (Makumbe, 2009). Makumbe (2009:4) further indicates that Zimbabwe's population is comprised of 98% Africans (Shona 82%, Ndebele 14%, other 2%), Asian 1% and whites less than 1%. Due to the longevity of the colonial domination, Moyo (1995) argues that Zimbabwe adopted the English language as an official language over and above the collapse of the indigenous socio-economic and political structures that followed the arrival of white settlers in the 18th century. Mararike (2014) further argues that colonialism did not only erode the *Bantu* languages but also the indigenous cultures and the social life was diluted. These include the family structures and the political systems such as chieftainship and the traditional governance systems which embraced the western oriented approaches.

Chizororo (2008) suggests that during the pre-independence period, the colonial government engineered racially segregated land ownership that relegated the majority black population to overcrowded native reserves (rural areas) and agro-ecological zones characterised by drought-prone areas and infertile soil. This land alienation was legalised by the Land Apportionment Act of 1931 which was later superseded by the Land Tenure Act of 1969. This later Act allocated 50 per cent of land to white people who comprised 5 per cent of the population at the time (Chizororo, 2008). She further argues that the new settlers perpetuated white domination over many sectors of development such that at independence in 1980, Zimbabwe inherited an economic system characterised by a relatively developed infrastructure, well-developed industrial sector and rural-based economy.

During this post-independence era, according to Makumbe (2009), the impoverished African rural areas provided 80% of rural-urban migration to the

industries which were predominantly owned by white settlers and others were absorbed in the peri-urban agricultural farms as labourers. Thus, the poor rural communities were dependent on either subsistence farming or money earned from industries, mines and agricultural farms where they worked as labourers. For nearly a decade in the post-independence period, Zimbabwe made remarkable improvements in the endowment of social services such as education and health. However, according to Braton and Masunungure (2011), land redistribution remained an unfulfilled promise to the general population. Similarly, Mabaye (2005) argues that land redistribution was delayed due to insufficient funds, lack of political will and commitment, unwillingness of commercial farmers to sell highly productive land and willing seller-willing buyer land policy which expired in 1990.

While progress was being made to redress Zimbabwe's inequalities, the Economic Structural Adjustment Programme (ESAP) in the early 1990s emerged and was adopted. According to Mabaye (2005), ESAP was designed by the World Bank (WB) and the International Monetary Fund (IMF) to liberalise and reinvigorate a highly regulated and stagnating economy and it subsequently produced a very negative impact on socio-economic development. Mabaye adds that ESAP called for, among other things, the removal of subsidies on social services and basic commodities; the introduction of cost-effective measures in the social sectors such as health, education and housing, thus limiting the government's burden as a key service provider; and liberalisation of foreign exchange and trade rules. The impact of ESAP in the socio-economic development of Zimbabwe cannot be overemphasized. Havey (2005) suggests that ESAP contributed to increasing interest rates, amplified costs of living, rising inflation, a decline in real wages, retrenchments from jobs leading to unprecedented levels of inequality and an increase in the poverty of the general population.

Mwanza (1999) adds that the advent of ESAP and HIV/AIDS in the 1990s eroded both the formal and informal socio-economic interventions for OVCs. In fact, these two combined forces brought significant suffering to OVC in Zimbabwe. This culminated in the enactment of the Zimbabwe National Orphan Care Policy in 1999

to cushion and protect OVCs.The negative neo-liberal economic impacts of ESAP and HIV/AIDS were massively increased by poor political decision-making that were enacted as policies in the 2000s. Such political decisions during this period include, among other things, war veterans compensation of 1997, introduction of oppressive laws such as the Access to Information and Protection Act (AIPA) and the Public Order Security Act (POSA) of 2000, Fast Track Land Redistribution (FTLR) of 2002, Operation *Murambatsvina* ("clean the filth") of 2005 and political intolerance (Chigora & Guzura, 2011; Masunungure, 2010).These politically motivated events pushed Zimbabwe's economy into a drastic decline from 1997 and it remains in a chaotic state. Chigora and Guzura further emphasizes that the combination of radical land reform characterized by violent land invasions, political violence, lawlessness, corruption and hyperinflation of over 7600% resulted in negative implications on the livelihood of OVCs. To make matters worse, investors left the country, industries were closed, there was a massive migration of skilled manpower to neighbouring countries and Zimbabwe was isolated from the international community, resulting in several international community agencies discontinuing their services.

It is a fact that in the post-2000 era, Zimbabwe was characterized by fragmentation of various aspects of its political economy, including institutions of governance. Large segments of the rural population, the overwhelming majority in Zimbabwean communities, continue to adhere theoretically to traditional institutions distorted by modernity. To a greater extent, Germann (2005) and Chizororo (2008) argue that western institutions of governance were emulated and adopted, which are not in accordance with traditional African cultural values and the country's contemporary socio-economic realities. The general fragmentation of the traditional and indigenous institutions of governance, along with economic and social fragmentation, has contributed to the crisis of governance, impeded economic development and further exacerbated the conditions of OVCs (Ringson, Hlatyawayo, Zimondi & Nyatsanza, 2015). Despite modest progress, Zimbabwe has been unable to proffer sustainable strategies of dealing with OVCs thereby

resulting in a crisis of frightening proportions. To a large extent, this has been due to lack of a holistic model or hybridised models of addressing the OVC crisis.

The prevailing state of poverty in Gutu District, and the persistence of traditional institutions as a parallel system of governance, which provides some level of refuge for the rural population, albeit often 'etherised' by the State, is also another indication of the failure of the Zimbabwean government. In addition, African traditional institutions are not adequately equipped to deal with the OVC crisis. Ringson et.al. (2015) further argues that the deepening OVC crisis is unlikely to be reversed under the existing duality of institutions, namely contemporary strategies and the untapped traditional strategies represented by the *Zunde ramambo* and the extended family strategies. For instance, the Zimbabwean government is unlikely to succeed in state-building and in mobilizing the co-operation of large segments of its citizens for socio-economic development without connecting itself to, and harmonizing its political apparatus with, the institutions, cultural values and interests of all its constituencies, including OVCs in rural populations. The above notion was justified by Dorman (2001) who argued that the fragmented approach in development derails state-building and development in any given nation.

Dorman (2001) posits that there were significant attempts made by the NGOs in conjunction with government to address the OVC problems in Zimbabwe, but the relationship was undermined due to political differences. Dorman further argues that the NGOs activities were regarded as suspect by the ZANU-PF government while the NGOs accused ZANU-PF of having a negative human rights record which was characterised by a culture of impunity that contradicted the elementary values of democracy. The ZANU-PF political party viewed the NGOs and other FBOs as hatcheries and conduits of a malevolent regime change agenda and these differences reduced possible opportunities for working together between these two institutions.

The current political succession battles in ZANU-PF as the ruling between the so-called "G-40" faction allegedly fronted by the First Lady Grace Mugabe, and the "Team Lacoste" group allegedly led by Vice President Emmerson Mnangagwa has

also witnessed the shift of attention from service delivery to internal fighting. As such, the events of the past twelve months point to a party that is trying to reproduce itself amidst serious contradictions. This reproduction process has created a situation where the party metaphorically speaking is now "busy eating its bowels and intestines" while completely neglecting service delivery resulting in the worsening of the conditions of OVCs in the Gutu District. It is against this background that this study seeks to explore the possibility of constructing an integrated model for OVC care and support in Gutu District while being cognisant of the challenging socio-economic and political context obtaining in the country.

1.2 PROBLEM STATEMENT

The Zimbabwean rural local communities' socio-economic development status has been strained by the prevalence of OVC challenges (Brizay, 2008; Masuku et.al. 2012). Challenges that beset communities have been a permanent feature and can be characterised as old as human society (Masuka et.al, 2012). Prior to the advent of contemporary strategies to cope with OVC challenges in Zimbabwe, local communities had the capacity to cope with OVC through indigenous strategies. There is extensive evidence of the traditional mechanisms such as *Zunde ramambo* (Kings' granary) where community leadership would spearhead the welfare of OVCs**.** However, the emergence of HIV/AIDS exacerbated OVC challenges to unprecedented levels. For instance, in the second decade following the discovery of the first HIV/AIDS cases in 1985, about 1.3 million children fell into this vulnerability category (National AIDS Council, 2011).

Further compounding the social problems is the issue of child-headed households (CHHs), a phenomenon which emerged in the 2000s. A large number of these CHHs were victims of HIV/AIDS and poverty, among other factors. To that effect, about 48 000 children became household heads (NAC, 2011:5). Of the 48 000 CHHs it is also estimated that 100 000 children are cared for by these household heads. NAC (2011) reports that this social problem was exacerbated by the 165 000 children reportedly living with HIV/AIDS in Zimbabwe.

Since 2000, local communities have been severely strained by the OVC challenge that has been exacerbated by other social problems such as poverty, food insecurity and chronic economic uncertainty in Zimbabwe. These factors rendered local community OVC coping strategies ineffective (Masuka, et al., 2012). Consequently, failure to come up with possible strategies for OVC care and support drained the little resources that the local people has in an endeavour to bring their children Predicated in this crisis, government and Non-Governmental Organisations (NGOs) developed policies aimed at addressing the OVC problem. Among the institutions that played a critical role were the Manhinga, Jairos Jiri and Mavambo orphanages. Nevertheless, interventions by government and NGOs created a dependency syndrome as local community became dormant parties in addressing the OVC crisis.

Although similar studies on OVC such as those by German (2005), Foster (1997) and Chizororo (2008) have been conducted in Zimbabwe, there remains a paucity of empirical findings on the feasibility of integrating indigenous and contemporary OVC coping strategies. The intellectual problem in this study is linked to a failure to propound a holistic integration and effective strategy in the implementation of the contemporary and indigenous ways that are critical in mitigating OVC challenges in rural communities in the context of HIV/AIDS. The works of German (2005) and Foster (1997) are concerned with defining the term 'orphan' using age-based categories and collection of cross-sectional data focused on material and immediate experiences. These studies were based on numerical data to predict orphan-hood and vulnerability in the context of HIV/AIDS within the urban context in Zimbabwe. As a result, their findings predicted and determined the intensity of the OVC challenges and interventions based on spatial numerical distribution of the phenomenon. Contrary to that, this study explores the perceptions, views and feelings of the local community based on the examination of the traditional and contemporary coping strategies in the Gutu District of Zimbabwe.

1.3 PURPOSE STATEMENT

This study was not intended to venerate traditional coping strategies above its contemporary complements. Instead, its purpose was to examine the prevailing traditional and contemporary OVC coping strategies and assess the practicability of integrating them for sustainable livelihood of OVC in the Gutu District of Zimbabwe. The study seeks to integrate the less utilised strategies to blend them with the existing OVC coping strategies. Accordingly, the study was meant to examine community-based OVC coping strategies and explore its prospects and challenges in addressing the needs of OVC in the Gutu District of Zimbabwe. The study was therefore intended to contribute towards efforts aimed at enhancing coping strategies and welfare of OVCs in the local rural communities of Zimbabwe. Although this study focussed on contributing towards enhancing the existing OVC coping strategies, it was not a prelude to an imminent new OVC care and support approach in Zimbabwe but the thoughts, views and experiences of the respondents were important in improving the welfare of OVC in general across Zimbabwe.

1.4 JUSTIFICATION OF THE STUDY

The rationale of this study is premised on institutional weaknesses, high levels of poverty and economic recession in Zimbabwe (Sachikonye, 1997; Ngwerume, 2010; Moyo, et.al., 2008; Masuka, et.al., 2012). The unreliable nature of the public and private sectors' interventions to the OVC socio-economic challenge suggests that the local communities have to play a pivotal role in the provision of OVC care and support. Nyamukapa (2011) and Moyo et.al. (2008) argue that the chronic poverty in communities, increasing numbers of OVC in need of help and high adult mortality rate presents a range of challenges to OVC within the local communities. This strategic context was th impetus for this study to examine the traditional OVC coping strategies employed with a view to integrating them with the existing contemporary strategies. This study therefore provides the foundation for potential development of a suitable community-based OVC care and support model that would reinforce the national interventions in the OVC crisis. The findings of this study provide a window into the dynamics of OVC care and support at local community level and provide information for public and private sector

interventions aimed at appraising the welfare of OVC. The study is aimed at helping policy makers to make informed decisions that will bring about OVC intervention policies. Finally, the study contributes to literature on OVC in Zimbabwe and opens up areas for further study on challenges surrounding OVC at local community level.

1.5 OVERALL RESEARCH QUESTION

This study examines community-based OVC coping strategies in the Gutu District of Zimbabwe. As discussed in the preceding sections of this study in the problem statement and justification, the baseline data from the studies carried out by Sachikonye (1997), Brizey (2008), Moyo et.al. (2008) and Masuka et.al. (2012) provide indicators that the prevailing coping strategies are failing to provide holistic care and support to OVC. Such indicators include, but are not limited to, increasing numbers of OVCs, increasing numbers of street children, disintegration of extended families, increase of adult mortality rate and the erratic nature of the public and private sector interventions in OVC care and support in Zimbabwe. These baseline indicators justify the prevailing reality on the ground on how effective the coping strategies are in dealing with OVC challenges. Premised on the aforesaid indicators, this study was therefore guided by the following overall research question: Why did prevailing contemporary and traditional OVC coping strategies pursued and adopted separately fail to achieve sustainability for OVC care and support in Zimbabwe?

1.6 RESEARCH OBJECTIVES

The research objectives of this study include;

1. To explore the nature of OVC care and support systems in the Gutu District of Zimbabwe;
2. To assess how traditional and contemporary coping strategies address OVC challenges in the Gutu District of Zimbabwe; and
3. To examine how traditional and contemporary coping strategies could be integrated to foster sustainable livelihood for OVC in the rural local community of Gutu District in Zimbabwe.

1.7 SUB-QUESTIONS

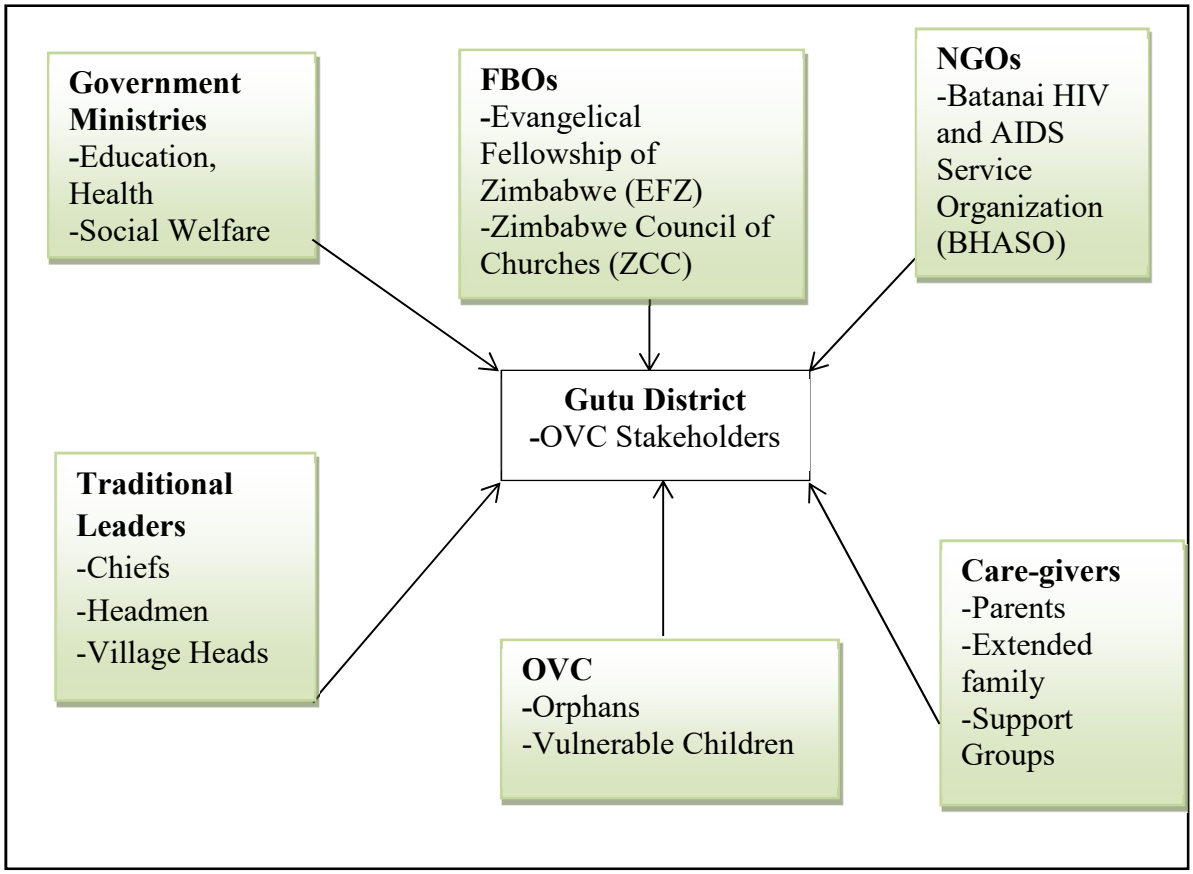
The specific research questions of this study include:

1. What is the nature of OVC care and support within the local rural communities in the Gutu District of Zimbabwe?
2. How do traditional and contemporary coping strategies address the OVC challenges in the local rural community of the Gutu District of Zimbabwe?
3. How can traditional and contemporary OVC coping strategies be integrated for sustainable livelihoods in local rural communities in the Gutu District of Zimbabwe?

1.8 SCOPE OF THE STUDY

This study specifically focused on local community leaders, traditional leaders, local government leadership, Non-Governmental Organizations (NGOs) and Faith-Based Organizations (FBOs) herein referred to as community-based OVC stakeholders. These participated in the study as key informants' due to their expertise and community responsibilities to do with OVC care and support. There was also a focus on ordinary local community members/care-givers and OVCs. The study examined the nature and trends of OVC coping strategies and challenges at local community level. In respect of the sensitivity of the subject, only OVC aged 14 and above participated as information sources. This choice was made on the understanding that young children would have difficulties in discussing issues relating to their vulnerability and orphanhood. As regards local community stakeholders, purposive sampling was used to select the relevant leaders who would be able to furnish the researcher with the relevant data. Figure 1.1 below illustrates the OVC community stakeholders in the Gutu District of Zimbabwe, herein referred to as the unit of analysis and information rich sources

Figure 1.1: OVC Community Stakeholders in Gutu District



Source: Author (Fieldwork, 2015)

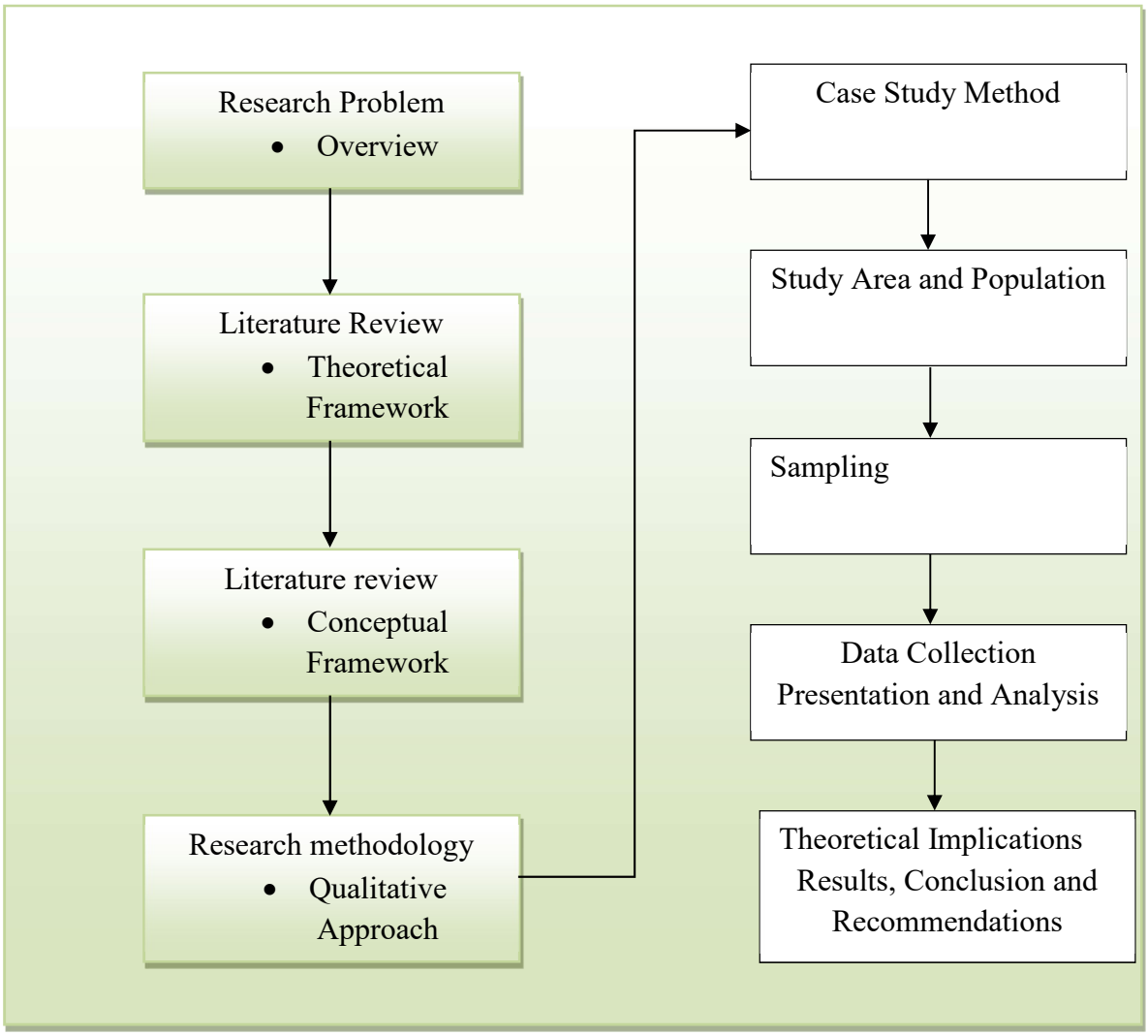
Illustrated in Figure 1.1 above are the community stakeholders that constitute the scope and unit of analysis of this study. These community OVC stakeholders also include community leaders, traditional leaders, political leaders, FBOs and NGOs. Included in this category are the government line ministries. They are considered as a key stakeholder as they are obliged to offer relevant assistance to OVC through the implementation of legislative and policy frameworks within their areas of jurisdictions. A typical example of these includes, but is not limited to, ministries of education, health, social welfare and home affairs (registry). The traditional leadership roles that were consulted include the chiefs, headmen and village heads. In addition, the FBOs, represented by Evangelical Fellowship of Zimbabwe (EFZ), Zimbabwe Council of Churches (ZCC), United Development of Apostolic Churches in Zimbabwe (UDACIZA) and the Catholic Bishops of Zimbabwe (CBZ), were also consulted as ecumenical bodies that represent the religious

organizations within the local communities in Zimbabwe. This organisational leadership was deemed to be a key informant in this study because it was discovered that most of the charity organisations for OVCs are predominantly connected to FBOs. The NGOs operating in Gutu District such as Batanai HIV/AIDS Service Organisation (BHASO), Capernaum Trust and Rural Development Organization (RUDO) amongst others were also considered as part of the community leaders grouping. The study took cognisance that sustainability of OVC livelihood is a crisis in all the local rural communities in Zimbabwe. While the study was limited to the OVC phenomenon in Gutu District of Zimbabwe, its dependability and trustworthness was made possible by the triangulation of data instruments and sources.

1.9 ORGANIZATION OF THE STUDY

The organization of the thesis mirrors the research process and format undertaken by the researcher (Chimhanzi, 2000). Premised on that notion, this research process follows the format suggested by Silverman (1985) as presented by Chimhanzi (2000) and shown in Figure 1.2 below. Silverman (1985) recommends that the research process comprises 5 key stages, namely beginning (introduction), literature review (theoretical and conceptual frameworks), and specification of the research problem, fieldwork, analysis and implications. Chimhanzi (2000) further suggests that these stages should be viewed as iterative so as to reflect the dynamic and adaptive process of the research. The iterative process of these stages helped the researcher to chronologically and logically align the research arguments within its context and research problem from the beginning to the end of the study.

Figure 1.2: Research Process



Source: Chimhanzi (2000:8)

Drawing on Silverman's (1985) research process and format, this thesis was presented in eight chapters. A brief overview of each chapter is presented below.

Chapter 1: Research Overview

This chapter presents the background to the study with insights into the context of the OVC situation in the world in general, and specifically in Zimbabwe. Gaps in the pertinent body of literature were highlighted. The context of this study is premised on the prevalence of OVC that has overburdened the local communities in Zimbabwe. As a result, the depletion of the socio-economic status of the local communities stimulated the remedial interventions of the contemporary strategies

modelled in a western philosophy. The ascendancy of western oriented approaches in OVC care and support submerged indigenous oriented approaches such as *Zunderamambo* (King's granary) and the notion of the extended family. This study suggests that an isolated or single philosophical mode of OVC care and support is not sustainable. Instead, the study hypothetically presupposes that the integrated, complementary and hybridization approach in OVC care and support is more sustainable than one that is completely founded in traditional practices or modern practices (Ibuot, 2011). Ibuot (2011) envisages that, "the equalization philosophical scheme model can help to achieve a sustainable livelihood in the local communities in this globalized and modern world".

Chapter 2: **Literature Review & Theoretical Framework**

This chapter presents the literature review and the theoretical framework of the study. These theories include Basic Hunan Needs theory and Ubuntu philosophy as well as complementary philosophies to these theories that were reviewed to theoretically ground the study within its context. These contemporary philosophies include existentialism, phenomenology, metabletics and epistemology. Further to this, contemporary African philosophies were addressed, namely ethno-philosophy (Ubuntu philosophy), idealistic-nationalistic philosophy, sage philosophy and the professional philosophy in relation to the basic needs theory within the context of OVC so as to understand community-based OVC coping strategies. There was also a comparison of the global contemporary cultures/traditions namely Ubuntu, Confucianism and bildung traditions in relation to the OVC needs and community-based coping strategies. The comparative idea of the contemporary philosophies was reviewed in order to keep the study focused and respond to its identified gap of integrating and hybridizing the traditional and contemporary OVC coping strategies. In support of a comparative ideology in study, Rigan (1987) argues that "thinking without comparison is unthinkable". Thus, the comparisons of global contemporary traditions/cultural approaches become pertinent to the enrichment of the intellectual argument in this study.

Chapter 3: Conceptual Framework

This chapter presents the conceptual framework of the study as a continuation of literature review from chapter two. Among other concepts is the hermeneutical concept, child development models, historical development of children's rights, children's maltreatment, community-based strategies herein referred to as traditional and contemporary, nature of OVCs care and support in Zimbabwe and beyond were conceptualised. This chapter was meant to identify the main variables of the study and show how they relate to the research problem and questions of the study. Regarding the conceptual framework, Miles and Huberman (1994) defines it as visual display of a theory or theories and a picture of what the theory says about what is going on with the phenomenon under review. To this end, a conceptual framework was used to visually depict what Ubuntu and basic human needs theories implicitly mean in the context of community-based OVC coping strategies in Zimbabwe.

Chapter 4: Research Methodology and Design

This chapter presents the methodological theory (phenomenological hermeneutics) and the methods used in gathering data (qualitative methods) including the research design and area of the study, approaches used in selecting respondents, as well as methods of data collection and processing. The study predominantly used the qualitative approach within a hermeneutical theoretical framework, which seeks to critically examine the existing socio-economic and political institutions and systems in OVC care and support. This study's paradigm was largely informed by Sayer (1994), a realist who criticises the positivist approach for forcing respondents into a predefined conceptual grid. Thus, through hermeneutics, the analysis of community-based OVC coping strategies goes beyond what structuralism theories have pre-determined as truth underpinning lack of sustainable community-based OVC coping strategies in Zimbabwe. A case study method was used as informed by Yin (2009) and Hamel (1993), who view a case study research approach as an inquiry that investigates a contemporary phenomenon within its natural setting. Thus, the Gutu District in Zimbabwe was purposively selected for the case study. In-depth interviews, semi-structured interviews, focus group discussions,

documentary review and historical narratives were all deployed for qualitative data collection purposes.

Chapter 5 & 6: **Presentation of Findings**

These chapters present the main findings of the study. Braun and Clarke (2006) posit that thematic analysis and presentation of data offers an accessible and theoretically flexible approach in qualitative data analysis. To that end, data were, therefore, presented along the three main thematic areas extracted from the research questions, namely: Demographic data of respondents, nature of care provided to OVC, extent to which the indigenous and contemporary OVC coping strategies thrive, and the integration of traditional and contemporary OVC coping strategies. It was intentional that the study's research questions were depicted as the main themes in data presentation to logically align the data with the research problem and the literature review. However, other various sub-themes emerged that support the main themes of this study. The main reason for further distilling these main themes was to ensure that no information gathered was going to be left out from its context or superfluously mixed in other contexts.

Chapter 7: Analysis and Meta-Theoretical Considerations

This chapter interprets analyses and discusses data in the same sequence/order as presented in the previous chapter. The research questions of the study were extracted as the main themes of data analysis and interpretation. In this case, the demographic data presented in the previous chapters were analysed and interpreted in conjunction with the main themes of the study. The sub-themes were also created to ensure that every piece of data was analysed within its context and no information was left out. Braun and Clarke (2006) argue that thematic analysis provides a malleable and useful approach in qualitative research. Thus, thematic analysis can potentially provide a rich and detailed yet complex account of data that is sought by every researcher. This chapter also presents the meta-theoretical considerations based on the cultural hermeneutics of Okere where the theories underpinning the construction of the integrated model for OVC care and support model were considered.

Chapter 8: Conclusions and Contributions

This chapter presents conclusions and the summary of the study as well as framed implications for future study. The conclusion and summary of the study touch on the main research questions and themes of the study findings in the same sequence as the previous chapters. Finally, the contribution to knowledge and the prospects for future research were presented.

1.10 CONCLUSION

In this chapter, the researcher has attempted to anchor the study within its context by presenting the background to the study. The background to the study encompassed the socio-economic history of Zimbabwe from the pre-independence era to the current situation. From the contextual synopsis of the study, the researcher argues that Zimbabwe's social security is confronted with various challenges due to adverse conditions prevailing in the country. Among these conditions is the adoption of a neo-liberal approach in the form of ESAP and the advent of HIV/AIDS, the political decisions implemented (fast-track land reform, lawlessness, political intolerance and operation *murambatsvina*) and hyper-inflation, which put the country in a socio-economic slump. This situation affected the OVCs more than other groups of people since the government and its contemporary policies had failed to sustain them. In this case, the failure of government suggests that the integration of the traditional and contemporary OVC coping strategies will have a better outcome than reliance on only one strategy. Thus, the research problem, justification of the study, was developed around this context and subsequently followed with the research questions to respond to the main problem of the study: Why have prevailing contemporary and traditional OVC coping strategies pursued and adopted separately failed to achieve sustainability for OVC care and support in Zimbabwe. In the next chapter, the study reviews the literature based on Ubuntu and basic human needs theories as the underlying theories of the study. The combination of these two theories was found pertinent to this study in that, while Ubuntu philosophy endeavours to

articulate the underlying philosophy of Africans as possible, the basic needs also delineate the parameters and dimensions of the nature of OVC care and support in Zimbabwe.

CHAPTER 2
LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 INTRODUCTION

This chapter reviews the pertinent literature underpinning this study in order to establish a sound theoretical framework for the study. The literature review section is divided into two major sections. The first section reviews literature on the concepts of community-based OVC coping strategies and OVC. Major community-based OVC coping strategies to be reviewed are traditional coping strategies, namely extended family and *Zunde ramambo*. Contemporary community-based OVC coping strategies to be reviewed include legislative child protection framework and the policy child protection framework. The second section reviews the basic human needs theory as the main theory informing this study. The global contemporary philosophies and contemporary African philosophies, which were perceived as complementary to the human needs theory were also reviewed. In view of the above, the human needs theory will be revisited considering global contemporary philosophies which include phenomenonlogy, existentialism, metabletics and epistemology (cultural hermeneutics). Contemporary African philosophies which include ethno-philosophy (Ubuntu), nationalistic ideological philosophy, sage philosophy and professional philosophy will be reviewed to establish the extent to which these philosophies help understand community-based OVC coping strategies in their endeavour to meet the fundamental human needs.

A literature review is defined by Tuckman (1998) as an evaluative report of studies found in the body of knowledge related to one's selected area of study. He further suggests that a literature review gives a theoretical basis for the research and helps one to determine the nature of, and the gaps in, the research to be undertaken. Thus, literature related to community-based OVC coping strategies theoretically informs the research questions of the current study. Furthermore, other scholars such as Ndabandaba (1984), Neuman (2011) and Dey (1999) suggest that a literature

review helps the researcher with orientation necessary to any study and enables one to eliminate unnecessary duplication of effort. Ndabandaba (1984:6) further views a literature review as, "a collected body of prior work which uncovers ideas about variables that have been proven important in any field of study". Literature review is not an annotated stated bibliography or a list of sources. A thorough literature study demonstrates that the researcher is duly knowledgeable about related research and the intellectual traditions that surround and support the study. According to Leedy (1989), it provides a substantially better insight into the dimensions of addressing the problem. Leedy further argues that it equips the investigator with a complete and thorough justification for the subsequent steps as well as with a realization of the importance of the undertaking. In this case, the literature review is designed to compile, outline and evaluate relevant research that was previously done in the field of interest of the researcher. As a component of the broader research thesis, the literature review is a critical analysis of a segment of a published body of knowledge through summary, classification and comparison of prior research studies, reviews of literature and theoretical articles. Premised on that view, the current researcher therefore contends that a review of the literature helps to contextualize a study and minimize trial and error activities during study. This study seeks to explore the contemporary and traditional strategies that have been used to cope with the unprecedented rise of OVC in the post-2000 era in Zimbabwe. Specifically, the literature review will evaluate the different scholarly propositions and philosophical underpinnings that deal with the Zimbabwean socio-economic and political environment and its implications for the rise of the OVC crisis in Gutu District**.**

2.1 COMMUNITY-BASED OVC COPING STRATEGIES IN ZIMBABWE

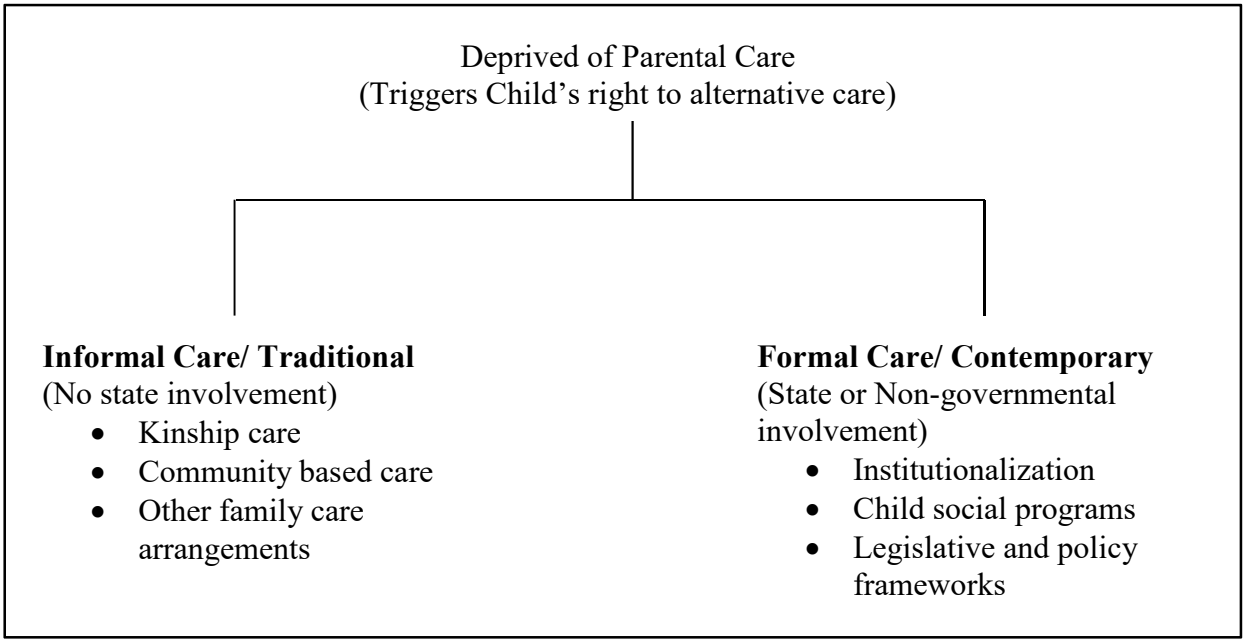
The concept of community is based on three or four elements, namely community as people, community as a geographical area or territory, and community representing shared norms and values (Maxwell, 1999). Two elements that are critical for this study are community as people and as shared norms and values. Community as people refers to a group of individuals who live together and are

defined as such. Community as shared norms denotes a group of people whose life is regulated by similar codes of conduct and sharing a similar ethos and cultural values. Thus, every community has coping strategies entrenched within its culture and traditions.

A coping strategy refers to means of livelihoods or methods employed to mitigate and improve the capacity level of the local community. It is an adaptive mechanism to impending or experienced calamity (CARE, 2010; Biemba, 2010). Local communities have over the years developed mechanisms to cope with circumstances perceived as bedeviling their continued survival. These coping strategies are locally based. Hence, the nomenclature community-based coping strategy is used to refer to the locally based survival mechanisms. In this study, these coping strategies are connected with OVC and their overall goal is to mitigate and improve the livelihoods of OVC (Biemba, 2010).

The concept of 'community-based' was first used by the World Bank (WB) in the late 1970s and early 1980s. In its policy framework, the Bank described community-based as being a locally-based knowledge framework (grassroots) that is aimed at addressing social problems (such as deviant behaviours) experienced by the host community (Cloke, Grang & Godwin, 2009). Community-based coping strategies are aimed at addressing social problems experienced by people at community level and they are derived from the knowledge systems of the local people (Chambers, 1987). The sustainability of community-based coping strategies lies in the fact that they derive their strength from the host culture. Schwartz, Luycks, Kilmstra and Duriez (2012) emphasize that community-based coping strategies are an OVC in-built care system. In recent years; the term 'community-based' has come to mean both traditional and contemporary coping strategies. The former emphasizes grassroots (bottom-up) while the latter emphasizes state-driven approaches (World Bank, 2012). Figure 2.1 below illustrates the community-based coping strategies in Zimbabwe.

Figure 2.1: Forms of Community-Based Coping Strategies



Source: Roby (2011: 10)

The framework illustrated in Figure 2.1 was derived from the United Nations Convention on the Rights of the Child (UNCRC) (Roby, 2011). It is premised on the deprivation of parental care to a child. The forms of community-based coping strategies serve as a point of reference for both traditional and contemporary OVC coping strategies.

Traditional approaches involve extended family and other family based care such as inheritance and *roora (*bride price). While contemporary approaches are those methods that are considered as formal and structured, traditional methods are informal and unstructured. Formal approaches involve programmes put together by the state and other actors such as non-governmental organizations (NGOs) aimed at addressing the perceived social problems. Muronda (2009) postulates that, community-based coping strategies in Zimbabwe span from the pre-colonial, colonial and independence eras. In this study, coping strategies include traditional African society mechanisms and contemporary coping strategies.

2.1.1 Traditional Coping Strategies in Zimbabwe

In general terms, traditional/indigenous coping strategies are considered the same as community initiated approaches to mitigate problems associated with OVC (Biemba, 2010; CARE, 2010). However, the concept of indigenous coping strategies is a contested terrain. Chizororo (2008) makes the point that there is no agreed definition of the concept of traditional coping strategies. Another problem associated with the unavailability of a precise definition of traditional coping strategies was noted by Kugler, Togarasei and Gunda (2011) who observe that writings on traditional coping strategies have been produced mostly by foreigners, some of whom may not do justice to traditional coping strategies frameworks. These writings are more likely to misrepresent traditional values (Mbiti, 1986; Gelfand, 1973; Holleman, 1951; Kebsy, 1996). The challenges related to definition are compounded by the fact that few African writers have attempted to define traditional coping strategies and this has allowed for non-African writers to develop their own definitions. Kugler et.al. (2011) postulates that the custodians of the information in African communities were elderly people and traditional leaders. However, a small number of indigenous scholars such as Mbiti (1976), Letseka (2004) and Samkange (1980) have established that African traditional societies have various mechanisms to mitigate challenges faced by vulnerable groups of people within their communities. Vulnerable groups in African societies include poor people, orphans, widows, the elderly and strangers.

According to Lassister (1983), child protection in the traditional society was well guarded and enshrined in the informal arrangements that existed. For example, rearing a child within the African societies was not individualistic but a communal task. Muronda (2009) and Roby (2011) concur that raising children was a collective responsibility. Samkange (1980) reveals that an achievement by a child was celebrated by the whole community and it was the pride of the whole community and not of a single family. Machingura (2012) emphasizes that traditionally, the community was known as the foundation of life and members of the society were to be moulded with the cultural values and traditions of their society.

Masuka et.al. (2012) and NAC (2011) suggest that these traditional coping strategies for OVC in Zimbabwe include extended family and village structures. Ngwerume (2006) argues that if the extended family fails to adequately mitigate OVC problems, village structures would come in to assist. Machingura (2012) emphasises that African societies were so organized within their informal structures that they had procedures and protocols to guide them in their cultural dealings. Thus, in the same order, when the village level is overburdened, the chief and his subjects would come in to assist.

Muronda (2009) points out that it was the obligation of the rich to assist their poor relatives either by giving them free assistance, borrowing or lending money or cattle. Letseka (2004) observes that it was a shame for a rich person when his relative fails to plough his field in his presence. Such practice was regarded as witchcraft, evil and irresponsible. Thus, the wealthy members of the extended family had the obligation to loan out to their poor relatives' cattle "*kurodzerwa mombe* (cattle lending) or to the non-relatives of the society for draught power in the fields. This concept of '*kurodzera mombe"* was a benevolent gesture by the richer people of the society to mitigate poverty and vulnerability. In return, the poor people were obliged to take care of the cattle as if they were his or her own property. The poor, according to Mararike (2004), would milk cows and use the cattle for draught power and thereby improve their own situation.

At the extended family level, there was the chief level of safety net to the OVC and the poor people of the community. At this level, there are several support and social security mechanisms. Different village heads at this level would come together with their resources to assist the poor. Letseka (2004) and Mararike (2004) note the corporate farming (*nhimbe)* where people would come together to assist poor people in farming and co-operative cattle herding (*madzoro/majana).* Sithole (2014:1) revealed that *nhimbe* is a community collective action mechanism that is used carefully to assist households in both short-term emergency and longer-term developmental situations. *Nhimbe* draws on social capital underpinned by community cultural values found among members of the community, particularly inter-household bonds, reciprocity, trust, solidarity, respect and peace.

At the societal level, the chief had a mechanism of support to OVC. One major example of the chief/king/mambo approach was the *Zunde ramambo* (King's granary). The *Zunde ramambo* is explained in detail below together with the extended family as major traditional OVC coping strategies. Although *Zunde ramambo* and extended family appear to have been weakened by factors such as modernization, urbanization, industrialization and economic crisis in Zimbabwe, the concepts and model of child rearing are important in the context of African cultural heritage in OVC care and support.

According to Muronda (2009), these two traditional mechanisms were predominantly used in Zimbabwe and other African countries in the pre-colonial and independence era. In the one hand, Kaseke (1987) argues that the traditional OVC coping strategies can be identified as pre-independence or colonial strategies because social welfare services were established for the white population. On the other hand, he notes that the contemporary strategies can be referred to as post-independence mechanisms because that is when most African governments took it over from the various white governments. In this study, the *Zunde Ramambo* and the extended family safety net system were major traditional OVC coping strategies.

2.1.1.1 Zunde ramambo (King's granary) and OVC Care and Support

Zunde ramambo is a Shona method of growing and storing grain for use when food supplies are either high or low. It was a traditional practice associated with the feeding capacity of the Shona kings/chiefs (Machingura, 2012). According to Mararike (1999*), Zunde ramambo* was also practiced in the Ndebele communities in Zimbabwe and is still called "*Isiphala SeNkosi".* Mararike (1999) further attests that *Zunde* or *isiphala* is a Shona word with various meanings at communal and at family level. The term, according to Machingura (2012) and Mararike (1999), implies a large gathering of people taking part in a common activity. The *Zunde ramambo* concept resonates well with Joseph's advice to Pharaoh the Egyptian King on storage of grain in preparation for the long famine (Genesis 41:1-57, Holy Bible NIV, 2012).

Zunde is the communal storage of grain. It is an informal, in-built social, economic and political mechanism. *Zunde ramambo* is still practiced in some parts of Zimbabwe but not with the same vigor it used to have in ancient Shona times. The concept of *Zunde ramambo* is geographically understood in various ways. For instance, in some areas of Zimbabwe it is understood as the plot and in other areas it refers to a granary in which the food is stored, whereas in some places it connotes the yield from the land which is stored in granaries at the chief's compound (Machingura, 2012). In this view, it is common in Zimbabwe to find central food storage facilities at the chief's homestead.

The *Zunde* also played important religious, economic, social and political functions. Members of the society would take turns to participate in planting and harvesting of crops. Harvesting was normally done by both men and women. People would collectively come together and do the work. Participation in the *Zunde ramambo* was an expression of oneness, belonging, reinforced collaboration, solidarity, relationships and loyalty to the king (Mararike, 1999). The idea of *Zunde ramambo* resonates well with the Ubuntu philosophy which emphasizes humanness, respect, solidarity and hospitable spirits within the African communities (Mbigi, 1995; Okoro, 2010; Mara, 1998). When undertaking the *Zunde ramambo* activities, it was also regarded as a training opportunity for the young boys and girls to work for themselves. It was thus a development and empowerment model. The *Zunde ramambo* was largely intended to cater for the disadvantaged people in the community, namely those with disabilities, poor people, strangers, widows and OVC.

2.1.1.2 Extended Family Safety Net System

Extended family refers to the group of blood relatives comprising grandparents, father, mother, children and relatives of parents, all of which share food, residence and resources from a common pool. These extended family relationships were maintained through visiting, economic support and ritualism (Chizororo, 2008). Extended family is different from a nuclear family in that the latter involves only parents and children (Bourdillon, 1990; Nyamukapa & Gregson; 2005). Mudenge (1988) and Gelfand (1997) postulate that during the pre-colonial era, the Shona rural communities were largely organized along extended family system lines (*musha)*.

In traditional Shona communities, the desire for children permeates the entire community. Masuka *et al* (2012:2) observed that: "traditionally children have been viewed as central to the society; hence their protection has been rendered an issue of particular concern to the whole community." Mbiti (1976; 1991) adds that the main purpose of African marriages was to bear children for continuity of the lineage. Thus, children were considered as a heritage and a symbol of wealth and security of the society. In this regard, Samkange (1980) argues that that is the reason why barrenness or infertility was an unacceptable event in African societies. Remedially, Africans had their own ways and mechanisms of making sure that an infertile family would still have a child or children. However, while not condoning practices such as the young brother to the wife's husband engaging in relations with the sister-in law *(maiguru*) or the young sister *(mainini)* of the wife engaging in relations with the brother-in law *(babamukuru)* to bear children, the idea behind the concept points to the value African societies attach to children. These activities would be secretive in that no-one outside neither the family circle nor the children themselves would know about it to maintain the integrity of the family.

Extended family provides a sense of belonging to a large family rather than individual households (Mbiti, 1999). As such, most Shona communities were built around a patrimonial authority (Gelfand, 1997). In many cases, members of the same partrilineage were geographically concentrated within residential groups comprising three to four generations. Like the Zulu communities, the Shona families comprise the territorial division called chiefdom governed by chiefs (*inkosi* in Zulu and *mambo*/*ishe* inShona) (Thorpe, 1996). Mbiti (2006) adds that the chiefs' territories were sub-divided into smaller units called homesteads (*umuzi* in Zulu and *misha* in Shona). According to Thorpe (1996), each of the homesteads was governed by the immediate authority of an appointed headman whose position is not hereditary in the Zulu context but is hereditary in the Shona context. Values that sustain extended families include, but are not limited to, a sense of belonging, solidarity, association, hospitality and caring (Hailey, 2008). The link between extended family and Ubuntu is undeniable.

According to Mbiti (2008), the Ubuntu philosophy is the impetus behind extended family as an OVC coping strategy within traditional communities. In relation to OVC, Gade (2011) argued that extended families are premised in the Ubuntu communitarian philosophy. Since the concept of Ubuntu entails friendliness, belonging and associational life, this framework serves as the point of departure for OVC. Based on the foregoing discussion, the extended family's socio-economic support to OVC cannot be underestimated. Several studies from Mugurungi (2006), Mangoma, Chambari and Dhlomo (2008), Killian (2009) and UNICEF (2010) concur that extended family is an irreplaceable model for OVC care and support. The extended family was a traditional model favoured by the chief/king as a demonstration of commitment to the people (Oliver, 1969). Thus, to correctly conceptualize or understand the *Zunde ramambo,* it is imperative to conceptualize the roles of the chiefs and kings in Shona communities in Zimbabwe. According to Mararike (2004), the chiefs' domain encompasses the household, extended family, village and community level and all the traditional social protection and security mechanisms within his chiefdom fall under his authority.

2.1.2.3 A Critique of the Traditional OVC Coping Strategies

Traditional OVC coping strategies are a product of moral traditionalism school of thought according to Huller (2001). Huller (2001) defines moral traditionalism as a view regarding the moral justification of social rules that binds the community together. It holds that neither reason nor approved conventions such as policies and constitutions can legitimize the way on which the society should live. In the context of this study, the traditional OVC coping strategies such as the extended family safety nets and the Zunde Ramambo conceptualized above are entrenched in moral traditionalism. The stregths of these traditional coping strategies are anchored in the collective ability of moral traditionalism to create peace, togetherness and stability in the socities as alluded to in the previous sections. Whilst these traditional approaches helped a lot in the past, it begun to face various challenges in sustaining the communities because of external transformational forces that comes with globalization and modernity.

Sithole (2014) argued that due to poverty, HIV/AIDS pandemic and geopolitics the traditional strategies alone were unable to practically bring restitution to OVC challenges. Zhou and Zvoushe (2012) added that the human rights abuses and exploitation that was pepetrated by the traditional approaches to humanity attracted the contemporarary intervention. A typical example of these traditional coping strategies abuses includes but not limited to early marriages, child labour, forced marriages of the deceased wives and genital mutilations in the name of culture and traditions. The other major challenge of the traditional approaches was caused by the land reform programmes that have destabilised the extended families as people moved into the fertile lands. The traditional approaches did not have the monitoring and evaluation mechanisms and soley depending on communal will and voluntarism and thereby making it difficult to sustain OVC on its own (Ngwenya, 2015).

The unwarranted interference of political parties in traditional operations and administration impacted on the efficiency and fluidity of traditionalism in OVC care and support as such the beneficiaries were now enlisted as per their allegiance to the political party dominant in the community. Ubuntu systems may have worked under traditionalism in the past, but for Ubuntu to work in the current context a different set of social relations would need to be established. Traditional practices are deeply commodified, as the ethnographies here demonstrate. Traditional leaders are implicated in nepotistic practices of the state as they are paid by the state. However, despite the above deficiencies in traditional OVC coping strategies, traditionalism remained resilient as evidenced by the existence of communalism and the extended family safety nets absorbing orphans of their deceased relatives. Thus, Okere (1983) argued that despite the nostalgic perceptions attached to traditionalism, there is still in it an important heritage that can be integrated with contemporary interventions for sustainable livelihoods of OVC in Zimbabwe.

2.2 CONCEPTUALIZING ORPHANS AND VULNERABLE CHILDREN

The concept of OVC is a combination of two principal terms: ‘orphan’ and ‘vulnerable children’. Both terms are too complex to be universally understood and people conceptualize them contextually. For instance, an ‘orphan’ or ‘vulnerable

child' may mean one thing to policy makers and another thing to the service providers. German (2005) postulates that to draw out the best meaning out of these two main concepts, they should be separately conceptualized and subsequently combined as a single concept. Thus, a child was conceptualised first, followed by 'orphan' and ultimately the term 'vulnerable children' and lastly as a combined concept 'orphans and vulnerable children'. There is some tension in the definition of the term child from the traditional and legal understanding. This misunderstanding as argued by the studies carried out by Hodgson (2008) and Shanalingigwa (2009) created a tension between modern and traditional approaches in child-rearing. The Child Protection and Adoption Act of 1997 (Chapter 5.06) defines a child as anyone below the age of 18 (GoZ, 2013). The challenge comes in reconciling the legislation such as the Marriage Act (Chapter 5.11) which stipulates the minimum age of marriage to be 18 years for boys and 16 years for girls. This may be interpreted as a contradictory statement as it defines both children in the bracket of 18 years and below but about marriage girls are regarded as adults at 16. Thus, this concomitantly corroborates issues of cultural relativism and contestation as an impediment in achieving sustainable community-based OVC care and support mechanisms.

Furthermore, the Criminal Procedure and Evidence Act permit sexual relations between an adult man and a girl of 16 years. To make matters worse, the Customary Marriages Act (Chapter 5.07) of Zimbabwe does not provide for minimum age of marriage (GoZ, 2013). The aforesaid Marriage Act also gives powers and authority to the parents to give consent to the marriage of their girl child under the age of 18. Thus, whilst the contemporary legal definitions interpret a child as anyone below the age 18, there is a legal vacuum in terms of the Marriage Act (Chapter 5.11), the Criminal Procedure and Evidence Act and the Customary Marriages Act (Chapter 5.07) as discussed above. Table 2.1 below illustrates the age-based legal definitions of a child in Zimbabwe and implications in reconciling the traditional and modern approaches in child rearing.

Table 2.1: Age-Based Legal Definitions of a Child in Zimbabwe

Category	Age	Explanation of the Gap
Age of majority	18	The age of majority from a practical point of view does not warrant socio-economic independence to a child. Thus, traditionally a child remains a child until he/she gets married. This renders it difficult to reconcile the legal and traditional understanding of a child.
Minimum age of employment	15	Traditional apprenticeship of a child begins when he/she can communicate. This is not by right but a parental / communal demand. It is normal for children below 15 to assist parents in cattle herding, gardening and ploughing.
Minimum age of sexual consent	16	This is gender discriminatory because its focuses more on girls than boys.
Minimum age of marriage	16 for girls and 18 for boys	This is discriminatory. During these days of gender equality, a boy child is becoming more vulnerable than girls. This is because the law is more supportive to the girl child in particular and women in general.
Minimum age of criminal responsibility	7	
Minimum age of recruitment into army	18	

Source: Adapted from the Constitution of Zimbabwe (2013)

Illustrated in Table 2.1 above are the legal parameters stipulated to control child abuse and maltreatment in most of the African countries and not only in Zimbabwe. Studies carried out by Weisberg (1978), Hodgson (2009) and Shanalingigwa (2009)

reveal that most of the African societies are still struggling to become practically accustomed to these legal parameters in child rearing. These misunderstandings in the definition of a child from a legal and traditional point of view manifest in the way OVCs are being treated at community level. Hence, if the rift of understanding between the traditional and right-based or legal definitions of children is not integrated and reconciled, it can be hypothetically presumed that combating the OVC crisis will continue to be a challenge. Although the literacy rate in Zimbabwe has immensely improved in the post-independence era, it is mainly measured in reading and writing and not in interpreting laws. Concomitantly, studies by Levine and Levine (1981) and Korbin (1991) argue that human rights and legal frameworks in child protection must recognise the cultural heritage of the local communities to achieve sustainable livelihoods of both care-givers and OVC. Thus, harmony must be created between the culturally oriented approaches in child rearing with rights-based and legal approaches.

2.2.1 Orphans

The term ‘orphan’ has both a social and legal meaning, rendering it difficult to measure, define and compare data at different geographical scales (Chizororo, 2008). Chizororo further argues that the term ‘orphan’ on the one hand must be understood as a term bounded by legal definitions, and on the other hand as a term that describes a host of relationships and social constructs, which vary with space and time. The conceptualization of an ‘orphan’ is further complicated by different organizations that have restricted the definition to suit their own objectives as they seek to assist orphans affected with HIV/AIDS. German (2005) argues that categorizing ‘orphans’ as AIDS orphans or based on any causality contribute to inappropriate categorization, stigma and discrimination. Moreover, many dying parents do not know their HIV status and their ‘orphans’ are not aware of the real causalities of their parental deaths. Thus, the conceptualization of ‘orphans’ based on the causality of parental deaths is inappropriate and subjective.

Accordingly, Smart (2003) notes that other definitions of ‘orphans’ are defined by NGOs when they come in to rescue or assist a certain category of ‘orphans’. A

classic example is when they want to assist the school-going 'orphans' or the non-school-going 'orphans', categorizing them based on the causes of orphanhood such as being orphaned due to HIV/AIDS. As a result, the targeted orphans' populations by an organization impose segregated definitions of 'orphans' within a community. Smart further emphasizes that causally based orphan definitions contribute to stigma and discrimination against orphans especially those whose parents died of AIDS, as well as abandoned children (commonly known as bastards). Illustrated in Table 2.2 below are the selected African countries' definitions and understandings of 'orphan' with their national context.

Table 2.2: Definitions of Orphans from Selected African Countries

Country	**Orphan Definition**
Namibia	A child under the age of 18 who has lost a mother, father or both –or a primary care-giver due to death, or a child who needs care.
Ethiopia	A child is a person with less than 18 years who has lost both parents regardless of how they died.
Botswana	A child below 18 years of age who has lost one (single parents) or two (married couples), biological or adoptive parents.
Uganda	A child below the age of 18 years who has lost one or both parents.
Rwanda	A child who has lost one or both parents (no upper age of children stipulated).
Zimbabwe	A child below the age of 18 years who has lost one or both parents.

Source: Smart (2003:3)

Table 2.2 above indicates that most of the African countries concur on how 'orphan' is conceptualized. There is convergence on the age category, which is a child below the age of 18 who has lost one or both parents and/or a primary care-giver. However, despite the consensus of these definitions in terminology and meaning,

Smart (2003) contends that Rwanda's definition of 'orphans' does not recognize the issue of age limit as do other countries. Correspondingly, Limbi (2007) argues that the conceptualization of 'orphans' based on age limit relegates some young and vulnerable orphans above 18 years to being denied help or assistance they deserve. As such, this study has also considered some 'orphans' above the age of 18 years. In fact, age 18 is a legal definition and category that does not entail the practical social definition of 'orphan' concept. In addition, the legal definition of 'orphans' is not African, but is a Western oriented concept (German, 2005).

Chizororo (2008) observes that all the national 'orphans' definitions above do not include the 'vulnerable' children in the societies. These 'vulnerable' children might be living in worse conditions than 'orphans'. A classic example of these 'vulnerable' children includes, but is not limited to, disabled children, children with terminally ill parents, sexually abused children and children living on the streets. As a result, World Vision (2005) argues that the two terms should not be treated as separate concepts but as one concept to avoid stigma and discrimination and holistically address the challenges encountered by both 'orphans' and 'vulnerable' children. Thus, OVC is therefore a concept that combines two concepts, namely 'orphans' and 'vulnerable' children. Limbi (2007) and World Vision (2005) shares the same view that 'orphans' are vulnerable children and the 'vulnerability' of children is a result of orphanhood, among other factors. From this assertion, it can be concluded that the term 'orphans' may be fully conceptualized when combined with 'vulnerable children' because an 'orphan' is a 'vulnerable child'.

2.2.2 Contemporary OVC Coping Strategies in Zimbabwe

Conceptually, the term contemporary not only refers to originating or occurring at the same time but also means modernity in style, design and approach (Ngwerume, 2010). Hence, to differentiate between the the two concepts 'contemporary' and 'traditional', this study has considered the latter definition of contemporary. Roby (2011) conceptualizes the contemporary coping strategies as the formal aid, support or assistance from the state and non-state actors (See Figure 2.7), whereas traditional coping strategies are the inherent communitarian informal care and support rendered to

OVC (Roby, 2011) (See Figure 2.7). Based on the above definition, contemporary OVC coping strategies refer to the means and interventions implemented by the government and the NGOs in modern design, style and approach (Masuku et.al. 2012). The intention of the foregoing coping strategies was to strengthen and complement the traditional models. Cloke et.al. (2009: 170) indicates that, "helping people to help themselves is a common slogan used by NGOs working in the development field, particularly in Southern countries". However, Cloke (2009) argues that contemporary interventions were not widely adopted due to unavailability of funding and concerns by many developing countries that focusing on small-scale projects would hinder economic development.

In the context of OVC, Masuka et.al. (2012) points out that due to urbanization, traditional community structures for child protection have been decimated, resulting in the emergence of social problems such as the street children phenomenon. According to NAC (2011) the government and NGOs intervened to support the strained traditional strategies in coping with OVC due to the HIV/AIDS pandemic. NAP for OVC (2009) and NAC (2011) argue that the foregoing discussion precipitated the state taking a leading role in addressing the issues of child protection while submerging the traditional protection systems such as the family and the community. NAP for OVC (2009), Chizororo (2008) and Masuka et.al. (2012) indicate the following as contemporary OVC coping strategies brought in by the government and henceforth constituted the NGO framework of implementing their programmes in a co-ordinated governance approach: (1) Legislative; (2) Child social programmes; (3) Institutional care; (4) National Action Plan (NAP) for OVC; and (5) Basic Education Assistance Model (BEAM). However, two of the above were conceptualized in detail in this as being government OVC legislative and policy frameworks because they are fundamental and entrench other contemporary strategies.

2.2.2.1 Government's Legislative Child Support Frameworks

The laws and policies of Zimbabwe in relation to children appear to be good but the challenge lies in implementing the laws to realise tangible benefits for children (African Committee of Experts on the Rights and Welfare of the Child (ACERWC), 2015). It

has been argued that these challenges not only emanate from the economic problems that the country is experiencing but also from the socio-political context. However, despite the prevalence of these challenges, ACERWC reports that there are over 200 NGOs and other stakeholders working to address the problems facing Zimbabwe's children within its promulgated legislative systems. In this regard, it is also important to know that Zimbabwe is a constitutional democratic country. By constitutional democracy is meant that the governance systems of Zimbabwe are guided by the constitution (GoZ, 2013). Accordingly, the Constitutional Amendment of Zimbabwe of 2013 is the supreme law of the land (Goz, 2013). Thus, according to Section 111B of the Constitution of Zimbabwe, international instruments do not automatically form part of law unless approved by the parliament or incorporated into the law by an Act of Parliament (Constitution of Zimbabwe, 2013).

This suggests that all the countries including Zimbabwe are obliged to ratify those international instruments pertinent to their governance systems. Zimbabwe has ratified some of the international declarations of children's rights (See Table 2.4). It is also pertinent to mention that these international declarations are international, continental and regional. The legislated children's Acts are therefore premised on the international declarations or treaties ratified by Zimbabwe. Table 2.3 below illustrates the relevant treaties ratified or otherwise by Zimbabwe.

Table 2.3: Ratification of International Child Related Treaties in Zimbabwe

Treaty	Date of ratification or status
The African Charter on Rights and Welfare of the Child (ACRWC), 1990	Ratified 19/01/1995
Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, 2003	Ratified 15/04/2008
Convention on the Rights of the Child (CRC), 1989	Ratified 11/09/1996
Optional Protocol on the sale of children, child prostitution and pornography (OPCS), 2000	Not Ratified
Optional Protocol on the Involvement of the child in Armed Conflict (OPAC), 2000	Not Ratified
Optional Protocol to the CRC on a Communication procedure (OPCP), 2011	Not ratified
Conventions on the Rights of Persons with disabilities (CRPD), 2006	Ratified 01/02/2010
ILO Convention 169 on Indigenous and Tribal People, 1989	Ratified 29/09/2008
ILO Convention 138 on Minimum Age of Employment, 1973	Ratified 06/06/2000
ILO Convention 182 on Worst Forms of Child Labor, 1999	Ratified 11/12/2000
Hague Convention on International Child Abduction, 1980	Accession 04/04/1995
Hague Convention on Inter-Country Child Adoption, 1993	Not ratified
Hague Convention on Parental Responsibility and Protection of Children, 1996	Not ratified
Hague Convention on Child support and Other Forms of Family Maintenance, 1997	Not ratified

Source: African Committee of Experts on the Rights and Welfare of the Child (ACERWC) (2015).

As illustrated in Table 2.4 above, the government made considerable strides in ratifying most of the conventions and international instruments that safeguard fundamental human rights as well as protection of human rights (Masuka, et.al. 2012). Among these conventions is the Convention on the Rights of Children (CRC) of 1989, which stipulates the parameters for the treatment of children (Roby, 2011). Zimbabwe also ratified the African Charter on the Rights and Welfare of the Child (ACRWC) in 1995, the ILO Convention No. 182 on Worst Forms of Child Labor and the ILO Convention No. 138 on the Minimum Age of Employment in 2000. The ratification of these treaties forms the foundation through which the child rights related laws and policy were to be enacted. The main challenge is not the promulgation or existence of the laws that govern the relationship between adults and children but that they have replaced the indigenous child-rearing frameworks. However, in the contray not ratifying these laws would mean that the government is not moving with times.

The main child rights related laws in the country as indicated by the CoZ (2013) and Mabhugu (2009) include but are not limited to the Children's Act (Chapter 5.06), which provides for protection, adoption and custody of all children, and the Guardianship of Minor's Act (Chapter 5.08), which addresses the guardianship of children. The ACERWC (2015) argues that the Children's Act sets up the children's court (formerly known as the juvenile court) to deal with matters pertaining to children. In addition, mechanisms such as the National Programme of Action for Children (NPAC) were enacted to facilitate and co-ordinate the implementation, monitoring and evaluation of the CRC and ACRWC to ensure survival, development and protection of children.

According to the CRC, the sole responsibility for child care rests upon the parents and legal guardians who are entitled to obtain support from the government (NAC, 2011). Roby (2011) adds that when parents fail to take up their responsibility, kinship and community resources maybe relied upon to provide care for the children. However, it was further argued that the ultimate responsibility of child care and support falls on the government to ensure that those children are placed in appropriate alternative care. Table 2.4 below illustrates the legislative Acts of parliament passed to cater for the needs of OVCs in Zimbabwe.

Table 2.4: Child Related Legislation and Gaps in fulfilling Children's Rights

Legislation	Provision	Gap in fulfilling Child's Rights
Children's Protection and Adoption Act 1997 (Chapter 5:06)	-Seeks to protect children from abuse, neglect, abandonment, general ill-treatment and exploitation	-Numbers of OVCs exceed the capacity of Orphanages -Limited financial resources -Bureaucratic and cumbersome process Shona beliefs of sorcery, witchcraft, and spirit possession deter willing people from fostering a child not related by blood kinship.
The Guardianship of Minor's Act 1997 (Chapter 5:08)	-Deals with custody of children when parents' divorce, separate or die. -The state is empowered to put the child in custody of parent who serves the best interest of the child	-Legislation is silent on the custody of children in cases where both parents are deceased. -Children are rarely consulted over care arrangements and cannot refute such decisions.
The Maintenance Act 1997 (Chapter 5:09)	-Stipulates that all children have a right to be maintained by their parents.	-It fails to provide the provision for double Orphaned children
The Deceased Family Maintenance Act 1997 (Chapter 6:03)	-Provide for automatic inheritance to women and children in the event of father's death.	-Implementation of the legislation not policed as relatives continue to grab property of the deceased leaving children with limited resources.

Births and Deaths Registration Act 1994 (Chapter 5:02)	-Seeks to register a child's birth with the Registrar of Birth within 42 days of birth. -Registration of births is the full responsibility of the parents.	-Parents often die without registering births. -The bureaucratic procedures, coupled with transport cost and time. -The need for an adult representative deters OVC from registering births.
The Education Act 1987,1991	-Makes it compulsory for children to receive primary education and that a child has a right to education.	-OVCs are most likely to be out of school because of poverty or lack of birth registration. -Primary education is no longer economically sound to uplift one's life as it was when the Act was passed.

Sources: Adapted from UNICEF (2004:6); Chizororo (2008:78)

Illustrated in Table 2.4 above are the government's Acts of Parliament that relate to children and which aim to strengthen the existing traditional mechanisms in OVC care and support. It is within the UNRC framework that the legislation and policy on child care in Zimbabwe were promulgated. While the government has done well in the ratification of these conventions, there are notable discrepancies in its attempt to foster sustainable livelihoods for OVC. For instance, Madhuku (2013) argues that the Bill of Rights within the constitution of Zimbabwe only safeguards the civil and political rights. The Bill of Rights does not guarantee socio-economic and cultural rights. Many other statutes which are also relevant to OVC includes those pertaining to education, birth, death, marriage registration, legal age of consent and majority, criminal law and inheritance (Mabhugu, 2009).

According to NAC (2011) the Children's Act (Chapter: 5:06) provides categories of children who need care and these include children who are destitute or abandoned children and those whose parents are dead or cannot be traced. The same is true of those whose parents do not, or are unfit to, exercise proper care over their children. In addition, there are children with parents or guardians who hand them over in settlement of disputes or for cultural beliefs. The aforementioned Acts of Parliament relation to children have gaps that culminate in their failure to holistically sustain the fundamental needs of OVCs in Zimbabwe. Chizororo (2008) argues the main challenge that permeates through the legislation in Zimbabwe is that there is overt political interference in the implementation thereof.

2.2.2.2 Policy Child Protection Frameworks

In Zimbabwe HIV/AIDS has exposed children to much vulnerability. By the end of the 1980s, according to Muronda (2009), high numbers of OVC approached the Department of Social Welfare for assistance but such assistance was inadequate. Some OVC and care-givers would sleep at the entrance of the Social Welfare office so that they would be the first in the long queue begging for assistance. The prevalence of children in the streets is an indication that OVC is a serious challenge in Zimbabwe. When the Department realized the immensity of the problem at hand they mobilized

other children's organizations to form the National Child Welfare Forum in 1993. This body through the Ministry of Public Service, Labour and Social Welfare carried out a survey in Masvingo and Mwenezi districts to inquire into the reasons for this crisis (GoZ, 2005). The baseline information from this survey indicated that there was a problem of increased orphanhood which was compounded by the poverty within the rural communities of Mwenezi. Based on this study in Mwenezi District, it can be argued that the OVC crisis is a national challenge in Zimbabwe. The communities and particularly the extended families were aware of the plight of children but were themselves facing serious socio-economic hardships.

Communities needed empowerment to be able to respond adequately to the problems of growing numbers of OVC. Meanwhile, despite the several pieces of legislation relating to children's issues, there was no legislation which specifically addressed issues of orphanhood. Furthermore, the available legislation had very limited capacity for application to the impending orphan crisis. As USAID (1997:15) explained "This outgrowth of the HIV/AIDS epidemic may create a lost generation of youth undereducated and lacking both hope and opportunity." It became apparent that there was a need to put in place a policy that specifically dealt with issues of OVC and to promote efficient programmes that were cost-effective and sustainable. The policy was to draw lessons from the studies carried out in the country and already existing community-led programmes. It was to consider the sovereignty of Zimbabwe, and its relationship with the United Nations, the region and sub-region. Table 2.5 below illustrated the child related policies and the gaps in fulfilling children's rights.

Table 2.5: Child-Related Policies and Gaps in fulfilling Children's Rights

Policy	Provision	Gaps in fulfilling Children's Rights
Zimbabwe National Orphan Care Policy (ZNOCP) of 1997	-Seeks to ensure that every orphaned child continues to be cared for, preferably within the environment to which the child is accustomed. -Institutionalization is regarded as the last resort as a care and support mechanism for OVC.	-The policy is well articulated and it incorporates all the stakeholders in OVC care and support in theory but practically, it is used as a political party manifesto.
National HIV/AIDS Orphan Care Policy of 1999	-It has 43 guiding principles in which the policy calls for multi-sectoral approach in HIV/AIDS interventions. -It looks at gender issues, public health debates, care and support of the sick and affected. -It looks into the information, education and research issues on HIV/AIDS.	-Co-ordinated governance framework and multi-sectoral approach was over-politicized -Zimbabwe is facing multiple challenges to HIV/AIDS pandemic. -It is ranked amongst the most acute HIV/AIDS affected countries in the region. -It is not only grappling with the onslaught of HIV/AIDS but also the effect of economic meltdown which triggered unprecedented levels of unemployment and hyper-inflation

		-It grappled with increased number of orphaned children; some of these OVC are CHH.
National Action Plan for OVC (NAP for OVC) Policy of 2004.		-Whilst the blueprint is commendable there are no resources to implement it in Zimbabwe due to the socio-economic slump that the country has experienced for the past three decades.
Zimbabwe Agenda for Sustainable Socio-Economic Transformation (Zim-Asset) Policy and Child Protection 2013-2018		-Instead of this blueprint being implemented for the benefit of all the citizens of Zimbabwe irrespective of political affiliation, it is used as a political party manifesto with the ruling party thereby dividing the communities.

Source: Adapted from GoZ (1999); UNDP (2003)

As illustrated in Table 2.5 above, studies carried out by Muronda (2009) and the GoZ (2005) through its line ministries (Ministry of Public Service and Social Welfare) reveal that the Zimbabwe National Orphan Care Policy was enacted in 1997 and subsequently followed with other OVC blueprints such as the National HIV and AIDS Policy of 1999, the National Action Plan for OVC of 2004 and the all-inclusive Zimbabwe Agenda for Sustainable Socio-Economic Transformation Policy of 2013-2018. As has always been the case with other Zimbabwean socio-economic policy challenges that they fail not because they are not well articulated but there are no adequate resources to implement them. The main gaps that surround the unsustainability of the policies include, but are not limited to, the socio-economic problems that the country experiences, lack of stakeholders' co-ordination and the political oversight and involvement at implementation (Ringson, 2014). Ringson further argues that the complexity of harmonizing the dual political and legal frameworks in Zimbabwe is a classic example that made OVC policies unsustainable, among other factors. Ayittey (2004) points out that most of the traditional political institutions in Africa have been submerged by the incumbent government modelled on Western philosophies. Thus, the customary and traditional legal systems in African governance systems are gradually relegated.

2.2.2.3 A Critique of Contemporary OVC Coping Strategies

The contemporary OVC interventions came in to strengthen the overstretched traditional coping strategies due the increased number of OVCs, HIV/AIDS pandemic and poverty (Wanyama, 2010). These contemporary strategies came in form of policy and legislative frameworks of the countries tapping from moral rationalism and conventionalism (Haller, 2001). Moral conventionalism is a philosophy that approves conventions rather than traditions. Zhou and Zvoushe (2012) argued that moral conventionalism is the philosophy that gave birth to contemporary approaches at global spectrum in form of conventions, policies and constitutionalism to ameliorate the weaknesses of moral traditionalism. In this regard, the government had to intervene through the promulgation of public policies such as NAP for OVC, National HIV/AIDS Policy and Zim-Asset to redress the traditional weaknesses.

However, in addressing the challenges of OVC public policies have their inherent weaknesses. Among them is the fact that in most cases, if not in all, public polices came as blueprints (top-down approaches) directly from the government and its agencies. By so doing public policies rarely solve the real problem in question as they were formulated, adopted and executed based on what the policy makers and policy implementers (i.e. government officials), rather than the expected beneficiaries, think is the best ways of redressing the problem(s). Also, public policies have the uncanny tendency of benefitting the unintended target groups and harming the inetended beneficiaries. In this case there is an astonishing evidence available regarding how the support (financial and material resources) earmarked for the wellbeing of the OVC are vanishing in the thin air of corruption, financial embezzlement and misappropriation. Pursuant to this it can be established that there is a need to diplomatically select the relevant compatible elements from these public policies and traditional approaches to establish a a context-specific model that can technically resolve the problem in question.

2.2.3 Vulnerable Children

The concept of vulnerability as already explained above is complex and local context specific (World Vision, 2005). German (2005) points out that it is difficult to provide a universal definition for 'vulnerable children'. However, German emphasises that vulnerability can be defined at two levels: a national level definition for the purposes of policy and a local community definition for the purposes of support and service provision. From the foregoing understanding, it can be argued that the global and national definitions are limited and not adequate to define vulnerable children at local community level.

Accordingly, Smart (2003) provides an overview of children in some selected countries in Southern Africa at national level as shown in Table 2.9 below. For the purposes of national policy and service provision, vulnerable children are best understood as children "whose probability of suffering has been exacerbated by unusual individual or societal circumstances' (GoZ, 1992:21; German, 2005). However, to establish a community level definition of 'vulnerable children', the

foregoing proponents suggest that participatory methodologies such as FGDs and ethnography that include children, care-givers and community leaders must be utilized. Given the complexity and contextual variations that result in 'orphans' and 'vulnerable children' in Africa, Smart (2003) reveals multiple terms used to capture the phenomenon of OVC. Table 2.6 below is therefore an attempt to capture the difference terms used to define vulnerable children in Eastern and Southern Africa.

Table 2.6: Terms Used to Define Vulnerable Children in Eastern and Southern Africa

Term	Short	Use	Meaning or Description
Children in Extremely Difficult Circumstances	CEDC	Zimbabwe	This term is used for abused children, working children, street children; children affected by AIDS etc. and defines children whose probability of suffering has been further increased by unusual individual or societal circumstances.
Children in Need of Special Protection	CNSP	Kenya	This term is used in the Children's Act of Kenya and includes street children, abused children, traumatized children and children without adult care
Children in Distress	CINDI	South Africa, Zambia	Same definition as above
Orphans and Vulnerable Children	OVC	Global	This term refers to material, paternal or double orphans of all causes and other vulnerable children. Given the complex concept of vulnerability described above this is a very broad term with significant

			variations in local/ community definitions
Children Affected by HIV/AIDS	CABA	Global	A broad term for children whose lives have been impacted by HIV/AIDS. For example, by death of a parent or care-giver, or through living with an HIV-positive parent. In high prevalence countries, (above 15% prevalence) most children's lives are in some way affected by HIV/AIDS. Therefore, using the term for programmatic targeting in such areas is not useful.
Orphans and Children made Vulnerable by HIV/AIDS	OCVA	Int.Technical Consultation on Indicators	Due to the limitations of CABA (above), this term focuses on vulnerability occurring as a result of HIV/AIDS. Consequently, it targets a narrower group of children than CABA. This term was first used during the UNICEF /UNAIDS International Technical Conference on Indicators OCVA responses for national monitoring purposes. It includes children who are not orphaned but made vulnerable by HIV/AIDS. The full term would therefore be children orphaned and / or made vulnerable by HIV/AIDS.

Source: Smart (2003) in German (2005:59)

In Table 2.6 above, the complexity of conceptualizing vulnerable children from one context to another is presented. To exacerbate matters, these definitions are mainly

for policy purposes and not for service provision. Thus, the dangers of misrepresenting the vulnerability context of children are common in situations where the local community is not consulted to establish their own definition of 'vulnerable children'. Chimuka (2007) opined that 'a wrong diagnosis of a patient results in wrong prescription of medicine'. In this context, this statement can be construed to mean 'contextual meaning of vulnerable children culminates in rightful solutions rendered to their problems'. Banana (2004) lamented that in some instances, such misrepresentation of African culture and ethos have caused more harm than good to their socio-economic development. Consequently, in this study OVC is used to refer to children from all causes whose vulnerability was exacerbated by HIV/AIDS, poverty and inappropriate governance systems. Thus, 'Orphans and Vulnerable' children were subsequently conceptualized, applied and interpreted as a consortium below.

2.2.4 Orphans and Vulnerable Children (OVC)

Conventionally, Lumbi (2007), the National Plan of Action for Orphans and Vulnerable Children (NAP for OVC) (2004) and Zimbabwe National Orphan Care Policy (ZNOCP) (2000) define 'orphans' as children below the age of 18 years with parent(s) that have passed on, while 'vulnerable' children are children with unfulfilled rights. Vulnerable children are those children with at least one parent deceased (the mother), children with disabilities and who are affected and/or infected by HIV/AIDS. Furthermore, NAP for OVC (2004) posited that 'vulnerable' children entails the abused children (sexually, physically and emotionally), abandoned children, and children living on the streets. NAP for OVC further includes the neglected children, children with chronically ill parent(s), child parents and destitute and vulnerable children in need of care and support in Zimbabwe.

The definition of orphan by the ZNOCP (2000), Lumbi (2007) and NAP (2004), although widely adopted, is fraught with limitations in that they seem to overlook resource constrained environments. For instance, the use of the chronological age ignores many young persons above age eighteen years whose parents are deceased

and who are exposed to intense vulnerability bereft of any family or external support. As noted by Killian (2009), the definition implies that by merely attaining the age of 18 years, one automatically graduates from OVC category to non-orphanhood and vulnerability. As a result, Killian argues that this transition terminates one from being an OVC who still needs care and support. However, in reality their plight would still match of those below the legal age of 18 living in the same environment.

Accordingly, while the contemporary proponents of OVC who include the governments and NGOs presume that the post-18 years of age era means one is able to look after oneself, this is practically unrealistic. The above assertion was further attested to in Zimbabwe by UNICEF (1998) who argues that the use of age as a criterion in providing assistance for education penalizes teenagers who started school late by excluding them from continued educational support once they turned 18 years of age. This poses more challenges to the local communities who traditionally supported and cared for them using their limited resources.

The emergence of the OVC concept can be traced from the 1990s-following aid and government industries to identify targets for coping strategies programmes (Gomo, 2003; Cheney, 2010). This evolution is attributed to Uganda which spread to other African countries including Zimbabwe. During this period, Uganda was the continental hub in OVC mitigation through prevention of mother-to-child transmission of HIV/AIDS and provided a testing ground for anti-retroviral drugs (Cheney, 2010). Daniel and Mathias (2012) argue that before its conventional operationalization as a western modelled concept, OVC were inherently part of African societies. Thus, most African countries had their own way of understanding and treating OVC, which is no longer adhered to with the same vigour it used to be before the influx of western models.

In this regard, Chimuka (2007) claims that although the OVC concept is almost the same around the world, there are conceptual differences on how OVCs were treated in different contexts. Chimuka further suggests that the western oriented models of

handling OVC was based on a fragmented, institutionalized, charitable and legalized government approaches. Contrary to that, Africans and Zimbabwe incorporated a communalism, familial and socialist oriented approach. Typical examples of these approaches were extended families, *Zunde Ramambo* (King's granary), child headed households and child inheritance (Mbiti, 1976). However, in conceptualizing OVC, the extended family and *Zunde Ramambo* concepts were conceptualized in detail in subsequent sections as the pinnacles of all the traditional strategies. Mararike (2004) and Machingura (2012) regard these indigenous strategies as pillars of social security and welfare at community level in Zimbabwe. Hence, conceptualizing the *Zunde Ramambo* and extended family enhanced the possibility of comparing the Western, Eastern and African OVC social welfare approaches. Sharpe (1986); Rigan (1987) similarly argued that comparative approach in writing creates a platform that gives the study the impetus of noting similarities and differences leading to a quality relation or integration.

In the Zimbabwean traditional context, an 'orphan' was understood in Shona language as '*nherera'* (orphan) – a person whose parent(s) have died. Block (2012) observes that the main difference between the African traditional and the Western understanding of 'orphan' was in age limit and treatment. In the African conceptualization of 'orphan' there is no age limit, while in Western understanding an 'orphan' must be aged 18 years and below. Roby (2011) argues that the western conceptualization of 'orphan' does not value the identity of an 'orphan' as the African traditional understanding does. This assertion is exhibited mainly by their legal and formal OVC support mechanism as institutionalism, NGOs and charity. Thus, the age, cultural and geographical differences in conceptualizing 'orphans' impinge on the socio-economic treatment strategies of 'orphans'. For instance, from a Western point of view, for an OVC to be legally supported, there must be a NGO and/or an institution to live well. Contrastingly, Africans require societies and families that uphold traditional values to enhance the livelihood of OVC.

The definition of 'orphan' in the African context was thus not mainly centered in the absence of care and support as in the West but only relates to the absence of the

biological parents. The African indigenous systems entail orphan care and support mechanisms inherent in their culture and traditions. For instance, extended family/kinship support mechanisms take on the burden of care of children of a deceased family member. In other words, in the presence of an uncle or aunt it would be considered an insult to call the deceased's child an 'orphan'. Ethically, calling one's child an 'orphan' in the presence of a care-giver was not only an insult to the care-giver but would also dishonour both the child and the care-giver (Tigere, 2006). Roby (2011) refers to this as discrimination against an 'orphan'. He further argues that such a Western conceptualization of 'orphan' destabilizes social cohesion or morale within the families.

Mararike (2004) observes that it was an honourable responsibility for one to look after his or her deceased brothers' or sisters' children. Mararike (2004) further argues that 'orphans, widows and strangers' would bring either a blessing or a curse to the family, individuals and society if they are not looked after. Hence, verbal discrimination was not acceptable and the care-givers were ethically obliged to show more love to the deceased's children than his/her own and treat them equally. Similarly, Samkange (1980) emphasizes that care, support and identity of an 'orphan' would continue as if the biological parents were still there. Rationally, what it means is that kinship/extended family does not depict a distance relationship. Rather, it depicts a strong sense of familism, communitarianism and a spirit of collectiveness. Gyekye (1997) asserts that it emphasizes the relationality of individuals and the fact that individuals are interdependent and subscribe to the same familial and communal values.

This section of the study does not seek to venerate either the African conceptualization of OVC or the Western approach but seeks to explore the differences and identifies the gaps. Thus, in both western and African approaches, OVC and the underprivileged are the most important and sensitive groups that requires maximum attention of the societies. However, whilst the objective is the same, the approaches to achieve the objectives differ. Since this has been evidenced

by how the West and Africans have conceptualized OVC, the literature turns to reviewing the dimensions of OVC care and support in Zimbabwe.

2.3 BASIC HUMAN NEEDS THEORY

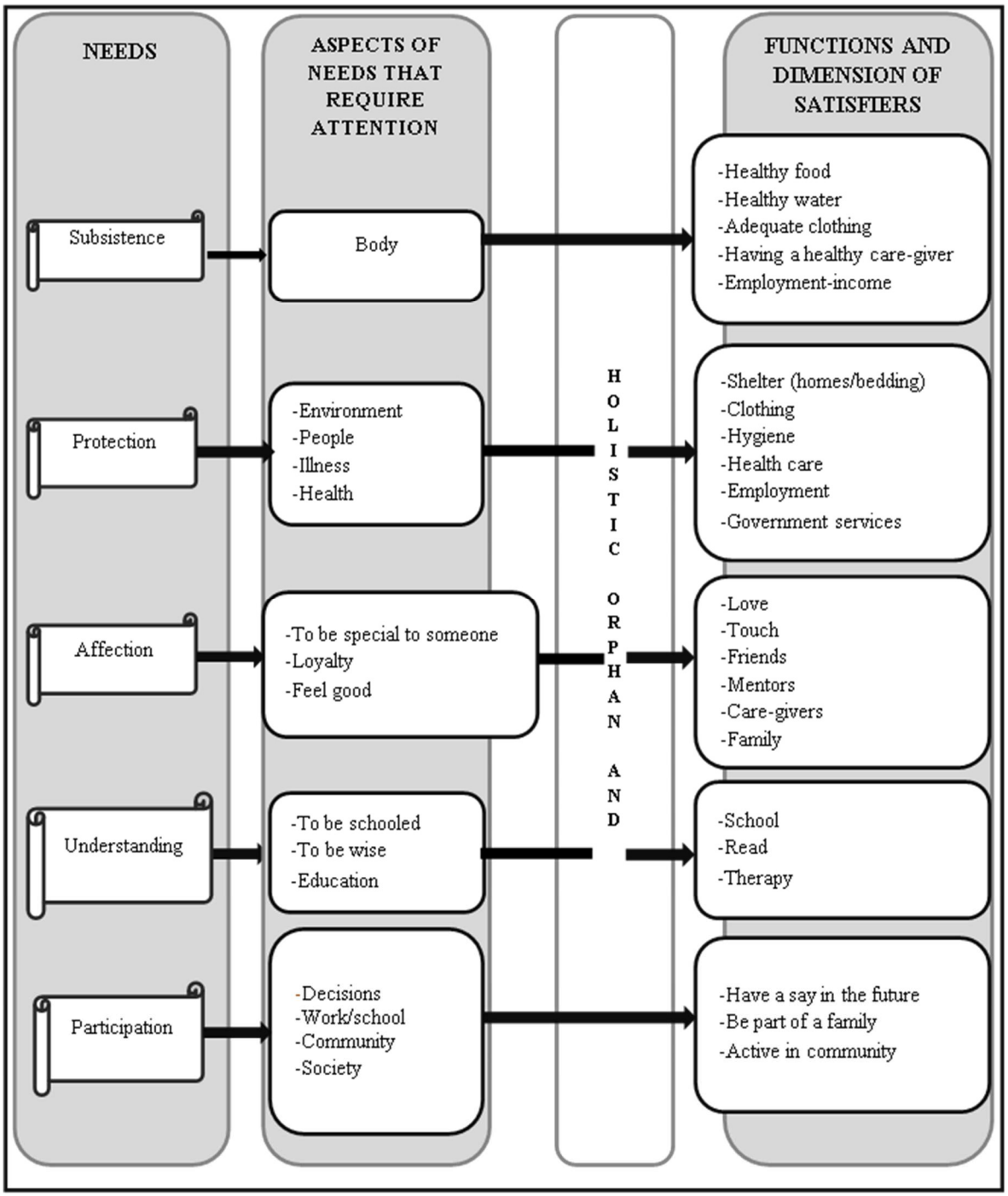
The basic human needs theory is an established theory propounded by Maslow in 1943 and subsequently developed by exponents such as Burton in 1990 and Max-Neef in 1991, among others (Huitt, 2004). The expression 'basic human needs' connotes the idea of things that human beings cannot live without (Armstrong, 1994). Thus, from a conventional perspective, typical examples would include food, shelter, education and/or health care, to cite but a few. In this regard, Reyneke-Barnard (2005) postulates that the Basic Human Needs Theories incubated the inalienable and immutable human rights declared in the Universal Declaration of Human Rights in 1948. Burton (1990) argues that Maslow's theory is predominantly used in developing models for categorizing needs in order to prioritize assistance, but also emphasises the importance of addressing all human needs in a systematic manner. For instance, in his hierarchy of human needs, Maslow posited two major groups of human needs: deficiency needs and growth needs (Maslow, 1971). Within the deficiency needs, each of the lower needs (physiological, security, belongingness, love and esteem needs) should be met before moving onto the next level.

According to Maslow, a person is ready to embrace growth needs only when the deficiency needs have been met (Burton, 1990). These growth needs are, firstly, cognitive need, that is the need to know, understand and explore. Secondly, there are aesthetic needs which connote the need for beauty and order. Thirdly, the self-actualization need connotes the individual quest to achieve self-fulfillment and realize his/her capabilities in life. Fourth, there is self-transcendence, which is the quest for one to connect to something beyond the ego or to help others achieve self-fulfillment and realize their capabilities. The basic human needs were further developed and re-conceptualized by Max-Neef (1991) as the Fundamental Human Needs Theory. In his argument for the re-conceptualization, Max-Neef noted that basic needs have been traditionally defined as most important needs, implying that

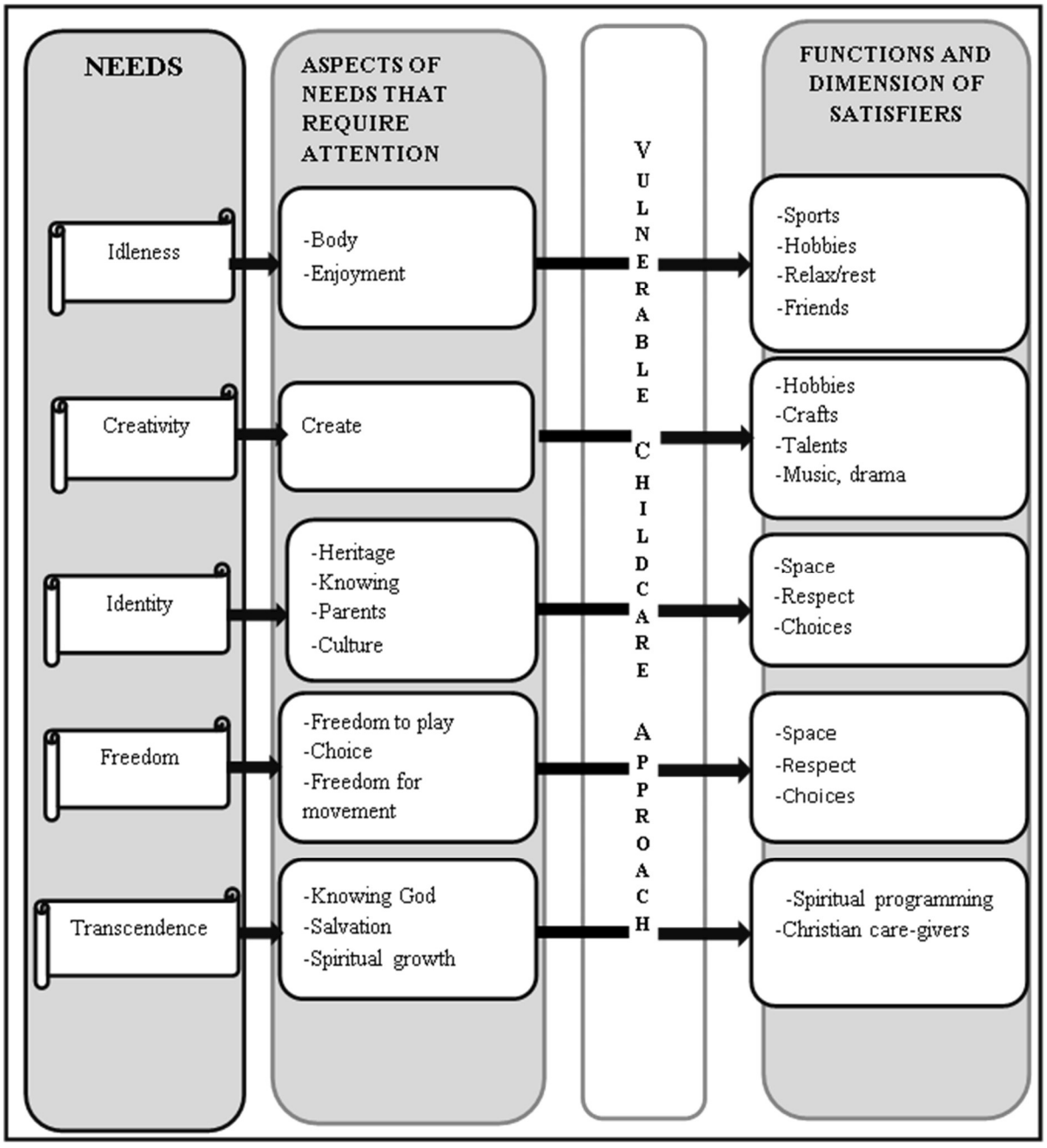
there is a hierarchy of needs. Thus, the basic needs are listed as being food, water, clothes and shelter.

Consequently, Max-Neef (1991) proposes that what has traditionally been called needs by Maslow is in reality only satisfiers of fundamental human needs. For example, food and shelter are satisfiers of the fundamental need for subsistence need, while education is a satisfier for the fundamental need of understanding. Hence, Huitt (2004) further argues that needs and satisfiers do not correspond one to one, but one satisfier can cover several needs and one may require several satisfiers, depending on time, place and circumstances. As evidence has shown above, the inadequate provision of one satisfier such as food or education may hinder an OVC in acquiring several fundamental needs. By way of example, Max-Neef's argument on fundamental basic human needs and satisfiers is illustrated in Figure 2.4 below.

Figure 2.4: Fundamental Basic Human Needs and Satisfiers



…. Continued below



Source: Adapted from Reyneke-Barnard (2005:37)

As the diagram above indicates, the Fundamental Basic Needs and Satisfiers of OVC are multifaceted and complex. Hence, this study theoretically envisages that a holistic and integrated approach of indigenous and contemporary OVC coping strategies can foster sustainable livelihoods. In this regard, Reyneke-Barnard (2005) argues that both the traditional and contemporary OVC coping strategies should holistically provide satisfiers in the form of healthcare, shelter, food and

education, amongst others. Nevertheless, these satisfiers in turn should culminate in the provision of the fundamental needs of OVC such as subsistence, affection, protection and participation as shown in Figure 2.4 above.

Basic human needs inform the basis of the United Nations Convention on the Rights of the Child (UNCRC) (See Table 2.4). Mararike (2004) postulates that the idea of meeting basic human needs did not start with the UNCRC taking centre stage as depicted by modernity in Africa; it was part of their social cohesion and cultural heritage from time immemorial. Instead, the UNCRC captures few needs of children compared to what Reyneke-Bernard (2005) indicates in Figure 2.4. The Fundamental Basic Human Needs theory (as popularized by Maslow, 1971, Burton, 1996 and Max-Neef, 1991) is the foundation of the contemporary social security and policies and also of Zimbabwe. Muronda (2009) points out that the social security or administration in Zimbabwe in the 1980s was heavily influenced by neo-liberal economics and further emphasizes that neo-liberal incremental approach entailed much destruction, not only of institutional frameworks and powers but also of division of labour, social relations, welfare provisions and ways of life and thought of indigenous people.

Accordingly, Harvey (2005) states that the benefits of neo-liberalism are for the minority while for the majority it brought suffering. A classic example is the Zimbabwe National Orphan Care Policy (ZNOCP) of 1997, which was formulated by the state after realizing that they had failed to meet the needs of OVC and had shifted the responsibility to the extended families and local communities living in an un-enabling environment. Thus, interfacing Ubuntu and basic human needs theories helped the researcher to understand the research phenomenon beyond the superficial point of view.

2.3.1 Critique of the Basic Human Needs Theory

Eboe-Osuji (2012) argues that human behaviour has caught the attention of many psychologists and sociologists. In this view, the positive growth or development of human beings as Burton (1993) suggests, is universally judged and associated with

the holistic provision of those basic human needs. Predicated on this, the Maslovian theory of basic human needs narrowly focused on the provision of the basic needs towards motivation of workers in the workplace for productivity and profitability of the company. As Max-Neef (1991) explains, Maslovian's basic needs concentrated on the satisfiers and overlooked the ultimate needs. Thus, according to Max-Neef (1991) (see Figure 2.4), an important aspect of basic human needs must be put on the lack of drivers to meet those ultimate fundamental needs of people. Human needs theory attempts to unify human beings from different regions and cultures, creating a common understanding of who we are and how others need and feel the same way we do. Thus, the basic human needs theory brings the traditional and contemporary OVC coping strategies into a common ground of what they both seek to achieve in human beings.

However, these drivers of human needs, as explained by Max-Neef (1991), were elaborately covered by the UNCRC, which stipulated directly the demarcations, dimensions and parameters of the drivers of human needs. These include clear policies, well-articulated legislature and good leadership. According to Roby (2011) and UNICEF (2010), if the socio-economic and political policies and legislative frameworks are not favourable, those needs can be an illusion to be realized. Furthermore, Pretton (1997) argues that basic needs are predominantly Eurocentric and therefore exhibit the Eurocentric and colonialist characteristics. In so doing, the culture and the pace of meeting those needs are embedded in Western philosophy that is proposed as expert guidance from the global power relations between African societies and capitalist-led global system. Similarly, Ajei (2007) observes that, since Europe is the major provider of the financial resources for development activities in Africa, they also continue to have power to control and influence the domestic governance system. This process has culminated in the African traditional system of meeting their needs to being compromised and abandoned in some other instances while embracing the contemporary approaches.

2.4 GLOBAL CONTEMPORARY PHILOSOPHIES

The term "contemporary" refers to the events or people that have existed at the same time (Ngwerume, 2010). Ruby (2011) notes that contemporary philosophies are the global philosophies that relate to socio-economic ideologies or theories that co-exist in the same periods, eras and moments in which people are living. Ruby further postulates that contemporary can refer to different ideologies that cross-culturally and geographically existed. A classic example of contemporary philosophies would include but not be limited to phenomenology, existentialism, metabletics and hermeneutics and these connote production and dynamism in the world of knowledge. These global contemporary philosophies in this study were used to justify the idea that knowledge and understanding of things is dynamic and there are differences in the environment and cultural contexts within which it is implemented.

2.4.1 Existentialism and Basic Human Needs

Central to this philosophy, as proposed by Sartre (1945), is the proposition that existence precedes essence. This Sartrean existentialism philosophy came as a critique against the traditional established principle of metaphysics which elevated the essence (nature) of an object or subject above its existence (the mere fact of its being) (essence precedes existence). According to this philosophy an individual's personality is not determined by the environment within which one lives nor is it shaped by a previously designed model (his or her cultural, social, political, religious, historical or economic background). This is mainly because human beings are not marionettes but masters, controllers and not the controlled (Burrell & Morgan, 1979) with free will to choose what they deem necessary for existence at any particular point in time. Thus, according to this philosophy, human beings are not deterministically shaped by environmental conditions but rather are shapers of their environments. In other words, existentialism philosophy is of the view that man defines himself and can wish to become anything and be anything. When proving in his *Existentialism is Humanism* that existence precedes essence, Sartre

(1945:2) argues that "man first exists, encounters himself, surges up in the world – and defines himself afterwards."

Furthermore, existentialism extended a bit further the concept of holistic or totality found in phenomenology by putting "more emphasis on the real living man of flesh and blood in concrete human situations" (Matshabaphala, 2001). In so doing, it came up against the backdrop of nihilism, loss of meaning and widespread alienation in the existence of humanity. Provision of basic human needs to the OVC in Gutu District in their totality, i.e. in their economic, physiological, psychological, social and economic dimensions, confirms the validity of the proposition that existence precedes essence. This is largely because simultaneous provision of these needs will go a long way in synchronizing the change in the living conditions of these OVC for their betterment. Thus, holistic provision of such basic human needs to the OVC, according to this philosophy, can be interpreted as the restoration of the meaning of life once lost and eradication of all forms of alienation and hopelessness among them. Furthermore, as existentialism philosophy came up against the background of modern Western civilizations in non-Western countries as they were viewed as posing threats to the true meaning of life in those countries (Wiser, 1983; Matshabaphala, 2001), integrating the contemporary (Western) and traditional (Ubuntu) coping strategies is of much analytical importance in restoring the meaning of life among OVC in Gutu District. This is mainly due to the fact that relying purely on contemporary strategies could arguably, according to the background against which this philosophy came into being, be seen as threatening the very meaningfulness of life of these OVC.

Existentialism philosophy puts more emphasis on man as an existent project or subject, i.e. the main emphasis of this philosophy is "on the real living man of flesh and blood in concrete human situations in his/her totality" (Matshabaphala, 2001:45). Inextricably linked to this idea is the fact that man in his subjectivity − when filtering the circumstances of the reality of existence − is liable to go through such agonising experiences as servitude, emptiness, nothingness (nihilism), anxiety, absurdity and alienation. However, the provision of holistic basic human

needs such as affection, subsistence, understanding, identity, participation and creativeness in their social, physiological, psychological, economic, political and cultural aspects to the OVC will greatly assist in eradicating such undesirable experiences of the existence of mankind. This is in total resonance with the idea that for humanity to live a dignified life in these world, life-threatening experiences should be confronted (Van Schaik, 1980). Furthermore, as this Sartrean philosophy is about individuals acquiring the maxim of 'being-for-itself' both at individual and societal levels, such attributes as total emancipation, self-determination, independence, freedom, continuous transcendence in all such painful experiences of alienation and nothingness are the ones at the centre of existentialism. This is what holistic provision of basic human needs to the OVC in Gutu District is seeking to achieve.

2.4.2 Phenomenology and Basic Human Needs

According to Husserl (1913; 1936), often referred to as the progenitor of phenomenological philosophy, phenomenology is a form of transcendental philosophy concerned with lived experiences or 'life world' as the unit of analysis to understand or comprehend human behaviour. It rejects the idea that the world or reality is something separate from an individual but rather there is inseparability between the two as it focuses on the world as lived by an individual. In this regard, Knock (1995) observes that the centrality of this philosophy is an indissolubility or unity between the person and the world. As argued by Matshabaphala (2001: 43), "Humanity and things in the universe, according to this philosophy are viewed in their totality." Thus, the hallmark of this philosophy is grounded on answering this experiential question: "What is this experience like?" (Laverty, 2003). In this case the enquiry is on lived experiences of being an OVC. In so doing, phenomenological philosophy is premised on understanding or comprehending the meanings of human experiences (OVC in this case) from the standpoint of those who experienced that particular life. These phenomenological existential experiences entail the community, OVC stakeholders, OVC and the care-givers' endeavour to mitigate OVC challenges. To this end, Husserl (1970) conceives phenomenology as the only methodology available of reaching true meaning of

human behaviour as it penetrates into the depth and width of reality. This is largely because its focus is primarily on illuminating nuances, subtleties and seemingly hair-splitting trivial issues of human lived experiences or life world that are usually taken for granted, with the aim of extracting deeper meaning and understanding. It has been seen as a paradigm shift from the traditional Cartesian dualism of reality of treating the truth or reality as something existing 'out there' waiting to be discovered (Jones, 1975; Koch, 1995). Thus, because of its anchorage in lived experiences or life world phenomenology, the philosophy conceives meaning, reality, truth or understanding as something socially, historically, culturally or mentally constructed rather than an Archimedean/Cartesian 'out there' phenomenon existing independently of human consciousness.

Basic human needs, with reference to phenomenology which views the world in its totality, embrace all aspects necessary for human existence. As observed by Matshabaphala (2001), this is in tandem with the phenomenological orientation of extracting the depth and width of the meanings attached to phenomena after looking at their totality. Thus, for improving the well-being of OVC, such basic human needs like subsistence, participation, affection, identity, creativeness and understanding (Maslow, 1943; Max-Neef, 1991) should be provided in their totality. This is mainly because according to the phenomenological philosophical maxims, such essentials for human existence ought not to be provided in isolation but rather holistically and simultaneously because non-provision of one of these needs will largely compromise the welfare of these OVC. Thus, all the interventions targeted to improve the well-being of these vulnerable groups in the society ought to pass the test of totality by embracing the economic, psychological, physiological, social, cultural and political dimensions of basic human needs. Equally important to note is that phenomenology as a branch within the social sciences discipline and practice is aimed at in-depth understanding of human interactions and behaviour according to the meanings and interpretations given to the reality by those experiencing the social phenomenon under study (Kotze, 1998). This is commonly referred to as 'the societal-self interpretation' (Moyo, 1992). To this end, such phenomenological attributes as intentionality, consciousness, subjectivity,

meaning, understanding and rationality given or attributed to the OVC and their support in a specific community, in this case the Gutu District, are the ones which should be the units of analysis when it comes to understanding the nature of the basic human needs appropriate for them. This is with reference to the fact that humans are by nature conscious beings engaging in all endeavours of trying to liberate themselves from the challenges of impoverishment, nihilism, annihilation and alienation. In so doing, a person knows that which is going to liberate him or her from such agony, hence the need for placing OVC and their support at the centre of deliberating the type of basic human needs, in their holistic nature, suitable for their emancipation.

2.4.3 Metabletics and Basic Human Needs

In the seminal work *Metabletica,* Van den Berg (1956), the father of metabletics philosophy, conceives it as nothing more than the systematic and scientific enquiry of the ever-changing nature of human existence according to how life is lived and experienced. By drawing its name from the Greek word "*metaballein"* designating change, metabletics philosophy is essentially a theory of change. Van den Berg holds that at each point in time in the history of humanity there is unique reality, truth or understanding. Thus, human beings or their behaviour metamorphosed or mutated during history largely because of the changes of the world they lived in. This perspective, according to Mook (2008; 2009; 2014) and Matshabaphala (2001), is in opposition to the contemporary psychological theories premised on the positivism school of thought that viewed the world as characterized by continuities, uniformity, objectivity, unchanging and sameness. More importantly, the philosophy of metabletics holds that changes in human activities do not occur in isolation but rather are simultaneous (Mook, 2009; Zayed, 2008). This is the essence of synchronicity of change in the socio-cultural and political lives of humanity.

According to this philosophy, different phenomena are examined and analysed with reference to their unique contextual intricately woven elements such as culture, historical background, political and socio-economic factors. Metabletics as a new

trend in philosophy scaffolds its intellectual balance on the principles of existentialism, hermeneutics and phenomenology philosophies (Mook, 2006; Matshabaphala, 2001). How it balances its intellectual parentage in phenomenology and existentialism, metabletics viewed man and things in the world in their totality or completeness as well as how they change. According to Engelbrecht (1992), Mook (2007, 2009, 2014) and Van den Berg (1962), metabletics is a philosophy of change concerned with studying novel systems and structures emerging from new things, new man and new God resulting from the open-system approach. Thus, central to this philosophical assumption is that human life is characterized by dynamism, openness and discontinuity. As observed by its progenitor, Van den Berg (1962), metabletics conceives systemic serendipity and synchronicity of change as the essential defining characteristics of humanity. Metabletics or historical phenomenology, as it is often translated to mean, is also concerned with an individual being-in-the-world (Heidegger, 1962) and a specific phenomenon "as it reveals itself within a particular historical time and place" (Mook, 2009: 28). In so doing, metabletics philosophy views systemic change in walks of life as something global, an indication that the world at large is metamorphosing from a closed system to a more open one (Zayed, 2008; Mook, 2008; Cias, 1971; Matshabaphala, 2001).

Thus, as metabletics philosophy is of the view that reality can only be understood when examined and analysed in its completeness, provision of basic human needs in their completeness to OVC will assist in helping to understand the reality of sustainability in their welfare. By agreeing with phenomenology and existentialism on the notion of completeness, this philosophy, with reference to this study, is calling for the provision of basic human needs in their totality to the OVC so as to synchronize the planned change of their well-being. Holistic provision of these basic needs (affection, subsistence, participation, identity and creativeness) embraces all aspects of OVC existence in Gutu District. To this end, metabletics is necessary for total or complete emancipation of these OVC from alienation and nothingness. Furthermore, as metabletics is the theory or philosophy of change, provision of these basic human needs in their totality is a developmental

intervention aiming at changing the well-being of this disadvantaged and unprivileged group in the society. As argued by Matshabaphala (2001:47), "The notion of change, from a multiplicity of epistemological landscapes is associated with that of development." Cognisant of this, the development agencies, individuals, government agencies and the community at large devoted to improving the welfare of OVC need to factor in issues of adapting to change such as self-renewing, scanning the vicissitudes (or metabletics) of the environment and resilience. Thus, as observed by Mook (2014), Harsch (2001) and Matshabaphala (2001), metabletics philosophy is of paramount significance in studies of this type primarily because of its emphasis to revisit and transform the nature of change itself. In so doing, this philosophy, with reference to this study, will lead to the complete mutation of the reality of OVC from a closed system to an open one.

2.4.4 Epistemology: Hermeneutics

While ontology has been conceptualised as the study of being (Crotty, 1998; Hibberd, 2005) or the nature of reality (Lincoln and Guba, 1998; Etim, 2013) (see Chapter 1), epistemology is about how people know what they know (Crotty, 1998). It was further conceptualised by Lincoln and Guba (1998) as the nature of the relationship between the knowledge and the knower and what should be known. Similarly, Gray (2014) argues that epistemology provides a philosophical background for deciding what kinds of knowledge are legitimate and adequate for the social reality understudy. Accordingly, Gray (2014) points out that there are three predominant epistemological positions in research, which entail objectivism, constructivism and subjectivism. Bunge (1993) and Chia (2002) share the same view that, although these epistemological perspectives acutely contrast each other, they do share some overlaps in application. As a result, researchers may use them to view the same ontology differently and possibly bring out the same results to validate the problem. However, in some instances some are not relevant in other studies depending on the information that the researcher is looking for. This validates Kuhn's assertion that research is like a journey that requires one to know his or her destiny and how to appropriately get there (Kuhn, 1970). The right choice

of the epistemological philosophy leverages the appropriate choices of the theories, concepts and methods to be used in the study.

Conceptually, Chia (2002) postulates that objectivism, which is a positivist epistemological perspective, holds that reality exists independently of consciousness and there is an objective reality in the world. From this viewpoint, scholars should not attempt to embrace their feelings and principles. While objectivism is a quantitative epistemological philosophy, constructivism is linked to interpretivism, hermeneutics and phenomenology, which rejects the objectivists' view of human knowledge which argues that reality, exists external of the researcher and should be investigated through a rigorous process of scientific inquiry (Gray, 2014). Instead, Gray (2014) argues that constructivism holds that truth and meaning do not exist in some external world, but are created during peoples' interactions with the world. Meaning is constructed and not discovered, so people construct their own meaning in different ways, even in relation to the same phenomenon. Accordingly, in this regard Foucault (1984) opined that people construct the meaning of their life from bio-moral and ethical powers engrained in their culture, traditions and values. Chia (2002) argues that while interpretivism and objectivism hold different epistemological perspectives, they converge on the aspect of the being ontology. The being ontology implies that 'what is phenomenologically there' has a meaning or truths to be constructed out of it.

In contrast to constructivism and objectivism is subjectivism, which holds that meaning does not emerge from socialization of the subject with the environment, but is imposed in the object by the subject (Gray, 2014). At the same time as subjectivism and constructivism qualitatively seek to construct and discover in-depth truths of the social phenomenon, subjectivism on the one hand holds on to the becoming aspect of ontology, while constructivism on the other hand holds to the being aspect of ontology (Chia, 2002). Premised on the foregoing conceptualization of the epistemological positions, this researcher deliberately and appropriately selected the cultural hermeneutical philosophy to inform the conceptual, theoretical and methodological frameworks of this study.

Hermeneutics, according to Crotty (1998), is the major anti-positivist stance, which looks for culturally derived and historically situated interpretations of the social world.

Cultural hermeneutics was found to be pertinent as an epistemological philosophy to interpret contrasting and similar views embedded in the contemporary philosophies and OVC coping strategies towards the construction of an integrated OVC care and support model in Zimbabwe. The usage of hermeneutics was validated by Williamson and May (1996) who argues that natural sciences predominantly look for consistencies of information to infer laws (nomothetic) and social science predominantly deals with actions of individuals (ideographic). Ideographically, this study sought to interpret and construct meanings from the behaviours, perceptions, views and beliefs of the participants regarding the unsustainability of the OVC phenomenon despite the current prevailing coping strategies in place. In this study, the researcher appropriately selected the hermeneutics as an epistemological philosophy on the integration of community-based coping strategies for OVC in Zimbabwe. Consequently, the conceptualization of historical hermeneutics becomes pertinent in this study as an interpretive epistemological philosophical approach.

2.5 CONTEMPORARY AFRICAN PHILOSOPHICAL TRENDS

Egbunu (2013) postulates that in the past three decades a number of scholars have made attempts to understand whether African philosophy exists or not and if it does what its anatomy could be. The notion of debating the reality and authenticity of African philosophy, according to Azenabor (2009), is largely attributed to the works of African-born philosophers who were trained in Western philosophy. According to Azenabor (2009) and Egbunu (2013), these African-born philosophers engaged in a meta-philosophical debate over whether there is an existence of an African philosophy and, if so, what its nature may be. As a result, this debate culminated in the emergence of two philosophical camps, which include the Universalists and the

Particularists (Ikenuobe, 1997). These philosophical views were conceptualised by Egbunu (2013:1) as follows:

> *The former refers to those who view Philosophy mainly from the Western analytic point of view and who at one and the same time believe that every philosophy, even if it were African in orientation, must be subjected to the Western yardstick. On the other hand, the latter refers to philosophers who hold that even the worldviews of any group of people sieved through their folklores, legends, myths or proverbs form their philosophy.*

Evidence from literature (Bodriun, 1991; Weredu, 2004; Hountondji, 1997) shows that the Universalist philosophers disagree with the existence of African philosophy as an independent body of knowledge without being entrenched in the Western philosophical milieu. If this understanding is considered, it means that African philosophy is non-existent and inferior to Western philosophy at the international level. Consequently, its global competence is deeply compromised and hence eclipsed in Westernization and Confucianism. However, Okere (1983) argues that all cultures must be treated equally and the socio-economic and political issues of people should be addressed first within the context of their own culture. Okere argues that these philosophies were used to address the socio-economic and political issues within the African communities. In fact, the basic human needs as highlighted by Maslow (1943; Max-Neef, 1993) were addressed within the frameworks of these African philosophies. Whilst it is a fact that the gap between the socio-economic cultures is reducing due to globalization and modernity, this study asserts that the basic needs for OVC can be addressed better when the traditional and contemporary coping strategies are integrated.

Popularized with the works of Ayonde (1988), Gyekye (1997) and Sodipo (1973), among others, the Particularist philosophers argued that different cultures have different ways of explaining reality. In other words, Africans have their own view of reality which differs significantly from other cultures. Thus, these two dominant African philosophical methodological frameworks affect the governance philosophies of African countries. In this regard, Regan (1997) argues that each individual's way of thinking affects his or her behaviours and the way they view themselves. It can therefore similarly be argued that the Particularist philosophers were relatively subjugated by the Universalists to the extent that the indigenous

strategies in governance systems lost weight. Okere's historical hermeneutics of complementing and integrating the contemporary philosophies can be achieved through revisiting the essence of the four African Philosophical trends highlighted by Oruka (1991) and Weredu (2004), namely ethno-philosophy, philosophic sagacity, nationalist-ideological philosophy and professional philosophy. Okere (1983) through his cultural hermeneutics argued that, although these African philosophies are regarded as primitive and globally incompetent, there is a compatible heritage to be drawn out of them and integrated with the modern development approaches. Thus, whilst Okere acknowledges the importance of culture in shaping the socio-economic and political lives of people, he opined that culture can be a closed system and retrogressive in human development. Alternatively, in his cultural hermeneutics he proposed an open systems approach in addressing the existential challenges of people. In the contesxt of this study, the OVC needs propounded by Max-Neef (1991; 1993) can be addressed through employing Okere's cultural hermeneutics that advocate for the use of an open system rather than a closed system approach in socio-economic development.

2.5.1 Ethno-Philosophy and Human Needs

Ethno-philosophy as a concept was originally coined by Hountondji in 1970 before it was subsequently popularised with other proponents. Subsequently, Oruka (1991) pointed out that ethno-philosophy was popularly associated with the works of Plaucide Tempels (1948), John Mbiti (1966), Asare Opoku and Alexis Kagame (1956), among others. Ethno-Philosophy was defined by Egbunu (2013) as an African philosophy that is constituted with communal thoughts or myths, folklores and folk-wisdom. Egbunu (2013) further emphasizes that ethno-philosophy describes the world-outlook or thoughts system of a particular African community or the whole of Africa. Chivasa and Mutsvangwa (2014) postulate that, the folklore and folk-wisdom was used as psychosocial therapy and educational strategy within an African context. In the context of this study, the ethno-philosophy through folklore was instrumental in addressing the psychological needs of Africans as indicated by the basic needs theory. Chivasa and Mutsvangwa (2014) argue that the concept of films and comedy that is viewed on television can be regarded as having

evolved from this traditional narration of stories. In this case, children would gather around an elderly person full of wisdom to hear different kinds of entertaining and educational stories.

Chitando (2008) postulates that folktales were inherently part of the Shona societies in their everyday life. He further observes that these folktales were mainly concerned with sustaining peaceful co-existence between individuals and groups within the communities. As such, these folktales varied in terms of subject matter to be addressed. Chivasa and Mutsvangwa (2014) points out that some addressed issues to do with troubles, self-centeredness, welfare and jealousy. Accordingly, Gombe (2006) also states the importance of folktales as a socialization method on issues of conflict, wisdom sharing, education and selfishness, among others. No area of Shona life was beyond the scope of the folktales. In other words, ethno-philosophy through its folktales would inculcate good behaviour or moral uprightness into the young generation. In so doing, the communalism and communitarianism values of the society would be easily attained. However, the concept of ethno-philosophy was also criticised by Hountondji, who observed that:

> *Ethno-philosophical approach did not represent a true redemption of autonomous African thought, for it only imagined a singular world-view in which Africans unconsciously and unanimously believed, but in which individual Africans had no voice. Africans are, as usual, excluded from the discussion, and Bantu philosophy is a mere pretext for learned disquisitions among Europeans. The black man continues to be the very opposite of an interlocutor; he remains a topic, a voiceless face under private investigation, an object to be defined and not the subject of a possible discourse* (Branch, 2008:3).

In the same manner, the European films are the product and reflection of an individual's intelligence and imagination that depicts the socio-economic lives of people. Ikuembe (1981) observes that myths, folktales and wisdom-folktales can be epistemologically interpreted and developed for global consumption. Thus, although ethno-philosophy is regarded as the most ancient and primitive African way of thinking, studies carried out by Ibuot (2011) and Chimuka (2001) indicate that there is a heritage inherent in African philosophy that needs to be extracted.

Further to this, the human needs can be well understood if integrated in this cultural context of people. The other important concept under ethno-phiolosophy that was coined and developed both as a socio-economic and governance framework in addressing the human needs within the cultural context of Africans is Ubuntu philosophy.

2.5.2 Ubuntu Philosophy and Human Needs

The concept of Ubuntu originates from Bantu languages, traditions and cultures. Although Ubuntu is often regarded as a purely South African construct because it is derived from Zulu, this is not the case. Accordingly, Letseka (2012) observes that different peoples or communities display their own variants of Ubuntu congruent with their norms, values and indigenous traditions. For example, the equivalent term in the Shona language of Zimbabwe is *"unhu".* In Kiswahili of Tanzania the equivalent concept is *"Ujamaa"* while in Kenya's Swahili language it is termed "*utu"* and *biakonye* in the Akan language of Ghana (Mbigi, 1995; Broodryk, 2006; Oruka, 1999). Inherent in the Ubuntu concept is the idea of humanness. Accordingly, Mosana (2002), through his "collective finger theory" in Ubuntu philosophy expressed interrelatedness as group solidarity, which states that, "a man is a man only through others". "I am" because "we are". This idea of interrelatedness in Ubuntu was also expressed by Ramose (1999:33) in Zulu as, "*Umuntu ngumuntu ngabantu/ Motho ke motho kabatho*", which is directly translated to mean "a man is a man because of others."

The notion of humanness in Ubuntu is associated with respect, trust, community sharing, caring and social responsibility of the community towards the individual members (Okoro, 2010; Mara, 1998). In this regard, Foucault (1984) argues that these values and indigenous traditions incubate the inherent socio-economic and bio-political powers of people within a particular community. By bio-political powers, Foucault (1984) refers to the power of self-governance and development inherent in people from their traditions, norms and values within their communities. In his argument Foucault emphasizes that the success of individuals and societies is embedded in their ability to purposively expend the inherent socio-economic bio-

political powers in them. According to Biesta (2002), in some European communities it is known as *bildung*, which entails the cultivation of the person's humanity. In the same context, Lovlie and Standish (2002), Gove (2012) and Ivanhoe (2000) understood *bildung* as a process involving the strengthening of the person's innate powers and character development.

Comparatively, Ubuntu is an African tradition embedded in African philosophy whilst *bildung* is a Western tradition embedded in Western philosophies (Okere, 1983; Bauer, 1997). Such western philosophies include, but are not limited to, the Platonic-Aristotelian philosophy of Europe and Confucian philosophy of Asia (Jacobs, Gaupei & Herbig, 1995; Crooke, 1951; Ware, 1955). In this view, Ayittey (1945) argues that the individualistic and capitalistic traditions of the Western societies are a reflection of their underlying *bildung* or Western tradition and philosophy. On the other hand, communalism and communitarianism is also a reflection of the inherent Ubuntu tradition in African philosophy.

Foucault (1984) envisages that countries' governance systems or govern-mentality must revolve around their traditions, values and bio-political powers. Whilst the intermingling of global governance systems is currently a commonplace in all life arenas, it can be argued that all the global worldviews must be equally valued to draw the best out of each other. In this view, Ibuot (2011), based on the potentialities embedded in indigenous philosophies for development, suggests an 'equalization philosophical scheme theory' that brings the global philosophies to an equilibrium level. At this state, he concludes that the communities would draw the best out of each other rather than demeaning and eclipsing each other.

Broodryk (2002) conceptualizes Ubuntu as an all-inclusive ancient African worldview. Broodryk further conceptualises Ubuntu as an extension of African philosophy based on the values of intense humanness, caring, sharing, respect, compassion and associated values. Similarly, Letseka (2000:29) argues that Ubuntu has normative implications in that it embraces moral norms and values such as "altruism, kindness, generosity, compassion, benevolence, courtesy and respect and

concern for others". He further notes that there is a link between the communal interdependence characteristic of African communities and the notion of Ubuntu. This is also a reflection of the *unhu* in Zimbabwe, where communal interdependence among the Shona and Ndebele people was practiced (Samkange, 1980). For instance, typical of this communal interdependence is co-operative community farming *(nhimbe)*, *Zunde ramambo* and co-operative cattle herding (*majana* or *madzoro).* The concept of co-operative community farming was when two or more families would come together and put their resources together for ploughing, cultivating, weeding and harvesting each other's fields (Mararike, 2004). According to Machingura (2012), *Zunde ramambo* is conceptualised as a Shona approach to growing and storing grain for use when food supplies are either high or low. It was a traditional practice associated with the feeding capacities of the Shona and the Ndebele kings and chiefs in Zimbabwe.

Similarly, Ubuntu has a link with communal interdependence, and Letseka (2012) postulates that it also has links with the value of tolerance. He explains that the term tolerance in the context of Ubuntu does not mean a superficial relationship of different people but rather that tolerance means respecting diversity and human differences. As such, the spirit of Ubuntu in the value of tolerance makes it possible for African societies to be able to accept each other despite their socio-economic and political differences (Louw, 2001).

According to Gibson and Gouws (2003), tolerance helps the community to sustain any sort of competition within the community that is essential for human development. Unlike the western traditions that inculcate religious and political competition or affiliations, Ubuntu promotes unity and oneness in the society. Mosana (2002) points out that the Ubuntu tradition promotes social harmony, whereby the West is characterized by competition and individual interest over group faith. This view is shared by Samkange (1980) who further notes the importance of the extended family, by showing the need for the built-in psychiatric and psychological systems within every black family embodied within the Ubuntu concept which is necessary for socio-economic development.Consequently, in its

broad sense, the Ubuntu tradition fosters a social agreement among Africans that these built-in systems, structures and the basic role of extended family serve as sustainable preventative measures and OVC support mechanisms.

Ubuntu is also construed as a socio-economic indigenous management philosophy which was adopted by governments and social activist agencies in some African countries (Tutu, 1999; Mangaliso, 2001; Hailey, 2008; Jackson, 2004). Lutz (2008) contends that Ubuntu was propounded by Mbigi (1995) as a management concept within an Afrocentric context compatible with the norms, values and indigenous traditions of the local people. As a result, this study has been informed by the philosophy of Ubuntu to explore the utility of indigenous and contemporary OVC coping strategies in Zimbabwe. This is consistent with current development interests and trends globally that advocate for bottom-up approaches in building communities. Lutz (2008) attests that a globalizing world needs a theory of ethical global management that is compatible with human nature. Lutz (2008) further emphasizes that since people are naturally communal and not individualistic, all traditional cultures are communal cultures. Thus, based on the communality of African cultures, they can potentially leverage construction of ethical global management theory in Africa.

Accordingly, with regard to ensuring the sustainability of OVC coping strategies, it could be argued that local communities' over-saturation with modern approaches renders it more difficult for indigenous people to adapt. It can also be envisaged that the competence of the local people is rooted in embracing their indigenous knowledge system rather than over-reliance on the contemporary systems. In this milieu, Ajei (2007) postulates that the vanguards of Africa have evidently proved the utility of indigenous philosophies in their socio-economic development.

The normal development curve of indigenous development strategies was prematurely strangled by westernization through colonialism. These vanguards of Africa include Kwame Nkrumah of Ghana and his communalism philosophy and Julius Nyerere of Tanzania with his socialism ideology. Both of their socio-

economic ideologies (communalism and socialism respectively) were anchored within their indigenous brotherhood and familial traditions. For instance, in Tanzania, *Ujamaa* played a pivotal role in shaping socialism as a socio-economic ideology while in Ghana *biakonye* shaped communalism as the predominant socio-economic ideology. Consequently, socialism and communalism ideologies have, ultimately, become intrinsic socio-economic and development models in Africa as extensions of peoples' worldviews grounded in Ubuntu, *Ujamaa, utu, biakonye* and *unhu*, to mention but a few.

African socialism is an extension of the traditional concept of *Ujamaa*, which Nyerere defined as the values of extended family, whereby individuals have the right to be respected, an obligation to work, and the duty to assure the welfare of the whole community (Edwards, 1998). Edwards emphasises that the individualistic search for wealth and security at the expense of others was denounced as incompatible with the *Ujamaa* philosophy. In implementing *Ujamaa* as a socio-economic or welfare approach, Von Freyhold (1979) reveals that Nyerere encouraged groups of farmers to relocate and reorganise themselves into small socialist communities. By 1963, from the day Tanzania attained independence in April 1962, about 1 000 settlement schemes had emerged spontaneously throughout the country, with little help from the government (Von Freyhold, 1979:9). Freyhold further narrates that several genuine socialist communities emerged in Tanzania based on the *Ujamaa* philosophy. The most successful of these were in the Ruvuma Region in the Southern Highlands of Tanzania where seventeen such settlements prospered and formed an organization called the Ruvuma Development Association (RUDA) to co-ordinate their activities, educate their children, market their produce and help the disadvantaged of the society.

Hyden (1980) argues that RUDA attracted considerable interest, support and opposition. Hyden posits that in 1991 it was described as the most successful example of self-reliance and *Ujamaa* in Tanzania and possibly in Africa. RUDA was later adopted as Tanzania's rural development model in 1967 following its success as an indigenous development strategy. Accordingly, Coulson (1978)

contends that the merits of RUDA informed the Arusha Declaration, which outlined Tanzania's path to socialism in more practical terms by emphasizing education for self-reliance, described as a strategy of practical education to support the socialist transformation, socialism and rural development. The peasantry was to become the focus of, and the driving force behind, both local and national development.

Put simply, Coulson (2004) asserts that development in holistic terms was centred on local people through indigenous knowledge and OVC were incorporated within the familial structures of the brotherhood of *Ujamaa* traditional philosophy. Thus, in *Ujamaa* communities it was difficult to differentiate between an OVC and any other child. Like *hunhu* (humanness) in Zimbabwe, Samkange (1980) argues that *Ujamaa* encouraged the local community to work in solidarity, co-operation in agriculture and in child welfare and upbringing. However, it was noted that the success of *Ujamaa* through the RUDA gradually diminished due to contemporary ideologies which took centre stage due to modernity and the influx of NGOs to uplift the nation from various socio-economic challenges. According to Ajei (2007), communalism and socialism as part of Ubuntu played important roles in moulding promoting indigenous governance systems that still have the potential to sustain OVC. Hence, its contribution to the development of Africans and competence as a global model of development cannot be underestimated.

Notwithstanding the merits of Ubuntu philosophy, the demerits can be understood by reviewing the contemporary philosophies such as those evident in the Confucian tradition of the Asian countries and the Platonic-Aristotelian tradition of the West. While the pertinent concepts from Ubuntu have been conceptualised in chapter three of this thesis, a comparative analysis of the contemporary global philosophies mentioned above has illuminated the merits and demerits of Ubuntu in a global competitive space. This study does not promote Ubuntu philosophy above its contemporary philosophies but aims to identify the best aspects that can competitively merge with other global traditions. In doing so, the theory would have resoundingly responded to the gap of the study that sought to explore the integration of community-based OVC coping strategies.

2.5.2.1 Collective versus Individualistic Communities

The conceptualization of the Ubuntu philosophy is akin to Hofstede's collectivism. Furthermore, the works of Mosona (2002), Letseka (2012) and Ramose (1993) all support the notion of Ubuntu being conceptualised as a collective finger theory, interdependent, interrelated and with a spirit of tolerance. The differences between cultures can be best understood from the global cultural dimensions' model of Hofstede (1980) and Hofstede (2011) respectively. His model articulates how different cultures differ along certain cultural dimensions and specifically individualism versus collectivism, masculinity versus femininity, power distance, uncertainty avoidance, long term versus short term orientation, and indulgence restraint. This study appropriately considered the following dimensions − collectivism versus individualism, and power distance and masculinity versus femininity − to further understand Ubuntu. This analysis fundamentally became a point of reference in comparing the global contemporary philosophies in some subsequent sections of this theoretical literature review.

Hofstede (2011) postulates that collectivism and individualism point to the idea of how people in a particular environment define themselves and their relationship to each other. He further emphasizes that collectivism is used interchangeably with either communalism or communitarianism, referring to a degree to which people in a particular society are integrated into groups. Hofstede (1997) further argues that, in a collectivistic culture, the interests of the group prevail over the interests of individuals. In this regard, the people within a collective environment are integrated into strong, cohesive in-groups that continue throughout a lifetime to protect in exchange for unquestioning loyalty. A collective lifestyle is therefore predominantly African and also found in some Asian Confucian cultural communities.

Contrary to the collectivist lifestyle is individualism. Hofstede (2011) posits that individualism asserts that the interests of an individual prevail over the interests of a group. Commenting on the works of Hofstede on the global cultural model, Waisfisz (2014) argues that in an individualistic environment, bonds between folks

are loose. People tend to look after themselves and their immediate families. Further to this, Masakazu (1994) introduces the idea of a modern individualism as an advanced mode of individualistic lifestyle. Masakazu (1994) defines modern individualism as a view of humanity that justifies inner beliefs and unilateral self-assertion, as well as competition based on self-centredness. In some typical individualist environments such as the United States of America, people are defined with what they have done, their accomplishments and what kind of car they drive (Mooij & Hofstede, 2011). Thus, individualist cultures are more remote and distant compared to collectivist cultures that are strongly integrated. Table 2.7 below summarizes the differences between a collectivist and individualist cultural environment.

Table 2.7: Differences between Collective and Individualistic Communities

Individualism	**Collectivism**
Everyone is supposed to take care of him or herself and his or her immediate family only.	People are born into extended families or clans which protect them in exchange for loyalty.
"I" – consciousness	"We" –consciousness
Right of privacy	Stress on belonging
Speaking one's mind is healthy	Harmony should always be maintained
Others classified as individuals	Others classified as in-group or out-group
Personal opinion expected: one person-one vote	Opinions and votes predetermined by in-group
Transgression of norms leads to guilt feelings	Transgression of norms leads to shame feelings
Languages in which the word "I" is indispensable	Languages in which the word "I" is avoided
Purpose of education is learning how to learn	Purpose of education is learning how to do
Task prevails over relationship	Relationship prevails over task

Source: Hofstede (2011:11)

Table 2.7 above depicts predominant global governance systems such as the neo-liberal (individualism), which is illustrated by the individualists' cultural environment of the West and conservative (collectivism) governance systems (Willis, 2005). Willis (2005) identifies neoliberalism as a set of economic policies or governance frameworks that has become widespread in the 19th and 20th centuries. He further argues that liberalism can refer to political, economic and religious systems. Hyden (2000) posits that the neoliberalism school of governance became famous in Europe when Adam Smith, a Scottish economist, published "The Wealth of Nations" In 1776 Smith advocated for government intervention in economic matters, which was implemented in Africa in the form of Economic Structural Adjustment Programmes (ESAP).

According to Hyden, Olowu and Okoth-Ogendo (2000), this idea spread beyond economic circles to influence even the socio-political lifestyles of people in general and relationships in particular. As a result, capitalist, individualistic and competitive lifestyles became dominant in Western countries and later spread to other continents through globalization. As shown in Table 2.4 above, it can be concluded that there are two predominant global governance systems informed by both the individualist and collectivist cultural inclinations. A survey carried out by Mooij and Hofstede (2010) on individualism scores in 76 countries indicated that individualism is embraced in developed countries, while collectivism is embraced in developing countries. Consequently, it can be concluded that the individualism and collectivism cultural dimensions subsequently determine the socio-economic power dynamics of people within their environment.

2.5.2.2 Power Distance in Collective and Individualistic Societies

Now that collectivism and individualism cultural aspects, which are characteristic of Ubuntu and Western governance systems respectively have been reviewed, the literature will attempt to conceptualize the levels of power distance embedded in each. It is therefore necessary to conceptualize the power distance that is embedded in each of the two. The main reason for this is that, in every relationship, be it

political, economic or religious, there are power dynamics that underpin the relationship and which are predicated on either the organizational or environmental culture (Waisfisz, 2014). Accordingly, Waisfisz (2014) defines national culture as a collective way of doing things and customs that distinguish one group or category of people from another. In other words, what many members of a group have in common and why they distinguish themselves from the other groups is what constitutes a culture. Thus, Fan (2010) and Waisfisz (2014) emphasize that culture is transferred from generation to generation, through the instrumentality of parents to their children through socialization.

Predicated on this assertion is the notion that power dynamics in different environments are influenced by the dominant culture inherent in that environment. Power distance has been defined by Hofstede (2011) as the extent to which the less powerful members of organizations and institutions (like the family) accept and expect that power is distributed unequally. It suggests that a society's level of inequality is endorsed by the followers as much as by the leaders. As a result, power and inequality remain fundamental aspects of any society. Although power is always unequal in different societies and culture, in some it is more unequal than others. As such, most of the African communities are considered as being autocratic because of the huge power distance between the leaders and subordinates. Table 2.8 below illustrates the extent to which power distance manifests in collective (Ubuntu) and individualistic (Western) societies.

Table 2.8: Manifestation of Power Distance in Individualistic and Collective Societies

Individualism	Collectivism
Small power distance	Large power distance
Use of power should be legitimate and is subject to criteria of good and evil	Power is a basic fact of society ante-dating good or evil: its legitimacy is irrelevant
Parents treat children as equals	Parents teach children obedience
Older people are neither respected nor feared	Older people are both respected and feared
Student-centred education	Teacher-centred education
Hierarchy means inequality of roles, established for convenience	Hierarchy means existential inequality
Subordinates expect to be consulted	Subordinates expect to be told what to do
Pluralist governments based on majority vote and changed peacefully	Autocratic governments based on co-optation and changed by revolution
Corruption rare; scandals end political careers	Corruption frequent; scandals are covered up
Income distribution in society rather even	Income distribution in society very uneven
Religions stressing equality of believers	Religions with a hierarchy of Priests

Source: Hofstede (2011:9)

Illustrated in Table 2.8 above is the difference between power distances embedded in collectivism (Ubuntu) and individualism (Western) cultural environments. Evidence from Hofstede (2011) is congruent with Willis's (2005) assertion that collectivism is typical of a conservative governance approach, while individualism is a neoliberal governance system, while there is no bad culture but inherent in all cultures are merits and demerits. Consequently, it can be concluded that collectivism has its strengths and weakness that manifest in the behaviours of both leadership and subordinates just as in individualism.

2.5.2.3 Masculinity versus Femininity in Individualistic and Collective Societies

The other cultural dimension mentioned by Hofstede (1980) is masculinity and femininity. He argues that this cultural dimension refers to the existence of gender equality and disparities in the global cultures. For instance, in collectivists' cultures such as Ubuntu and Confucian, their governments are predominantly patriarchal compared to individualist cultural environments, which are matriarchal. Thus, the masculinity and femininity dimension is related to the division of emotional roles between women and men in their respective cultures and communities. Although gender disparities are largely associated with African countries and some Asian countries, studies by Mooij and Hofstede (2011) reveal that masculinity is prominent in Japan, German, Italy and Mexico. He further asserts that it is moderate in Western countries but low in France, Spain, Portugal, Chile, Korea and Thailand. Table 2.9 below illustrates the differences between feminine and masculine societies (collectivism and individualism).

Table 2.9: Differences between Feminine and Masculine Communities

Femininity/individualism	**Masculinity/collectivism**
Minimum emotional and social role differentiation between the genders	Maximum emotional and social role differentiation between the genders
Men and women should be modest and caring	Men should be and women may be assertive and ambitious
Balance between family and work	Work prevails over family
Sympathy for the weak	Admiration for the strong
Both fathers and mothers deal with facts and feelings	Fathers deal with facts, mothers with feelings
Both boys and girls may cry but neither should fight	Girls cry, boys don't; boys should fight back, girls shouldn't fight
Mothers decide on number of children	Fathers decide on family size
Many women in elected political positions	Few women in elected political positions

Religion focuses on fellow human beings	Religion focuses on God or gods
Matter-of-fact attitudes about sexuality; sex is a way of relating	Moralistic attitudes about sexuality; sex is a way of performing

Source: Hofstede (2011:12)

Illustrated in Table 2.9 above is that the characteristics of the collectivist communities in this modern age are regarded as primitive, while individualists' characteristics are associated with progressiveness. Hence, in an endeavour to catch up with the global competition from the individualist influences, the collectivists' socio-economic and political structures embedded in their cultures were destroyed and subjugated (Samkange, 1980). Furthermore, Mararike (2004) and Chimuka (2001) suggest that colonialism and the quest for Western imperialists to develop Africa imposed an alien culture that prematurely constricted the normal development curve of Africa. According to Mararike (2004), what is revealed by the predominantly masculine society according to the West is regarded as bad governance and what is feminine is seen as good governance. Consequently, the denigration of African-oriented governance approaches insinuated the rise of human rights movements from the West advocating for socio-economic and political transformation of Africa that in this post-modern era African scholars are trying to reverse and reposition themselves. The tension between the Western oriented views of addressing the needs of people is entrenched in the variants of the cultural perceptions of people towards their existential challenges. In this case the cultural hermeneutics of Okere seeks to integrate and generate new approaches in socio-economic development. In his view, Okere appreciates all cultures as equal and important in addressing the needs of people.

2.5.3 Philosophic Sagacity and Human Needs

This trend in African philosophy is popularly associated with a Kenyan philosopher, Henry Odera Oruka (1944-1995). As a matter of definition, Egbunu (2013) defines philosophic sagacity or sage philosophy as the branch of African philosophy whereby wise (wo) men who are noted for traditional wisdom and

independent thinking are sought after and identified from within the society as resourceful people. Similarly, Oruka (1991) posits that African sage philosophy is the code for those individuals' counsellors as wise men and women in the African context. Oruka strongly supports this idea, albeit being criticised by the Universalist philosophers.

Interestingly, Presbey (2010) notes that Oruka's assertion of the sage philosophers was not only centred on African sages but also Greek philosophers such as Aristotle, Plato and Stoics, among others, because of the significant contribution they made to the expansion of western philosophy. Similarly, Oruka (1991) refers to people with wisdom, insight or ethical inspiration, who use their talents for the betterment of the community. Typical examples of these African sages include, but are not limited to, elderly people and people in leadership positions (chiefs, headmen and traditional healers). Even though they do not have qualifications to teach at universities, they play a pivotal role in addressing some of the human needs mentioned by Maslow (1943) and Max-Neef (1991).

Although sage philosophy was not immune to criticism from other writers such as Presbery (2010), who argues that sage philosophy lacks scientific and philosophical value in the modern sense, from his study Oruka evidently interviewed Paul Mbuya the of Luo community about the idea of communalism and he responded:

> *Now the sense in which we may justly say that the Luo in the traditional setting practiced communalism is not one in which people generously shared property or wealth. Their idea of communalism is, I think, of a co-operative nature. For example, where one person had cattle, everybody 'ipso facto' had cattle. For the owner of the cattle would distribute his cattle among people who did not have cattle [of their own] so that the less well-off people may take care of them…[but] never completely given away…The result is that everybody had cows to look after and so milk to drink. (Oruka, 1990: 141)*

From the foregoing discussion, the response Oruka got from Mbuya corroborated the studies carried out by Menkiti (1984) and Matolino (2011) who argue that African traditional concepts are radically different from the Western traditional concepts. Menkiti further argues that Western philosophers believe in rationalism and individualism, while African philosophers subscribe to the maximal definition

of a person and communitarianism. According to Menkiti (1984), the reality of the community takes precedence over that of an individual and rationalism. His idea therefore converges with Foucault (1983), who argues that it is the society that gives individuals identity and for that reason the community must take both epistemic and ontological precedence over the individual. Hence, to extract the best from sage philosophy, the epistemological interpretation of those traditions, values and beliefs becomes pertinent. To this end, it can be argued that African traditional heritage is embedded in human experiences, culture and values and these can be transmitted orally to the next generation. Accordingly, from Okere's argument this contextual or cultural wisdom must be appreciated and integrated with the modern approaches to holistically address the needs of OVC and the generality of people in different societies.

2.5.4 Nationalist-Ideological Philosophy and Human Needs

This trend of African philosophy is popularly associated with the works of Kwame Nkrumah, Julius Nyerere, Mobutu Sese Seko, William DuBois and Nnamdi Azikiwe (Oruka, 1991). According to Egbunu (2013), nationalist ideological philosophy refers to an attempt to evolve a unique and new political theory embedded in African traditional socialism and family-hood. This philosophy aimed at establishing an authentic mental liberation and returning to indigenous socio-economic and political systems that are devoid of Westernization. Owolabi (1991) points out that these people did not argue for the existence of any African philosophy in a direct manner. Rather they were swayed into philosophy because of their belief that the genuine liberation and development of Africa cannot be realised unless it is based on a well-developed system of ideas which are authentic and unique to African society. The orientation of the nationalist-ideological philosophers is explained by Owolabi (1991:65) as follows:

> *They believe in an authentic African thought in traditional African Society and the assumption that the traditional ideas sustained the pre-colonial African society. They sentimentally believe that this traditional system of ideas ensured social order and peaceful co-existence in the traditional African society and yearning for the return of the old order. They believe that the traditional African society was egalitarian and communalistic, so much so that there was peace and order. They also claim that post-colonial*

African society can only realise full liberation and genuine development if it is based on the traditional African social and political philosophy.

The critics of the nationalist-ideological philosophy argue that the bodies of traditional ideas which they seek to employ are completely lost to history. Counter to this is the hermeneutic philosophy by Okere (1983) that seeks to excavate and mediate the wealth of resources inherent in African philosophies and contemporary philosophies and through interpretation of culture applies the most relevant and appropriate today. Similarly, Bodunrin (1991) cited in Owolabi (1999) argues that philosophy which made it possible for our ancestors to be subjugated by Europeans settlers cannot be described as totally glorious. His argument in the position of nationalist-ideological philosophy is to the effect that the ideas of the past cannot be adequate to meet the challenges of the contemporary world. Thus, the question posed by Owolabi (1991) is whether old ideas are adequate for the demands of the modern society. For instance, within the framework of the nationalist ideology, the vanguards of Africa were for the freedom of their people. Relating this to OVC, an environment without peace and freedom is not conducive for meeting human needs in totality as advocated by Max-Neef (1991). Thus, the attainment of independence by African countries was the vehicle for the attainment of basic human needs and human dignity that include, but are not limited to, subsistence, participation, freedom and creativity. Whilst this nationalist ideology is being applauded by most of the African countries in general and the global south in particular, its overemphasis and negative limitations have detrimentally affected the socio-economic development of its people. This is largely exemplified by Zimbabwe's socio-economic experiences in the past three decades, which deteriorated by upholding the closed systems development paradigm. This study therefore envisages that the solution is in Okere's cultural hermeneutics that epistemologically advocate for integration of global perspectives within an open systems development paradigm for sustainable livelihoods.

2.5.5 Professional Philosophy and Human Needs

Oruka (1991) identifies Kwasi Weredu, Paulin Hountondji, Boudunrin and Oruka Odera himself as popular proponents of the African philosophical trend.

Accordingly, professional philosophy refers to the trained philosophers (Egbunu, 2013). It is the view of Universalist philosophers as opposed to Particularist philosophers. Ikenoube (1997) defines the Universalist philosophers as those philosophers whose viewpoint advocates that philosophy must have the same meaning in all cultures while the subjects and methods are dictated by cultural differences or the existing operational environment of the context. Owolabi (1999) argues that this category of philosophers is accused of denying the existence of African philosophy based on the presentation of folk beliefs as African philosophy by ethno-philosophy. In other words, the rejection of ethno-philosophy in the context of this study indirectly suggests that other cultures are non-existent and they cannot influence behaviour of the people.

The critics of professional philosophies such as Chimuka (2001) and Ibuot (2011) argue that the major blow to the professional philosophy was that it is accused of elitism, universalism and imperialism. Ibout (2011) further argues that, while it is a sound idea for professional philosophers to advocate for a critical analysis of the African culture through philosophical tools such as interpretivism or hermeneutics, its universal ideology does not suggest that philosophies are produced by culture.

Professional philosophy, according to Mararike (2004), has failed to accept cultural diversity in the world and the fact that every culture reflects on those problems that are pressing to them. Thus, Owolabi (1999) argues that the cultural origin of philosophical problems and the cultural dimension of their solutions put question marks on the desire of the professional philosophers to integrate African philosophy into the so-called universal philosophical culture. The paucity of knowledge influences this study to focus on the integration of the community-based coping strategies for OVC in Zimbabwe, and the historical hermeneutics of Okere (1983) was found to be more appropriate as an epistemological philosophy to argue the possibility of integration of these strategies.

2.6 CRITIQUE OF ETHNO-PHILOSOPHY IN OVC CARE

Although evidence from the studies carried out by Mbigi (1997), Samkange (1980) and Mbiti (1976), *inter alia*, have reinforced Ubuntu philosophy as a potential sustainable solution to the socio-economic challenges of Africa, it has also been criticised for the various issues it has failed to address. The following is Kochalumchuvatti's (2010:108) indictment of the Ubuntu philosophy:

> *The humanitarian problems of Africa are manifest and widespread, despite the periodic occurrences of ethnic cleansing as seen in Rwanda, the ongoing conflict in Darfur-Sudan, the breakdown of democracy under the dictatorship of President Robert Mugabe in Zimbabwe, the outbreak of post-election violence in Kenya and Zimbabwe respectively, the widespread growth of HIV/AIDS and overwhelming endemic poverty are by no means isolated examples of the tragedies which continue to plague the continent. These and similar issues have become the subject of intense philosophical debate and reflection.*

The philosophical debate for sufficiency of Ubuntu philosophy as a solution for the socio-economic challenges of modern-day Africa was raised by the Universalist philosophers. Ikunoube (1997) argues that the dark side of Ubuntu philosophy was exposed by the Universalist philosophers against the Particularist philosophers. Universalist, according to Ikuonobe (1997), is a group of African philosophers whose point of view advocates that philosophy must have some meaning in all cultures, while the subjects and methods are dictated by cultural differences or the existing environment of the context. The Universalist critically questions the authenticity of African philosophy at a global spectrum. In doing so, the Universalists, mainly composed of the professional philosophers, attacked the Particularist (ethno-philosophy, sage and nationalist philosophy) point of view that advocates for the particularisation of African philosophy (Egbunu, 2013). Thus, Owolabi (1999) observes that this voice of the Universalist has prematurely constricted the normal development curve of African philosophy.

The denial of Ubuntu philosophy as authentic philosophy according to Owolabi (1999) is predicated in its gross lack of strict, rigorous and critical discipline as with Western philosophy. Owolabi (1999) further argues that African philosophy is denigrated because of its view as the popular sense of worldview of African people,

and its reliance on oral rather than written or documented tradition as with Western philosophy. Furthermore, Kochalumchutti (2010:112) postulates that:

> *Some critics have viewed Ubuntu as a post-colonial prophetic illusion or utopian dream while others have depicted it as a purely Bantu philosophy not applicable to other tribes. Louw points out that the Ubuntu emphasizes that consensus in both the social and political spheres can all too often be side-tracked into an oppressive form of collectivism or communalism. Schutte on the other hand, raises a philosophical point concerning the Ubuntu conception of individuality.*

In the context of the foregoing depiction of Ubuntu, it can also be argued that the rejuvenation of Ubuntu philosophy to its original intent as claimed by African proponents such as Tutu (1999), Mandela (1994) and Mbiti (1976), is a complex process that requires rigorous hypnotization of modernism in our communities. Contrary to this, the African Renaissance thesis of Ramose (1999) and Tutu (1999:22) had this to say about the authenticity of Ubuntu philosophy not only to Africa but to the whole world:

> *Africans have this thing called Ubuntu, the essence of being human. It is part of the gift that Africans will give the world. It embraces hospitality, caring about others, willing to go the extra mile for the sake of others. We believe a person is a person through another person that my humanity is caught up, bound up and inextricable in yours. When I dehumanize you I inexorably dehumanize myself. The solitary individual is a contradiction in terms and, therefore, you seek to work for the common good because your humanity comes into its own community, in belonging.*

Ramose (1999), Canda (2007) and Tutu (1999) reiterate that Ubuntu is not merely limited to Africa's socio-economic and political sphere but rather the global influence of Ubuntu just like *bildung* and the Confucian tradition in Europe and Asia respectively. Hence the weaknesses of Ubuntu on its own as a philosophy may be more visible than when it has been integrated and recognized equally with other philosophies. Weredu (1996) argues that philosophical thinking is exemplified not in the mere recording of traditions and cultures (the pre-occupation of influential African ethno-philosophers) but in the reconstruction of contemporary African culture. Thus, in his view, Weredu (1996) observes that the main thrust of philosophical thinking is an attempt to appraise African philosophical ideas through due reflection and self-criticism to the universal level and then turn to specific

existential conditions and priorities of Africa's socio-economic and political context combined in search of truth.

Lutz (2008) argues that understanding business organization as community has a lot of potential challenges such as nepotism, corruption and tribalism. He further argues that Ubuntu has the potential of putting one's own ethnic group before the other. Tribalism is ethically equivalent to racism; it denies others their due because they differ from traditions, culture and moral background. That is why in Africa most of the civil wars are fuelled by tribal differences. Examples include the Shona and Ndebele war in the early 1980s in Zimbabwe (Bratton & Masungure, 2011) and the Tutsi and Hutu tribal conflict in the Democratic Republic of Congo in the late 1990s. The other dark side of Ubuntu, according to Hofstede (2011), lies in its traditional aspect of large power distance between the leaders and the subordinates in the society that polarizes the voice of the grassroots and subjects people to autocratic leadership. Similarly, comparing Ubuntu and Confucianism, Chimhanzi (2010:5) decries that Ubuntu philosophy is more rhetoric than practice, and argues that:

> *The African leadership/fellowship relationship is characterized by large power distance. There is an inherent tension between self-serving Big-Manism, which is removed from the people it purports to lead and the spirit of ubuntu. The two cannot co-exist. Thus, the outcome of the combination of large power distance and a lack of concern for others is a continent short on servant leadership - leaders who genuinely want to serve their people to a better future. It sometimes feels like a case of "I am because I am", not "I am because we are" as leaders continue to line their own pockets to the detriment of investments in social projects that would otherwise benefit those in society who are most vulnerable and in need. The very people they committed themselves to lead when they were voted in.*

Whilst Ubuntu has weaknesses in as much as the Universalist demands of global philosophical features are concerned, this study is not a veneration of Ubuntu or African culture above its counterparts or *vice versa*, but rather seeks to critically examine both in view of integrating the compatible features for the sustainable livelihood of OVC in Zimbabwe. Since the underlying motives of the contemporary philosophies seek to identify solutions to the fundamental needs of the general population within the environmental context, Ubuntu philosophy as a theory for this

study is therefore interfaced with the basic needs theory that highlights the socio-economic needs of OVC in Zimbabwe.

2.7 CONCLUSION

This chapter reviewed related literature and theories that underpin the study. The concept of community-based coping strategies, traditional coping strategies and *Zunde ramambo* were explained. The basic human needs theory was presented as the main theory informing this study. The global contemporary philosophies and contemporary African philosophies, which were perceived as complementary to the human needs theory, were discussed. The human needs theory was reviewed considering global contemporary philosophies which include phenomenology, existentialism, metabletics and hermeneutics. Similarly, contemporary African philosophies which include ethno-philosophy (Ubuntu), nationalistic ideological philosophy, sage philosophy and professional philosophy were reviewed in order to establish the extent to which these philosophies help to understand community-based OVC coping strategies in their endeavour to meet fundamental human needs.

Following that, the Ubuntu philosophy was closely compared with other existing contemporary traditions such as Confucianism in Asia and Platonic-Aristotelian philosophies of Europe. The reviewed literature showed that Ubuntu and Confucianism have more similarities than differences. The fundamental cultural values that underlie Ubuntu and Confucianism are congruent and both acutely contradict the Western philosophical model based on Plato and Aristotle. Whilst Ubuntu and Confucianism concur on collectivism, togetherness, and communitarian approach, Western philosophy is capitalistic and individualistic. It was also noted that Asian countries' social security and administration is anchored in their indigenous philosophy and as a result managed to foster sustainable livelihoods for people.

While Asians philosophy is very similar to the African in terms of values, literature has shown that Africans, instead of implementing their bioethical and moral powers, have succumbed to Westernization and individualism. Thus, Africans are

struggling to achieve sustainability in development programmes implemented at the local community level or at national level. The basic human needs theory clarified the dimensions of needs that are inherent in human beings, particularly the OVC within their respective societies. It was noted, however, that there should be a balance between the satisfiers of needs and the real needs for the strategies to be deemed effective and sustainable to its beneficiaries. In simple terms, the basic human needs envisage that what Ubuntu philosophy and contemporary philosophies intend to achieve in social welfare and security of OVC must be holistic and address all their basic needs.

CHAPTER 3
CONCEPTUAL FRAMEWORK

3.0 INTRODUCTION

This chapter focuses on specific variables or concepts from the literature review, theories and philosophies articulated in chapter 2. It attempts to build the conceptual framework that forms the basis of the field work. In this chapter, the historical hermeneutics as an epistemological tool was conceptualised as the basis of the methodology and design of the study. Hermeneutics was broadly conceptualised to anchor Okere's cultural hermeneutics to its foundation, to rationally understand the concept in relation to OVC and basic human needs. Okere's cultural hermeneutics heritage was conceptualised to epistemologically justify the production of new knowledge through an open systems approach rather than a closed and traditional development paradigm. Traditionalism and modernism philosophies and theories were conceptualised as lenses to further justify the relevance of engaging cultural hermeneutics in producing new knowledge in an open system development paradigm. This rationalises the practicality of integrating the traditional and contemporary OVC coping strategies through diplomatic mediation of rival cultures, ideas and traditions for sustainable development.

Subsequently, the real-life concepts that include but are not limited to the models of childhood development by Jean Piaget (1896-1980) and Erik Erickson (1964) were conceptualised to locate the study in its real-life context and to understand the dynamics of the needs of OVC and coping strategies at different stages of their development. Similarly, historical development of children's rights, global cultural contestations on children's maltreatment and rights, the nature of OVC care and support and community-based OVC coping strategies were further conceptualised. The integrated concept was linked to Okere's cultural hermeneutics, the basic human needs and OVC. The closed and open systems paradigms in knowledge production were explained to justify the integration of the contemporary and traditional OVC coping strategies through cultural hermeneutics. Finally, the

barriers and prospects of integrating the traditional and contemporary strategies will be reviewed to map the feasibility of bridging the gap between traditional and contemporary OVC coping strategies through the integrated model.

3.1 CONCEPTUALIZATION OF HISTORICAL HERMENEUTICS

Historical hermeneutics is a combination of two terms historical and hermeneutics. The term 'historical' is defined by Ricoeur (1976) as the analytical study of a subject and its development over a period and the term 'hermeneutics' was derived from the name of the Greek god Hermes, who was the patron deity of speech and writing. Virkler and Ayayo (2007) observe that Hermes functioned as a messenger for the gods, transmitting and interpreting their communications to their fortunate or often unfortunate recipients. It was on that basis that in the 19th century, hermeneutics was developed into a method of interpreting biblical texts, and later legal and literary documents (Thiele, 2004). Gray (2014) points out that hermeneutic tradition is largely associated with German philosophy and also has connections with the phenomenology and psychoanalysis of Sigmund Freud in the 19th century as previously explained. Thus, it is difficult to remove the phenomenological lens to hermeneutically interpret any given social phenomenon. However, from an interpretivistic epistemological view, the two can be used as two separate approaches or concurrently as one within a hermeneutic perspective study (Crotty, 1998).

Virkler and Ayayo (2007) explains that hermeneutics was developed as a legal and theological methodology which governed the application of civil law, canon law and the interpretation of sacred writings such as the Holy Bible. Ibuot (2011) further claims that hermeneutics gradually developed into a general theory of human understanding through the works of Fredrick Schleiermacher (1799-1804), Wilhelm Dilthey (1833-1911), Hans-Georg Gadamer (1900-2002) and Paul Ricoeur (1913-2005), amongst others. Thiele (2004) generally accredited the expansion of hermeneutics in interpreting the historical texts and human experiences to Wilhelm Dilthey (1833-1911), which was later conceptualised as historical hermeneutics. Historical hermeneutics was used to advance critical

thinking and analysis into human understanding in a subject. In the current study, historical hermeneutics is used to critically analyse the contemporary and OVC coping strategies in Zimbabwe.

Ricoeur (1976) argues that hermeneutics does not seek to improve the historical methodology or constitute some alternative method; its main purpose is to reflect upon the dependence of historical inquiry on a historical condition that characterises human existence. According to Gray (2014), a hermeneutic perspective views a social reality as socially constructed, rather than being rooted in objective fact as purported by objectivists. As a result, a hermeneutic perspective argues that interpretation should be given a more standing position than explanations and descriptions (Gray, 2014). Similarly, Chia (2002) argues that social reality is too complex to be understood through processes of observation and mere description. As such, interpretation of the social phenomenon must be a prerogative for any social scientist to achieve deeper levels of knowledge and understanding of the underlying trajectories of a phenomenon or social world.

In this context, Okere (1983) envisages that both philosophies (contemporary and traditional) have a history that needs to be hermeneutically analysed to minimise the worst and draw the best out of them. In that sense, the historical hermeneutics denotes the idea of one's interest in reflecting the historical knowledge that underpins the human experience in general and a particular social phenomenon such as OVC. Thus, to have a broad view of the hermeneutic concept in this study, there is a need to conceptualise it from different views. Fredrick Schleiermacher (1799-1804), Wilhelm Dilthey (1833-1911), Hans-Georg Gadamer (1900-2002) and Paul Ricoeur (1913-2005) are regarded as fathers of hermeneutics who influenced the emergence of cultural hermeneutics. Whilst these philosophers' hermeneutical perspectives were important, the focus was placed on cultural hermeneutics of Okere (1983) which was used to bridge the gap between the contemporary and traditional OVC coping strategies. Cultural hermeneutics philosophy provides theoretical underpinning that is indispensable in the creation of an integrated model for OVC through an open system knowledge production approach.

3.2 OKERE'S CULTURAL HERMENEUTICS AND HUMAN NEEDS

Okere's hermeneutics is grounded on mediating diverse cultures and philosophies for a meaningful contribution to community development. In his enquiry into the possibility and conditions of establishing African philosophy by critiquing the four trends of African philosophy (ethno-philosophy, sage philosophy, nationalist-ideological philosophy and professional philosophy), Okere adopts a hermeneutical method (Chinedu, 2012). Further to this, Chinedu (2012) emphasises that Okere's hermeneutics proceeds from the Heideggerian-Gadamerian conception of interpretation as an ontological event. According to Okere (1983), hermeneutics is an epistemological tool for mediating culture and philosophy. From his understanding, Okere expands his cultural hermeneutical interests beyond the contemporary African culture and philosophy to mediate the global philosophies and cultures.

Hermeneutics, in Okere's view, has a long history through Greek, Jewish-Christian tradition and Husserl and beyond (Okere, 2005). This view is supported by the chain of hermeneutical philosophers conceptualized in this study as the impetus to Okere's cultural hermeneutical philosophy. According to Onah (2005), the common position of hermeneutical philosophy postulated by Heidegger, Gadamer and Ricouer that appeals to Okere is that hermeneutics denies the fact that there is a single objective true interpretation transcending all viewpoints and that humans remain confined within their own worldview. Chinedu (2012) posits that Okere admires Heidegger's hermeneutics of understanding. In this view, Heidegger perceives hermeneutics not as a doctrine of the art of interpretation itself but rather as an attempt to determine the essence of interpretation from hermeneutical being himself. Hence, Heidegger's hermeneutical focus was in the ontology of being. From this ontological understanding of being, Okere developed his cultural hermeneutics through questioning Heidegger's hermeneutics of understanding, as to the mode of being which exists only by understanding (Okere, 2005). As a result, such critical questions led Okere to review hermeneutics from a game of mere

interpretation but as an epistemological tool to mediate rival cultures and philosophies.

Linge (1977) and Naugle (1997) regard Hans-Gadamer as the most important proponent of contemporary hermeneutics. Okere (1981) acknowledges that Gadamer inspired his cultural hermeneutics through his dialectic or conversational hermeneutics. Okere also admires the Gadamerian dialectic hermeneutical sub-division, which encompasses understanding, interpretation and application (Chinedu, 2012). In this view, Gadamer (1977) argues that people do not simply understand the person's views or opinions, but also consider the validity of such views in their own concrete existential situation. This hermeneutical notion of Gadamer was also substantiated by Ricouer in his textual interpretation theory. Thus, what it means here is that Okere advanced Gadamer's and Ricouer's hermeneutics to develop the cultural hermeneutics that seeks to integrate cultures and philosophies that are favourable and appropriate to modern existential societal challenges. In this respect, Okere consistently concurs with the Universalists' argument in Owolabi (1999:66):

> *African philosophy instead of venerating the African culture the way ethno-philosophers ought to critically engage with the culture. It ought to criticize certain items in our culture that do not favour our development as a society. It can also reconstruct the culture in order to make it respond appropriately to societal challenges.*

This Universalists' argument therefore became the central point of Okere's cultural hermeneutics (Okere, 2005). According Chinedu (2012), Okere's cultural hermeneutics challenges the African scholars to rise above the mental and psychological domination of Western elites, making use of the rich African heritages as raw materials for philosophizing both within and outside the African phraseology. Drawing on Ricoeur's diplomatic mediation of Schleiermacher, Dilthey and Gadamer's hermeneutics in his textual interpretation theory, Okere also establishes his cultural hermeneutics through a diplomatic mediation of cultural diversities and philosophical perspectives respectively (Okere, 1981). Okere in his cultural-philosophical hermeneutical mediation argues that every philosopher is a product of a particular culture; hence philosophy is related to culture in a unique

way. He further argues that philosophy is a unique cultural form (Chinedu, 2012). From Okere's assertion, it can be recognized that although culture and philosophy may appear different they are objectively the same. Okere objected to the accusations conceded by the Universalist philosophers (professional philosophers) to the Particularists (ethno, sage and nationalists) as not philosophical because it is not written down and universally ratified. As a result, Okere's cultural hermeneutics was predicated on critiquing both the Particularist and Universalist philosophers to diplomatically draw the best out of them.

According to Chinedu (2012), Okere also draws his cultural hermeneutics from his tutor Ricoeur, as previously indicated. Evidence from the literature (Nnoruka, 2005; Okere, 2005) suggests that Ricoeur finds himself within the setting of the relationship between culture and philosophy. Chinedu (2012) points out that Okere therefore draws inspiration from Ricoeur and ingeniously develops the hermeneutics of Ricoeur and those of his predecessors within the context of definite culture. Following the line of these philosophers and appropriating their thoughts, Okere supports the fact that philosophy is context-bound since all thoughts and experiences can be interpreted within ones' environment. Thus, Okere made two explicit deductions from the thoughts of the fathers of hermeneutics (Chinedu, 2012). The first is that a reflection on symbols with a view to make the meaning unequivocal would constitute Africa's philosophy. Secondly, drawing from Ricoeur's dictum that symbols give food for thought, Okere made the affirmation that philosophical interpretation or hermeneutics of symbols of African culture is a philosophy (Okere, 2005).

Premised on these views, it can be argued that the assertion that the crux of Okere's thought is to a large extent founded on the thoughts of Western hermeneutical philosophers such as Gadamer, Dilthey, Heidegger and Ricoeur. However, he sets a unique tone in his cultural hermeneutics by creating harmony between the global rival philosophical perceptions (Particularists and Universalists). In this context, Okere presents reflections and explications on the role of hermeneutics in bringing about African philosophy through traditional culture. He argues that whilst ethno-

philosophy lacks the essential characteristics of a philosophy on the ground of universal doctrine and findings, every philosophy must be contextually interpreted and draws its strength from its culture and mob psychology that intricately binds the society together (Bloor, Frankland, Thomas & Robson, 2001). To establish the relevance of Okere's historical cultural hermeneutics, it is pertinent to understand his critique of ethno-philosophy and how he mediated it with its contemporary rival philosophies.

3.2.1 Cultural Hermeneutics in Knowledge Production

The relevance and applicability of the cultural hermeneutical heritage by Okere in community-based coping strategies for OVCs rests on cultural and philosophical mediation, which paves the way for the integration of the traditional and contemporary strategies for OVC care and support systems. Anthony (2014) argues that the clash in positions between the Universalist and the Particularist schools of thought are to a large extent determined by the degree to which a philosopher has been globalized or modernized. Accordingly, Egubnu (2013) defines Universalist philosophy as an African school of thought advocated by those educated African philosophers who were trained abroad. The Particularist philosophy is defined as the African indigenous and culturally oriented philosophy, which is embedded in ethno-philosophy, sage and nationalist philosophy (Egubnu, 2013). In addition to colonialism and globalization, Chimuka (2001) argues that the Universalist philosophers have done much to constrict and subjugate the traditional African systems in development.

Influenced by the historical hermeneutics protagonist, Okere propounds a cultural hermeneutical heritage theory to strike a balance between conventional African philosophies and western philosophies (Okere, 1983). In contrast, contemporary philosophies include, but are not limited to, the Confucian tradition of Asia and the Platonic-Aristotelian tradition of Europe (Jacobs, Gaupei & Herbig, 1995; Crooke, 1651; Hackett, 1974; Ware, 1955) (see Chapter 2). According to Okere (1983) historical hermeneutics is an epistemological tool for mediating cultures or philosophies. Mediating philosophies that underlie the coping strategies and

governance approaches will culminate in the integration of the coping strategies. Okere (1983) argues that historical hermeneutics heritage is focussed on the interpretation of human experiences from different cultural environments or traditions to reach a common ground. This common ground is that which is envisioned as the development of new knowledge through the integration of the traditional and contemporary OVC coping strategies. Chimhanzi (2000) explicates the integration or mediation process as a collaborative process of two different units to make them one and further argues that the outcome of the integration process is in creating a dependence and interdependence culture, which allows the smooth flowing of resources from one unit to the other. Whilst different methods and theories can be used to achieve this, the cultural heritage of Okere (1983) was found to be pertinent in this study.

The cultural hermeneutical heritage of Okere appraises the efficacy of indigenous cultural heritage through integrating heritage with compatible contemporary ideas. In this context, the cultural hermeneutics method was found pertinent to theoretically facilitate the integration of traditional and contemporary OVC coping strategies. Okere's cultural hermeneutics as an epistemological tool appropriately resonates with the idea of integration as a means to sustainable development. His idea of mediating culture and philosophy is the present researcher's penetration point into the gap and a contribution to the existing body of knowledge. Put simply, the question to be addressed in the study is the following: How can the traditional and contemporary coping strategies be integrated for sustainable livelihood of OVC care and support in the Gutu District of Zimbabwe? As explained in chapter 2 on theoretical literature review, Ubuntu philosophy is primarily aligned to the traditional approaches of providing the basic needs, while western philosophy relates to the contemporary approaches. Drawing on his predecessors, cultural hermeneutics of Okere is a proven and tested model for knowledge production and development (Kafle, 2011). In this study, the hermeneutics of Okere was methodologically deployed to generate new knowledge beyond the traditional closed system approach by using an open system approach.

3.2.2 Open and Closed Systems in Knowledge Production

The closed systems approach has its intellectual roots in the Newtonian worldview (Kafle, 2011). This was mainly because of its links with the Newtonian principles that are rigid, mechanistic, focused on status quo and non-accommodative of novel ideas. In this context development issues were supposed to originate and be implemented from within rather than from without. Matshabaphala (2001) argues that in a globalized and dynamic world, developmental discourses should not be informed by inflexible, status quo and mechanistic methodologies. Against this background, the New World order in the open systems paradigm came into existence. Conceptually, the open systems paradigm designates issues like flexibility, change, adaptation, becoming, discontinuity, irreversibility, outer and other directedness philosophies (Harding, 1998). With reference to community based OVC coping strategies (i.e. traditional and contemporary), the advancement of knowledge in OVC care and support can be realized through diplomatically mediating traditionalism, medievalism and modernism philosophies through the lens of cultural hermeneutics within the context of the open systems paradigm. These philosophies are instrumental in understanding how people respond or cope with their existential challenges in difficult times.

3.2.2.1 Traditionalism and Knowledge Production

Traditionalism as a philosophy means deep respect for long-held cultural and religious practices as the worldviews or frames of reference that guide people's behaviour (Chuka, 2012; Sindhu, 2015). According to this philosophy, traditional beliefs or values are those that ensure order, tranquillity and stability in the society in all facets of life (economic, political, social, cultural and religious). By implication traditionalists resist change at all costs. According to Matshabaphala (2001) and Sindhu (2015), these traditional ways of thinking are more pronounced in the developing world than in developed countries. That being the case, under-development in the Global South is attributed to traditionalism simply because it is antithetical to the sustainable socio-economic development issues, which in this

case is related to the improvement of social wellbeing of OVC through the provision of basic human needs. Inextricably linked to this conception is the closed system approach of knowledge production, which is not only narrowly embedded in the African Ubuntu philosophy but also in other global philosophical traditions such as *bildung* and Confucianism (Chuka, 2012). Despite traditionalism philosophy being viewed as an antithesis to achieving sustainable development in the Global South, it is ironically the same traditionalism philosophy (*bildung)* used in the development process in the Global North and the Asian Tigers (Confuciancism). Therefore, in the final analysis the intellectual argument in this study is advocating for a diplomatic mediation of these contesting philosophies through Okere's cultural hermeneutics. In the context of the OVC sustainable livelihoods (basic needs), cultural hermeneutics through an open systems paradigm of development advocates for the integration of the traditional and contemporary (modern) philosophical underpinnings. In so doing, this authenticates the construction of an integrated model based on the open systems school of thought as new knowledge.

3.2.2.2 Medievalism and Knowledge Production

The medievalism philosophical thought, according to Matshabaphala (2001) and Alexander (2007), emerged from the spiritual, mythological, ecclesiastical and transcendental preponderance of the popular religions that animated the medieval era. During this period all aspects of human existence (economic, social, political, cultural and legal) were strongly rooted in the essential fundamentals of this philosophy. To this extent, there was a widespread belief that behind every matter there was spirituality (i.e. spirituality was believed to be preceding matter). With this spiritual belief humanity was believed to be pre-destined and pro-ordained by the unseen and ineffable omnipresent, omniscient, omnipotent and omni-benevolent deity (Alexander, 2007). With reference to this study an important question to be asked relates to the relevance of the principles of this philosophical tradition in mitigating the contemporary challenges of OVC care and support.

Cognisant of the fact that some FBOs (which are purely ecclesiastical) are part of the stakeholders implementing different coping strategies to mitigate the challenges

of OVC care and support, some of the relevant principles of medievalism compatible with those of traditional and contemporary contexts can be diplomatically integrated to provide a holistic context-specific integrated model. The philosophy currently being used by the traditional authorities in Zimbabwe (i.e. those implementing the traditional coping strategies) is based on this medievalism philosophy as they derive their authority to do whatever they do from certain spiritual supreme beings. Furthermore, the constitution of Zimbabwe legalizes religious pluralism. That being the case, all the OVC stakeholders in Zimbabwe (government, traditional authorities, NGOs, FBOs and others) base their intervention philosophies on certain supreme deities. Thus, even though we are in the era of post-modernism, some remnant elements of medievalism continue to permeate the intervention philosophies of these stakeholders and religious beliefs have a strong bearing on how OVC stakeholders try to provide basic human needs to OVC.

According to Matshabaphala (2001), some contemporary civil society organizations engaging in the development discourse derive their roots and influence from this medievalism philosophical thought. This is because the majority of these NGOs, FBOs and CBOs were and are derived from churches of different denominations. They were established against the background of helping the underprivileged and disadvantaged groups in the society (which are often, but not exclusively, OVC) as part of their charity and evangelism work. Christian churches, according St Francis of Assisi, are premised on preaching the gospel through action (i.e. charity) and when necessary through communication, as he explained: “Preach the gospel always, and if necessary, use words.” That being the case, it may be argued that ecclesiastical and spiritual issues remain relevant in mitigating the contemporary challenges of OVC in Zimbabwe through at least the provision of basic needs).

3.2.2.3 Modernism and Knowledge Production

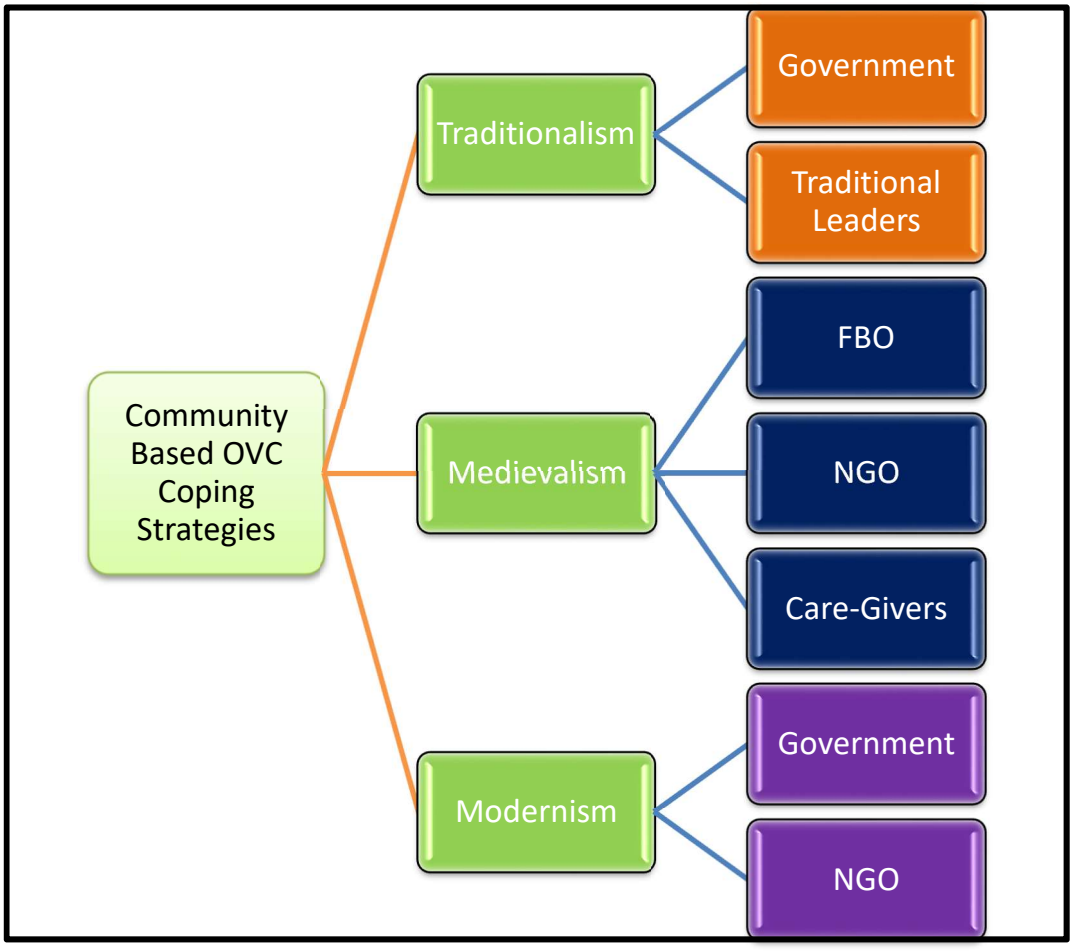
The philosophy of modernism entails embracing novel systems, ideas, styles and social trends as an antithesis to those held firmly in traditional philosophical thought

(Chuka, 2012; Sindhu, 2015). To this end, modernists believe that traditional styles, systems and values are hindrances to the pursuit of both individual happiness and freedom. In this regard, Matshabaphala (2001) and Sindhu (2015) observe that the philosophy of modernity brought about imperative developments in understanding the existential experiences of humanity in the contemporary globalized environment. This philosophical orientation is linked to the open systems development paradigm, primarily because the open systems approach accommodates the elements embedded in traditionalism which are still relevant in contemporary times and integrates them with novel development ideas. Against this background is Okere's diplomatic meditation of these seemingly rival philosophies through the cultural hermeneutics methodology. In the context of the Global South, traditional approaches are still relevant but overstrained with the increase in OVC due to the HIV/AIDS pandemic and other socio-economic problems. Thus, traditionalism, despite its relevance in the Global South in providing the basic human needs of OVC, has not adapted to the changing environment. Cognisant of this, the intellectual argument of this study is advocating for the integration of the compatible elements entrenched in traditionalism with relevant elements of modernism.

This approach will facilitate the advancement of knowledge through the construction of an innovative context-specific hybrid model necessary for enhancing sustainable livelihoods of OVC in Zimbabwe. This is in accordance with Okere's cultural hermeneutics of constructing a new model within the context of the open systems development paradigm rather than the closed one. Figure 3.1 below demonstrates the link between the community-based OVC coping strategies, knowledge production philosophies and the OVC stakehoders. The intellectual argument in this section, according to Okere (2005), is that the community-based coping strategies of the stakeholders are informed by developmental philosophies such as traditionalism, medievalism, modernism and neoliberalism. In this regard, the incongruency of community-based coping strategies are perpetrated by different philosophies as espoused by various stakeholders. For instance, in the context of this study, the government as a major stakeholder in OVC embraces a mixed

philosophical approach that is more inclined to traditionalism, whereas NGOs and FBOs approach incorporate medievalism and modernism and are opposed to traditionalism. The traditional leaders predominantly, uphold traditionalism and medievalism through their transcendent beliefs in a supreme deity. Okere (1983) suggests that whilst philosophies differ in approach, they have so much in common that if they can be reconciled this will produce an innovative and integrated model that can be used to mitigate human challenges better than relying on a single model.

Figure 3.1: Coping Strategies, Knowledge Production & OVC Stakeholders



Source: Author (2015)

As illustrated in Figure 3.1 and discussed above, various communities in Zimbabwe and beyond are experiencing increased tensions between developmental philosophies in a manner that does not leverage synergy and integration. Ibuot

(2001) postulates that some development philosophies meet a lot of resistance in societies that use a closed systems paradigm especially those based on medievalism and traditionalism. In so doing, the powerful global philosophies such as medievalism, modernism and neoliberalism override even the compatible relevant elements embedded in traditionalism (Chimuka, 2001). This study through Okere's cultural hermeneutics envisages the construction of an integrated model for OVC care and support through reconciling the compatible relevant elements embedded in the philosophies. Thus, this discourse of philosophical incongruency and its reconciliation justifies the production of new knowledge that is peculiar to OVC care and support in Zimbabwe.

3.3 HISTORICAL DEVELOPMENT OF CHILD'S RIGHTS CONCEPT

The historical development of children's rights is a critical concept to be discussed in this study because it is linked to the basic human needs theory. Furthermore, UNICEF (2006) asserts that children's rights are universal standards set to regulate the relationship between children and the adult society. There is thus an assumption that children's rights in the modern world determine the well-being of a child. However, studies carried out by Levine and Levine (1991), Banana (1994), Mash and Wolfe (1991) and Korbin (1994) do not fully support such an assertion. The foregoing proponents argue that children's rights did not come as a complementary model but rather undermined the existing culturally oriented childrearing models as child maltreatment and as being primitive.

In other words, according to Shamalingigwa (2009), children's rights are the manifestation of the Western models of childrearing that have come into collision with African indigenous systems of childrearing. Reyneke (2004) observes that the needs of children were identified in African traditional systems and Africans had their stipulated cultural ways of meeting them. Discussing the historical development of children's rights becomes in a sense a comparison of contemporary philosophy with Ubuntu philosophy (Letseka, 2000). Comparing Ubuntu and contemporary philosophies in childrearing (the rights-based model and the traditional models) is another way of viewing the relationship between Western and

African governance systems. The development of children's rights and the subsequent tensions in relation to the African traditional systems of childrearing is discussed below.

3.3.1 Early Children Maltreatment

Clinton (1973:14) explains that, "The phrase 'children's rights' is a slogan in search of definition within different cultural environments". Clinton's analysis was based on the flawed relevancy, applicability and acceptability of children's rights in some countries, particularly African countries which perceived human rights with mixed feelings because of colonialism. Prior to the promulgation of comprehensive international human rights for children, Weisberg (1978) postulates that children were conceptualized differently by different people. Hodgson (2009) argues that the notion that children have, or should have, rights is of relatively recent origin. In early history, Shanalingigwa (2009) explains, children were viewed as the property of their parents who could do with them as they deemed fit. Levine and Levine (1992) explain that parents could kill their children at will, sell them into slavery, maim them or abandon them. Hodgson (2009) and Clinton (1977) share the view that historically children were regarded as socially insignificant, which culminated in maltreatment from adults. The World Health Organisation (WHO) (2006:4) regards maltreatment of children as being, "physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children, as well as their commercial or other exploitation". Culturally in the history of many nations children were used as political hostages and securities for debt (WHO, 2009).

A classic example is found in Babylonian history where child sacrifices were practiced as a normal cultural and religious practice (Hodgson, 2009; Wesberg, 1978). Evidently, the religious practice of child sacrifice was confirmed when Abraham, the progenitor of Israel, was asked by God to sacrifice his beloved son Isaac as a sign of obedience to God (Genesis 22:1-19, Holy Bible-New International Version (NIV), 2011). Weisberg (1978) posits that sexual abuse of children, child sacrifices, genital mutilation and infanticide of female and illegitimate children occurred in the ancient world. UNICEF (1996) reports that unwanted or weakling

children were considered a burden to the family and therefore were abandoned or sold into slavery or prostitution. Hodgson (2009) notes that what is now considered childhood was thought to be an unimportant transient period of physical and mental immaturity, which culminated in children assuming adulthood responsibilities at an early age. Thus, Hodgson (2009) argues, in the 18th century children were regarded as chattels, economic assets or property of the parents, especially fathers.

Maltreatment of children by their parents until the 19th century was perpetuated by the Roman civil doctrine of *patriapotestas* (translated as paternal power or authority) (Clinton, 1977; Hodgson, 2009; Weisberg, 1978). *Patriapotestas* is a Latin phrase which denotes the aggregate of those powers and rights which in Roman law belonged to the father. This discussion explains how these patriarchal or paternal powers over children and women are like Ubuntu and Confucian philosophies. For instance, in relation to Ubuntu, Samkange (1980) observes that children were the progeny of the father and their value was based on the socio-economic powers they gave to the father. Similarly, UNICEF (2006) reports that while cultural values and traditions are important they may also insinuate maltreatment of children.

Maltreatment of children is the dark side of some African practices in childhood development. Classic examples of child maltreatment in Zimbabwe include *kuzvarirwa* (girl child pledging), *kuripangozi* (appeasing avenging spirits), *musengabere* (forcing a girl child to marriage) and *kuchekeresa* (ritual performed for business fortunes). Neither African nor European childrearing philosophies are without blame regarding the poor treatment of children. Weisberg (1978) demonstrates that the Roman law affected child maltreatment, a phenomenon which is prevalent in Ubuntu and Confucian traditions. In view of the cultural oriented child maltreatment, Chivasa and Mutsvangwa (2014) argues that although the ideas were later infused with ulterior motives the original concepts did not have ulterior motives. For the purposes of illustration, Shanalingisa (2009) outlines culturally incontestable child maltreatment that orchestrated the promulgation of children's rights as shown in Table 3.1 below.

Table 3.1: Empirical Situation Considered Maltreatment of Children by Parents

From Giovannoni & Becerras Vignette Study (1979)	**From Sedlack & Broadhurst (1996). National Incidence Study of Child Abuse and Neglect**	**Cross-Cultural literature and anecdotal accounts from graduate students from Africa at the University Minnesota (2004)**
Physical Abuse -The parents burned a child on the buttocks and chest with a cigarette. -The parents immersed the child in a tub with hot water. -The parents hit the child on the face. -The parents banged the child against the wall while shaking him by the shoulder and ears.	**Physical Abuse** Physical injury as a result of: -Punching the child -Beating the child -Burning the child -Shaking the child -Throwing the child -Stabbing the child -Choking the child -Hitting the child with hands, stick, strap or other objects.	**Physical Abuse** Any physical force or action that results in or may potentially result in non-accidental injury to the child which exceeds that which could be considered reasonable discipline. -Slapping or butting the child -Throwing or restraining the child -Hitting, punching or shaking the child - Spanking the child -Pinching the child -Pushing the child
Sexual Abuse	**Sexual Abuse** -Involvement of the child in sexual activity	**Sexual Abuse**

-On one occasion, the parent and the child engaged in sexual intercourse -On one occasion parent and child engaged in mutual masturbation -The parent repeatedly suggested to the child that they have sexual relations -The parent repeatedly showed the child pornographic pictures On one occasion the parent fondled the child's genital area	-Molestation with genital contact -Contact for sexual purposes -Molestation -Exploiting the child by prostitution -Production of pornographic materials -Exposure incest -Other sexual exploitation	-Includes activities by a parent or caretaker such as Involuntary sexual intercourse with a child -Fondling child's genitals -Having sex where child can see -Body parts exposure -Exploitation through prostitution -Exploitation through sexual publicity -Forced/arranged marriage of the child -Traditional sexual initiation processes -Child trafficking
Fostering Delinquency **-**Parents make small articles from the supermarket -The parents make the child take stolen merchandise to a store that sells it illegally	**Fostering Delinquency** -Encouragement of illegal behaviors -Use the child to sell illegal items - Make the child miss school	**Fostering Delinquency** -Use the child to sell illegal items -Use the child as a source of family income -Make a child undertake duties inappropriate to his/her physical ability -Deprive a child of education -Encourage the child to be money minded

Supervision -Parents regularly leave their children alone outside the home after dark, often as late as midnight -Parents regularly leave their children alone inside the house after dark, often they did not return until midnight -Parents regularly leave their children alone during the day until almost dark	**Supervision** -Failure to provide age-appropriate care although financially able or offered finances or other means to do so -Left the child alone at home -failure-to-provide supervision to the child -Abandonment	**Supervision** -Failure to provide necessary supervision -Failure to provide necessary food -failure to protect children from harm -leaving children to sleep in a separate dark room
Housing -The parents live with their children in an old house. Two windows in the living room where children play have been broken for some time and the glass has very jagged edges	**Housing** -Failure-to-provide appropriate shelter -Safety hazards pose danger -Lack of stable home -Neglect-of-household sanitation -Crowded housing	**Housing** -Without shelter or relatives to stay with -Living in the street (physical abandonment). -Not welcome to stay with parents -Inadequate housing -costly housing
Emotional Mistreatment	**Emotional Mistreatment**	**Emotional Mistreatment**

-The parents dressing their son in girl's clothing -Putting make-up on him -The parents keeping long curls on him -A severely emotionally disturbed child -The parents refuse treatment for themselves or for their children -The parents constantly scold their children calling them bad names	-Isolating the child -Ignoring the child -Corrupting the child -Restricting the child -No guidance given to the child -Threatening the child -Scaring the child -Discriminating against the child -Ridiculing the child -Refusal psychosocial care to the child -Over-controlling the child	-A pattern of behaviour that impairs the child's emotional development or sense of self-worth -Rejecting the child -Criticizing the child -Unconcerned about the child -Isolating a child -Discriminating against a child -Over-loving the child -Granting too much freedom to the child -Parents not providing adequate security for the child
Drugs/Alcohol -Parents always allow their children to stay around when they have friends over to experiment with cocaine -The parent experimented with cocaine while alone taking care of the children	**Drugs/Alcohol** -Parents abusing chemicals -Drug-affected newborn -Positive toxicology on child -Developmental delay as a result of parents' use of drugs	**Drugs/Alcohol** -Encouraging or permitting children to use drugs or alcohol -Substance abuse by the parents -Drug use during pregnancies -Drug-dependent parent

-The parents using marijuana occasionally, but the father's brother is an addict, visits their home often and has used cocaine in front of their children - A parent became very drunk while alone taking care of the child -A parent got very high smoking marijuana while alone taking care of the child -The parents always allow their children to stay around while they have friends to smoke marijuana -The parents always allow children to stay around when they have drinking parties -The parents leaving bottles of whiskey around the house in a place where children can access them -The parents let their children sip out of their glasses when they are drinking whiskey		-Positive toxicology of a parent at delivery -Withdrawal symptoms of the child -Medical-effects or developmental delay during child's first year as a result of parent's use of drugs

Medical Neglect	**Medical Neglect**	**Medical Neglect**
-The parents ignore the fact that their child was obviously ill when crying constantly and not eating -The parents ignore their children's complaint of earache and chronic ear drainage -The parents have repeatedly failed to keep medical appointments for their children -The parents do not provide health care for their children -The parents have not given their children medication prescribed by a physician -The parents have not taken their child to dentist -The parents have failed to obtain an eye examination for the child	-Failure to obtain medical treatment for the children -Denial or deprivation of medical or surgical treatment -Failure to follow medical advice or instructions	-Parents unwilling to try alternative treatment (traditional) -Negligence in providing adequate medical care -Parents unable to make medical decisions for their children -Parents unwilling to accept medical referrals to tangible services

Educational Neglect -The parents frequently keep their children out of school -The parents know their child is truant but they don't do anything about it -The parents frequently let school-age child stay home from school for no reason -The parents never see to it that their children do homework -Parents allow children to watch TV every evening	**Educational Neglect** -Parents who don't provide the necessary support and supervision to promote education of their children	**Educational Neglect** -Parents fail to encourage and promote education for their children
Parental Sexual Mores -Parents permit a relative who is a prostitute to bring customers to their house - A divorced mother who has custody of her child is a prostitute -A divorced mother who has custody of child often brings different men home	**Parental Sexual Mores**	**Parental Sexual Mores** -Sex in the presence of a child -Talking about sex in the presence of a child -Kissing, touching in the presence of a child -Clothing reveals parts of the body

-A divorced mother who has custody of her child is a lesbian		
Food & Nutritional Neglect **-**Parents fail to prepare regular meals for their child -The child has often had to prepare supper -The parents always insist that their child clean his/her plate heaped full of food -Deliberate sectioning children from eating food at home	**Food &Nutritional Neglect** **-**Failure to provide a nutritional and quality diet to the child	**Food &Nutritional Neglect** -Failure to provide nutritional food for the child

Source: Shamalingigwa (2009:34)

As illustrated by Shamalingigwa (2009) in Table 3.1 above, different parenting styles have drawn the attention of the international community to protect children from maltreatment from their parents and community. Clinton (1978), Hodgson (2009) and Weisberg (1973) concurs that these children suffer maltreatment from different cultural perspectives as illustrated and this prompted the promulgation of children's rights protocols. Hong and Hong (1991) suggest that cultural differences in childrearing beliefs and values have greater influence on the definition of child maltreatment. This has caused some cultural groupings to view children's rights with reservation because of cultural relativism. This notion is supported by Korbin (1994) in Shamalinginwa (2009) who argues for the importance of considering cultural meanings and definitions in child maltreatment. For instance, in non-Western cultures punishment for a child includes isolation for several days, beating, deprivation of basic necessities and cutting a child with a sharp object. These cultural contestations in childrearing have been considered in subsequent sections of this thesis. The study examines the development of children's rights at the international level.

3.3.2 Declarations/Emergence of Children's Rights

Premised on the above historical developments, the 19th century marked the ascription to children of a legal personality known as, 'universal children's rights' (Weisberg, 1978). Weisberg further proclaimed that the legal personality of children was an essential precondition of possessing rights and secured space under law that stipulates the parameters of their personalities apart from adults. As a result, Freeman (1984) declared the inauguration of a children's rights movement in the middle of the 19th century. According to Freeman, the middle of the 19th century is popularly recognized by Jean Valles' attempt to establish a league to protect children's rights. Its failure to amass support and popularity is viewed as the precursor to the child's rights movement such as the League of Nations.

Arguably, Valles' early ideas culminated in the enactment of child welfare legislation to criminally sanction and terminate unconditional parental rights to their children (Freeman, 1992). Thus, from the foregoing discussions, the League

of Nations, which was subsequently transmuted into the United Nations (UN), took centre stage in formulating children's rights from 1924 to 2007. Table 3.2 below illustrates the subsequent UN Conventions on children's rights to date, despite the challenges encountered emanating from cultural contestations and relativism.

Table 3.2: The Evolution of International Standards on Children's Rights

Year	Name of Convention or Declaration	Description/Explanation
1924	Geneva Declaration on the Rights of the Child (GDRC)	The League of Nations adopts the Geneva Declaration on the Rights of the Child (GDRC). The declaration established children's rights to mean material, moral and spiritual development, special help when hungry, sick, disabled or orphaned; first call on relief when in distress, freedom from economic exploitation; and an upbringing that instills a sense of social responsibility.
1948	Universal Declaration of Human Rights (UDHR)	The UN General Assembly passes the Universal Declaration of Human Rights, which refers in Article 25 to children as entitled to special care and assistance.
1959	United Nations Declaration of the Rights of the Child (UNDRC)	The UN General Assembly adopts the Declaration of the rights of the child, which recognizes rights such as freedom from discrimination and the rights to name and nationality. It also specifically enshrines children's rights to education, health care and special protection.
1966	International Covenant on Civil and Political Rights (ICCPR) and International Covenant on Economic, Social and Cultural Rights (ICESCR)	The ICCPR and the ICESCR were adopted by the UN in 1966. The Covenants advocate protection for children from exploitation and promote the right to education.

1973	Convention No.138 on the Minimum Age for Admission to Employment	The International Labor Organization (ILO) adopts covenant No.138 on the Minimum Age for Admission to Employment, which sets 18 years as the minimum age for work that might not be hazardous to an individual's health, safety or morals.
1979	Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	The United Nations Assembly adopts the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which provides protection for the human rights of girls as well as women. It also declares 1979 as the Year of the Child, which sets in motion the working group to draft a legally binding convention on the rights of the child.
1989	UN Convention on the Rights of the Child (UNCRC)	The UN General Assembly unanimously approves the Convention on the Rights of the Child, which enters into force the following year.
1990	World Declaration on the Survival, Protection and Development of Children (WDSPDC)	The 1990 World Summit for children adopts the World Declaration on the Survival, Protection and Development of children along with a plan of action for implementing it in the 1990s.
1999	Convention No. 182 concerning the Prohibition- and Immediate Action for Elimination of the Worst	The International Labor Organization (ILO) adopts Convention No.182 concerning the Prohibition and Immediate Action for the Elimination of Worst Forms of Child Labor.

	Forms of Labor (CPIAEWFL)	
2000	UN Optional Protocol to the Convention on the Rights of the Child (UNOPCRC)	The UN General Assembly adopts two Optional Protocols to the Convention on the Rights of the Child: One on the involvement of Children in armed conflicts and the other on the sale of children, child prostitution and child pornography.
2002	A World Fit for Children and HIV/AIDS Orphaned Children.	The UN General Assembly holds a special session on children orphaned by HIV/AIDS and the first meeting to specifically discuss children's issues. Hundreds of children participate as members of official delegations, and world leaders commit themselves to a compact on child rights, 'A World Fit for Children'.
2007	UN Declaration for Children's-Rights (UNDCR)	The five-year follow-up to the UN General Assembly Special Session on Children ends with a Declaration on children adopted by more than 140 governments. The Declaration acknowledges progress achieved and the challenges that remain, and affirms commitment to the 'World Fit for Children Compact', the Convention and its Optional Protocols, which were subsequently ratified and enforced by 128 countries in 2009.

Source: Adapted from UNICEF (2010)

Illustrated in Table 3.2 above is the arduous process and stages through which the childhood and child's rights protocols passed through. The chronological sequencing of child rights started in 1923 and was followed with several subsequent declarations. Shamalingigwa (2009) opines that these conventions have been practically tried and tested internationally but still encounter challenges in some parts of the world. For instance, in Africa where cultural diversities are acute when compared to European cultures, they strongly influenced the enactment of child's rights. As discussed in the foregoing sections of this study, the foundation for the formulation of children's rights was instigated because of child maltreatment.

Levine and Levine (1991) argue that the protagonists of children's rights did not consider global cultural contestations and relativism. Despite these philosophical tensions in relation to childrearing, the contributions made by the UN to establish child welfare services at global level cannot be overemphasized. These cultural antagonisms resulted in confusion and socio-economic anarchy in some societies where the concept of child rights was unwelcome. This gap, as Banana (1981), Mararike (2001) and Mbigi (1995) agree, resulted in a lack of sustainability of development programmes with non-European cultural oriented such as in Zimbabwe.

3.3.3 Historical Evolution of Child Welfare Services

The evolution of social welfare services in the form of insurance, assistance programmes and protection emerged in Europe in the 1800s (Miller, 2011). Murisa (2010) and Miller (2011) posit that social welfare was developed to offer assistance to disadvantaged people such as the elderly, OVC and poor people. In European countries, social welfare was established following the need for Charity Organization Systems (COS) to put their social theory into practice (Woodroofe, 1962; Lewis, 1995). According to Woodroofe (1962) and Lewis (1995), the original thrust of social welfare was to co-ordinate and offer administration services to the charity organizations involved in various forms of relief from poverty. In doing so, Webb (1926) reveals that the understanding was reached about the respective roles and purposes of the two arms of welfare, namely Charity and Poor Law in Britain

in the 1800s. Thus, charity was to be the first option for people in need and poor. Law and its institutions would function as a general safety net for the charitable institutions (Lewis, 1995). It is therefore located within the same Eurocentric welfare framework that was replicated by white people in the 19th century in Africa during the colonial era.

Dixon (1987) observes that in Africa social welfare programmes were originally developed in the 1950s and 1960s as a safety net for white workers, their children and the elderly people. According to Kaseke (1988), the development of social welfare in Africa is inextricably linked to the countries' colonial history. For instance, Kaseke (1988) notes how racial discrimination in Zimbabwe (then Rhodesia) led to the introduction of fragmented social welfare and security schemes for the non-African population. Mbanje (1986) argues that services from the social welfare sector were originally not intended for Africans but for the non-African population. The needs of Africans were regarded as simple and could be easily met through their peasant economy and traditional support mechanisms.

Accordingly, those who were excluded from the formal social welfare services, largely Africans, continued with the informal traditional welfare systems (Miller, 2011). Miller (2011:3) observed that, "In Kenya, the clan system has operated as a labor union would, pool resources and producing extra support during vulnerable periods". This was also the same in Zimbabwe, where *Zunde ramambo (*King's granary*)* and extended family were used as welfare models despite the presence of formal social welfare frameworks established for a white minority (Mararike, 2004). The role of the African chiefs in social protection and security was conceptualized in a particular context and was later depleted.

The chiefs and the kings remained at the centre of informal welfare approaches until 1980 when Zimbabwe attained its independence. What is underscored here is that, in most of the African countries, dual welfare approaches were in operation. These included the formal social welfare established by white people for their elderly, workers, the poor and retirees, and the informal welfare approach which was a

traditional safety net of family aid, mutual support and communal living (Mararike, 2004). By traditional safety net is meant *Ubuntu/unhu/akane*, or African philosophical social welfare approaches. Machingura (2012) postulates that it was the duty of kings and chiefs to ensure that, "a vulnerable person within his jurisdiction has been fed". Thus, these dual welfares culminated in Zimbabwe having the two parallel welfare systems: (i) the political welfare system that cascades from the cabinet to district level (national, provincial, district and ward); and (ii) the traditional welfare system that starts from the village head to the paramount chiefs (village head, headmen and paramount chief). Murisa (2010) argues that until recently, Zimbabwe's social security has been in support of both the modern or political and traditional welfare frameworks in principle, but at the practical level this has not been the case.

Kaseke (1987), Miller (2011) and Murisa (2010) concurs that the informal system of social welfare was eroded as most of the African countries developed from their primitive socio-economic structures in favour of the Western models. Miller (2011) cites urbanization, emergence of diverse sources of livelihoods, population sizes and modernization as exerting a strong influence via education and technology creeping cross the continent. Thus, according to these proponents, the above factors embedded in globalization have contributed to the extrication of the informal welfare systems in Africa, and Zimbabwe in particular. UNICEF (2006) reports that poverty and AIDS have further destabilized households, changed demographic patterns and escalated the number of OVCs in developing countries.

Consequently, Wanyama (2010) and Chizororo (2008) argue that families living in poverty and HIV and AIDS affected communities started to struggle to meet the basic needs of their families. As such, in an endeavor to rescue, the informal welfare systems were submerged and the communities now looking for the political welfare system to sustain them. The subjugation of the informal welfare system that was based on *Zunde ramambo,* extended families, inheritance models and bridewealth instituted the Western welfare systems. Thus, currently in Zimbabwe and many

other parts of Africa, the government and NGOs have become the welfare models of the general population.

3.3.4 Cultural Contestations in Child Rights and Maltreatment

While several studies in the foregoing discussion, such as Weisberg (1978), Clinton (1977) and Hodgson (2009) agree that child maltreatment is an unfortunate outcome of Roman laws (*PatriaePostas*), which culminated in the enactment of child rights in the 19th century, Shanalingigwa (2009) argues that views on child maltreatment differ considerably due to global cultural contestations. Thus, what is considered a right in one environment may not be viewed the same in another environment. An anomaly arises when one dominant culture wants to be used as a universal culture. Its sustainability, applicability and acceptability become a major challenge in other environments.

Banana (1994) points out that failure to recognize these cultural mismatches has made it difficult for children's rights to find space in other cultural contexts. Some non-European nations such as Zimbabwe, although they have ratified the children's rights protocols, have seen tensions emerging in relation to the traditional ways of childrearing (Chizororo, 2008). Mash and Walfe (1991) cited in Shanalingigwa (2009) attributes the greater part of these complexities of cultural contestation to different perceptions on child maltreatment. There is a considerable difference between what the European nations and African nations consider child abuse or exploitation of children.

This view was further argued by Giovannon and Becerra (1979) who suggests that families from different cultures employ different disciplinary actions that are acceptable within their society. Giovannon and Beccerra (1979) further state that such disciplinary actions may appear problematic to other cultures. For instance, the Biblical culture says, 'spare the rod and spoil the child' (Proverbs: 28, Holy Bible NIV, 2012). What the Christian doctrine suggests is that a rod can be used for disciplinary purposes and for reinforcing good behaviour in children. However, the

human rights model considers such punishment as maltreatment, exploitation and abuse of a child.

In Zimbabwe, the *Remba* people practice the *'Kuvheneka humhandara'* (girl child virginity testing), *'Chinamwari'* (sexual orientation) and circumcision of boy children. Virginity testing was used to inculcate pride and honour for both parents and child, when a child passed the test and humiliation if the test was failed. Sexual orientation was a formal and practical training process for girls on sexual relationships. Circumcision was used as a form of adult empowerment of a boy child. The idea behind these rituals was not to inflict pain in children but was an adult empowerment process. According to the *Remba* people, they attach great value to these cultural values to the extent that people choose to overlook human rights and follow their own cultural practices. Langness (1974) confirms that African parents believe that ritualized forms of inflicting physical pain on children will prepare them to function more fully in a society. All these cultural practices, when considered in relation to human rights, were condemned and labelled child abuse and maltreatment.

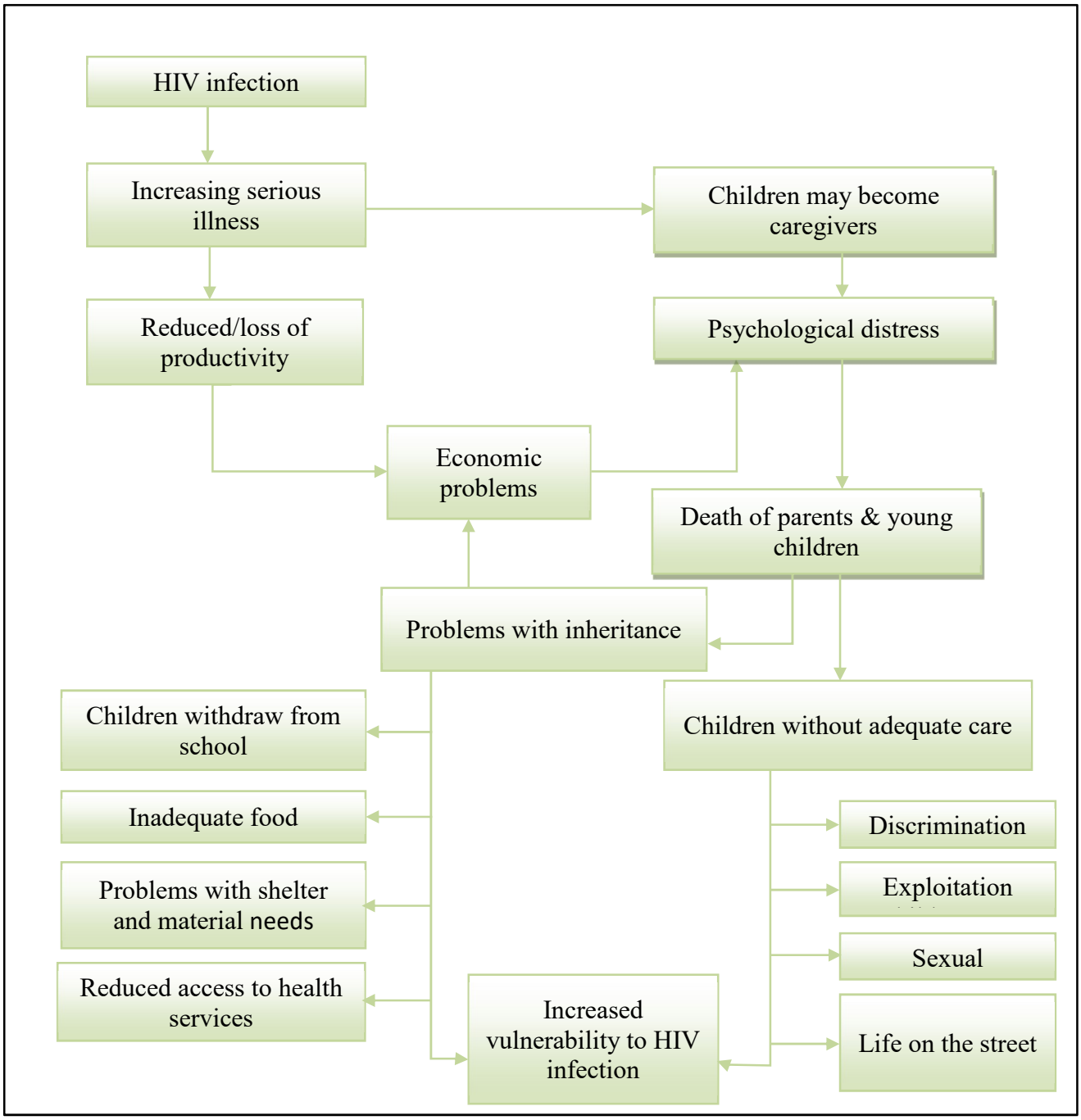
Consequently, in OVC care and support in Zimbabwe, Chimuka (2001) points out that it was culturally unacceptable to call a child an orphan in the presence of his care-giver or guardian. The influx of the NGOs and ratification of the international conventions has shifted the African perceptions of an orphan or vulnerable child. Whilst this is arguably right from the layperson's point of view, it has undermined the relationships of people within their families and communities at large. In fact, it is now difficult to reprimand a child the African way because of the prevalence of children's rights. The result of this is that most of the extended families, because of fear of being incriminated either by default or design, are no longer willing to take care of the children who are not biologically theirs.

3.4 NATURE OF OVC CARE AND SUPPORT IN ZIMBABWE AND SOUTH AFRICA

Traditionally, children have been prioritised in the society and their protection has been of concern (Masuka, et.al., 2012). Masuka further argues that of the over one million orphans in Zimbabwe, only 527 000 of these currently have access to external support. In Zimbabwe, child welfare has been generating attention since independence in 1980. Ndlovu (2011) observes that both traditional and contemporary child support and care revolves around health, shelter and education.

Despite the dissimilarities of the traditional and contemporary OVC coping strategies, they both seek to achieve the same objectives (Ngwerume, 2009). Objectively, the effectiveness of OVC coping strategies lies in physically and mentally developing a child (NAC, Ministry of Public Service, Labour & Social Welfare and UNICEF, 2005; National OVC Policy, 2004). Ngwerume further emphasizes that the nature of OVC care and support embraces both the physical and psychological needs of children. Thus, National OVC Policy (2004) stipulates food and nutrition, education, medical care, psychosocial support and shelter as the major OVC challenges in Zimbabwe and beyond. Figure 3.7 below illustrates the major elements which conceptually and theoretically determine the dimensions of the nature of OVC care and support in Zimbabwe. As alluded to in Chapter One (Wanyama, 2010; UNICEF, 2010; Gomo et.al., 2003), although OVC prevalence is a result of a combination of multiple factors, HIV/AIDS has caused more deaths than any other factors. Following on from this, the nature of OVC crisis, care and support is illustrated below in relation to the impact of HIV/AIDS and chronic poverty on the OVC crisis in Zimbabwe. The combination of poverty and HIV/AIDS has recurrently been identified as the main factor influencing the nature of OVC in Zimbabwe and beyond.

Figure 3.2: Impact of HIV/AIDS and Chronic Poverty on OVC Challenges



Source: Williamson (2000:34)

The diagram (Figure 3.2) above illustrates the various elements that constitute the nature of OVC care and support in Zimbabwe and beyond. Williamson (2000) argues that although the nature of OVC care and support can be expressed in various elements, can be condensed into five major elements as Food security and Nutrition (economic problems and inadequate food); Education (children withdraw from school, life in the street, loss of productivity and increased vulnerability); Medical care (reduced access to health services, increased vulnerability, death of parents and young children); Psychosocial support (life in the street, problems with inheritance, psychosocial stress, discrimination, exploitation and loss of productivity); and Shelter (economic problems, children without adequate care and increased vulnerability). In this view, Williamson (2000) highlights all the socio-economic challenges that the OVC encounter due to the loss of parents because of HIV/AIDS or because of chronic poverty. Such problems can also replicate the Max-Neef (1991) and Maslow (1943) basic human needs theory and the dimensions of care and support deemed necessary to OVC in this study. Accordingly, Reyneke-Barnard (2005) argues that both the traditional (Ubuntu based approach) and contemporary (neo-liberal approach) coping strategies should holistically address these dimensions of needs. This being the case, literature on the nature of care and support provided to OVC is reviewed based on these five key elements.

3.4.1 Food and Nutrition OVC Need

The concepts of food and nutrition were defined by UNICEF (2010) as follows: Food is understood as any audible substance, composed of carbohydrates, water, proteins and fats either eaten or drunk by any animal, including humans to give energy or help build up the body for growth, while nutrition is a process in which one consumes food or nourishing liquids, digests and absorbs and uses them for health and growth. Mugurungi (2006) further defines nutrition as a three-part process that is consumption, digestion and circulation of the food within one's body. Thus, the origin of the word "nutrition" is linked to the Latin words 'nutritionen and nutrine', meaning 'a nourishing' or 'to nourish' (Mugurungi, 2006). In fact, the whole process of metabolism in human and animal bodies is actuated by food and nutrition.

Mugurungi further argues that food and nutrition and the quality of life one lives cannot be disaggregated but is rather understood as one. Food can be consumed in diversity but should provide a balanced diet that is comprised of all the nutrients deemed necessary for the healthy growth of human beings. Informed by these definitions, Ngwerume (2010) reveals that adequate nutrition is universally recognized as the foundation for proper physical and mental development of children. Hence, lack of adequate and appropriate food, especially for children, has long term consequences for their physical and mental growth. Makore-Rukuni (2001) argues that malnourished children score poorly in tests of cognitive function and have poor psychomotor development. The Regional Psychosocial Support Institute (REPSSI) (2001) observes that such children tend to have lower activity levels, interact less with their environment and fail to acquire skills at normal rates. REPSSI further notes that generally lack of adequate food reduces the life expectancy of people and makes them even more vulnerable to disease. Ultimately, erratic and inadequate supply of food culminates in the increase of adult and infant mortality rates in most African countries (Tigere, 2006).

Additionally, inadequate food supply directly impacts on the productive capacity of adults and ultimately their sustained capacity to care for OVC (SAFAIDS, 2009). The ability to provide adequate food and nutrition is the primary element of care by many Zimbabwean families. Chandiwana (2009) argues that in Zimbabwe the provision of food is a major challenge for both the government and the local communities. According to UNICEF (2010), the Zimbabwe Nutrition Survey of January 2010 reveals that there is chronic malnutrition, posing challenges to long term survival and development challenges in Zimbabwe. Thus, the rural communities in Zimbabwe have become a hub of the manifestation of food crisis and poverty. In rural households like those in Gutu District, the main factors in the continued availability of food include family labour, gardening and cattle rearing (Oxfam, 2007). Therefore, human empowerment in those socio-economic areas can enhance sustainability in OVC care and support. Contrary to that, Oxfam (2007)

argues that the poor people in the society, even if they own pieces of land, lack the resources required for production.

Chronic poverty resulting from an unstable global economy, climate change and population growth has affected the socio-economic livelihoods of rural households (Gomba, 2012). Land shortages, especially in Gutu District, predominantly affects households that did not take land distribution seriously in 2002 and chose to remain in their traditional homes. Musungure (2005) reveals in the "Fast Track Land Reform Programme Study in Zimbabwe" that only 30% of the total population in Zimbabwe benefitted from the land reform programme. Consequently, 70% of the population and possibly more are still experience land deprivation. Their animals lack adequate grazing which compels them to restrict their cattle to an insignificant number. More so, the unstable climate changes pose serious challenges to food and nutrition in that there is not enough food being produced in the fields. Subsistence farming which is traditionally known for sustaining rural families has been affected by climate change, resulting in chronic poverty. Chandiwana (2009) identifies the types of crops currently grown to be not relevant, land shortage and the death of the old generation who passed with their wealth of traditional knowledge in food production.

Besides land shortages, studies by Ministry of Health and Child Welfare (2005) in the Zimbabwe National Strategic Planning 2005-2010 indicate a high level of adult mortality due to HIV/AIDS which has affected the agricultural labour pattern of the rural households. The loss of adult bread-winners results in the loss of agricultural skills and experience and breaks the chain of knowledge transfer and labour sharing between generations. A classic example is the extrication of the traditional ways of undertaking farming and ensuring food supplies in the communities (Kaya, 2002). This was mainly due to the deaths of older people who were custodians of indigenous values and traditions. Kaya (2002) emphasizes that this shift from the traditional modes of agriculture into modern approaches were not in tandem with the climatic conditions. The introduction of these modern agricultural approaches contrary to the indigenous knowledge systems accelerated poverty to the local

communities (Tundra, 2004). Tundra (2004) further argues that most of the rural homes are left in the custody of vulnerable and disempowered women due to the deaths of their husbands or because their husbands left to seek employment. Hence, 80% of the traditional agrarian societies rely on women to produce food. This situation is exacerbated by the fact that most of the women are not educated, re landless and experience patriarchal oppression within their societies Kugler, et.al. (2011).

The escalation of these challenges is attributed to the philosophical or cultural conflicts between Western and African food, educational and development models (Kaya, 2002). According to Kaya, the problem of food and nutrition in Africa was not only aggravated by lack of food but by the promotion of Western agricultural, governance and social welfare systems. Ayittey (2006) and Odora (2002) share the same view that in the post-independence era, most of the African countries strove for excellence by embracing Western governance systems, way of life and products. In this regard, Odora argues that Africans aimed for excellence at the expense of relevance. One example of these changes that affected food supplies in Zimbabwe is seen in agricultural systems. Takavarasha and Rukovo (1989) posit that the replacement of traditional crops such as *mhunga* (cereals), *zviyo* (sorghum) and *mapfunde* (rapock) with commercial crops has undermined the harvests of the local people. These crops were important not only for good nutrition but also because they were appropriate to the climatic conditions of the Gutu District (Region 4) in Zimbabwe.

In addition to direct consumption, Chimuka (2001) observes that these crops played a pivotal role in their rituals, especially in their ancestral worship. Traditionally the Zimbabwean social welfare system was chief or kinship-oriented but these structures were undermined. The *Zunde ramambo* and kinship welfare models were replaced by NGOs and social welfare models controlled by the government. The ability to provide enough food had been managed traditionally by the community leaders (chiefs and kings) and it considered an achievement ofthe community leadersif their people are well fed and are happy. Thus, like the Jesus Christ in the

Bible fed the masses and people showered him with all the glorious names as King, Messiah and Bread of life. So, the same should be still happening to the chiefs and kings of the African societies (Machingura, 2012).

Unfavourably, Oliver (1969) argues that although the deification of kings and chiefs in Zimbabwe continues the ability of the masses to provide food has shifted and is now more formalized than it used to be. This formalization, according to Mbigi (1995), removed the socio-economic structures and traditional leadership powers. Alongside other natural factors that contributed to poverty in Zimbabwe, change of crops and socio-economic and political systems have also contributed significantly to food supply problems and the attention of people on food supply was shifted from the kings and chiefs to the government and NGOs, which in Zimbabwe has proven overstrained (Chandiposha, 2013). The government appears to have recently adopted the communitarian approach in food supply through its policies, namely the Indigenization and Economic Empowerment Act of 2000 and the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZimAsset) of 2013-2018 (GoZ, 2013).

The GoZ (2013) emphasizes that the agenda for the Zim-Asset policy entails empowerment of the society and growing the economy from grassroots level, among other issues. It suggests that the government of Zimbabwe recognizes the need for capacity building at community level as a major requirement for improving food security. Ngubeni (2013) argues that ZimAsset replaced the Short-Term Emergency Recovery Programme (STERP) economic policy for the Government of National Unity (GNU) of 2009-2013 as a new economic policy with an emphasis on 'Indigenizing, Empowerment, Development and Creating Employment'. STERP as a policy for GNU in Zimbabwe focused on food security, agriculture and natural resources, which were all included in the ZimAsset as a new economic blueprint.

Ideologically, Ngubeni posits that the policy is a practical application of communist existence as defined by Nyerere's Tanganyika African National Union (TANU) in

the 1950s to 1980s in the widely-referenced Arusha Declaration which states that, 'The means of production and exchange should be under the control of peasants and workers'. Masungure (2013) observes that the ZimAsset is an all-inclusive policy that focuses on every development arena of the country. Thus, food security as part of OVC care and support is a critical development aid to the attainment of the ZimAsset. Its focus on indigenization is congruent with the appraisal of the bio-ethical, moral and traditional powers for sustainable development. By appraising the utility of bio-ethical powers, Masunungure (2013) points out that it means the resuscitation of the traditional structures and approaches to food security and development at community level.

This thesis subscribes to Kaya's (2002) view which refutes the Eurocentric view that Africa was a *tabula rasa* before colonization. McCarthy (1994) opines that in striving for excellence Africans were made to believe that it is a continent without a history of civilization. Thus, the Western knowledge system was regarded as the only means to validate Africa's ideas, beliefs and the general way of life (Kaya, 2002). In this view, Africans were regarded as unscientific, primitive and unprogressive. McCarthy further emphasizes that Africans were regarded as people who could not produce human capital capable of addressing the problems of modern science and technology associated with globalization. To this end, it may be envisaged that while food and nutrition plays an important role in human development, especially in relation to OVC, challenges of food and nutrition were caused by chronic poverty, global climate change and changes in governance systems. Thus, food and nutrition is considered a burden in OVC care and support in Zimbabwe and invites various strategies for sustainability.

3.4.2 Educational Needs

Chambers (1983) views education as the process of learning and acquiring information. Formally, education requires attendance at a formal school or university and informally, one is involved in self-teaching and acquiring knowledge from life experiences. The provision of education remains one of the most pressing priorities for Zimbabwe households (MoPSL&SW, 2005). According to Oxfam

(2005), studies undertaken among OVC care-givers at household level indicate that education is one of the three primary priorities of OVC care and support at household level. From these studies, suggestions from care-givers on how they could be assisted to care for OVC included education support and provision of credit, food and clothing. Amongst these, education is the most fundamental need as it lays the foundation for most of the social and economic indicators. GoZ (2004) emphasizes that education is the main engine for human capital development and hence a key derivative of higher incomes and economic growth. The importance of education for the sustainability of community-based OVC coping strategies cannot be over-emphasized.

Oxfam (2007) further notes that education is associated with the ability to make choices and provide opportunities, in particular for women, promote better family health and nutrition, lower maternal child morbidity, lower birth rates and promote psychosocial security amongst children which contributes to improved social structure. The UNDP (2010) suggests that attaining basic education and the resulting employable skills constitutes an important part of preventing HIV/AIDS and breaking the cycle of poverty. REPSSI (2002) argues that education has positive impacts, particularly for OVC, because not only are they enabled to have a higher income but also because people who are better educated and informed are less likely to contract HIV and also tend to have children later in life. Education thus plays a central role in sustainable development for OVCs, community and care-givers.

Education from the formal point of view is both practical and theoretical (Kaya, 2002). Cuthbert (2007) argues that unlived knowledge is not conducive to promoting human development. Similarly, Lovline and Standish (2002) suggests that the principal aim of *Bildung* theory (European educational system) is to strengthen the person's innate powers and character. Further to this, Biesta (2002) explains that European education is meant to cultivate the person's humanity and promote bio-moral powers of development in a person. This suggests that education plays a pivotal role in the lives of OVC and the strategies for education must not

only be excellent but also relevant to the recipients, culture and locality. Kaya (2002) emphasises the practicality of education more than the theoretical or the relevancy more than the excellence. Practicality and relevance in the formal education system in Zimbabwe invites more questions than answers in human development and empowerment (Magudu, 2012). Magudu views citizenship education as a stepping stone for social cohesion in the countries that were once colonies. In OVC care and support GoZ (2002) notes that it helps children and their care-givers to preserve their indigenous knowledge and the utility of their bio-moral and ethical developmental powers. In essence, indigenous knowledge was sought to be inculcated by Zimbabwe through its socio-economic blueprint of the ZimAsset, however much it was constrained by lack of resources on implementation.

In contrast, Nwanosike and Onyije (2011) points out that education in Africa predates colonialism, but the European nations used their stronger influenceto introduce systems that were foreign. Nwanosike and Onyije (2011) further emphasizes that although colonial education managed to boost the literacy rates of the general population in Africa, it was both progressive and retrogressive. Progressively, Nyika (2015) notes that colonial education through the use of the English language as a medium has enhanced the global competitiveness of African people. Nyika cites issues of relevance, increased wages, policy making and socio-economic development status. In contrast, Kaschula (2015) refutes this view as retrogressive to African nationalities, which ought to scientifically develop their local languages and indigenous systems to more competitive levels. Kaschula (2015:1) argues that, 'it is a real misnomer to think we must wait for a *corpus* of scientific literature before we can teach in our local languages and citizen knowledge'. In essence, what it means is that the contribution made by colonial education in shaping the socio-economic livelihoods of Africans is viewed with mixed feelings by different people.

One example is Zimbabwe's literature rate and employability which is commendable in Africa, whereas its unemployment rate is 80% (GoZ, 2014). There

are more employable graduates than can be absorbed through employment in Zimbabwe. Moyo (2012) argues that colonial education inculcated a culture of employability, dependability and exploitability in Africans. Colonialism disrupted the normalcy of the development curve of African education systems, which culminated in the demise of their social structures (kinship), cultural values and indigenous knowledge paradigms (Cooper, 2005). As a result, formal education became the only option for human empowerment yet prior to that Africans had their own informal and formal apprenticeships that should not be overlooked.

The impact that colonial education has had in eroding the capacity of the care-givers in caring for and supporting their OVCs cannot be overemphasized. For instance, the importance of kinship and extended families has been eroded. Samkange (1980) and Chimuka (1997) concur that although there is a positive legacy from colonial education it has also induced a capitalistic and individualistic lifestyle in African people. That being the case, the competitive advantage of the Ubuntu philosophy at the international level has been undermined. Letseka (2012) applauds Westernization for accelerating formalization of education, which was in a haphazard and informal set-up. Similarly, scholars such as Heggis and Van Wyk (2004), Nakusera (2004), Wiredu (2004) and Parker (2000) appeal to African philosophy of education to address the discrepancies created by Western education in Africa.

3.4.3 Medical Care and Support Needs

Access to good health care remains a challenge in many rural areas due to lack of money to pay for travel costs and the needed services at health centres. MOHCW (2005) notes that lack of both money and knowledge means that families may delay taking a child for medical attention until the child is critically ill. Delays in seeking treatment for some diseases such as pneumonia and malaria can be fatal. MOHCW further attests that health care for OVC becomes more challenging if they are HIV-positive. Neckerman and Muller (2005) indicate that OVC are sick more often than non-orphaned and non-vulnerable children and attributes higher morbidity among OVC to HIV infection. Alliance (2000) indicates that although children with HIV

often have the same infections as children without HIV, their ailments are more frequent, severe and persistent.

Children infected with HIV may also have special needs such as urgent and frequent medical treatment as well as good nutrition, which may fully or partly be out of reach for the care-givers, especially the elderly, poor households, the unemployed and financially challenged households. Failure to address such needs serves to heighten anxiety, depression and stress among care-givers. According to Mugurungi (2006), even with improved access to anti-retroviral therapy, care-givers, especially grandparents and older siblings, may lack sufficient awareness about the availability of services or lack the skills to monitor adherence to treatment. Tigere (2006) in his psychosocial wheel model advocates for holistic delivery and provision of needs to OVC which includes physical, psychological and spiritual needs. There is some consensus therefore that despite the accessibility of anti-retroviral therapy to OVC, without care-givers who provide emotional, spiritual, social and psychological support their burden cannot be eased.

In addition, health care for OVC carries stigma which increases the reluctance of care-givers to access health services, especially for orphans who are suspected to be HIV-positive or disabled. A study carried out by an AIDS Service Organization (ASO) Batanai HIV/AIDS Support Group, in a consortium with Private Voluntary Organization(PVO) Dutchcare in 2009 in Gutu District, indicates that care-givers may avoid using health services because of concerns over confidentiality or that somebody might disclose their own or a child's HIV status. Consequently, care-givers tend to rely on self-medication with drugs procured from local practitioners such as traditional healers, faith healers and "prophets". In such situations, the health of the children can be endangered or aggravated.

The challenges with health care are compounded by the limitations within the public health facilities. In principle, Killian (2009) reveals that public health facilities exist to meet the needs of all people but primarily the poor and vulnerable who cannot access private services. Despite the provision of free medication and

treatment, the transport costs for one to reach the health service centres are often unaffordable. This situation is exacerbated by satellite clinics in the rural areas not having doctors and often not having drug stocks.

3.4.4 Psychosocial Support (PSS) for OVC Needs

Killian (2009:12) defines Psychosocial Support (PSS) as a compound word and abbreviated model for care and support of OVC. The term "psycho" stands for psychology which relates to the mind, its nature and how it functions. This view indicates that stimulation of people's minds is essential for their development. While the term "social" connotes the idea of good social relationships between or among humans through which they mutually relate or interact, the term "psycho" refers to the mental stability of OVC and their care-givers.

The above definition of PSS is substantiated by the Red Cross (2012) which defines PSS as an approach to victims that aims to foster resilience of victims of violence in communities. They further assert that PSS aims at easing resumption of normalcy and preventing pathological consequences of potentially traumatic situations. From these definitions, it may be argued that PSS refers to a close relationship between the individual and the community. Hence, the closest individual with the OVC within the society is the primary care-giver whose responsibility it is to offer holistic care and support to the victim / survivor. However, it was noted by Mugurungi (2006) that it is no longer only OVC desperate for PSS but also care-givers themselves. The PSS approach is needed to overcome the psychosocial effects of a range of experiences such as HIV/AIDS, emotional trauma and bereavement, amongst others, that affect the emotions, behaviour, thoughts, memory and learning capacity of an individual.

The need for psychosocial care for OVC and their care-givers is a widely-recognized problem. A study carried out in the Masvingo rural community by the Batanai HIV/AIDS Service Organization (BHASO) in 2008 revealed that high levels of psychosocial distress were seen in children who had been orphaned by AIDS, disability and poverty-stricken families (Batanai HIV/AIDS Support

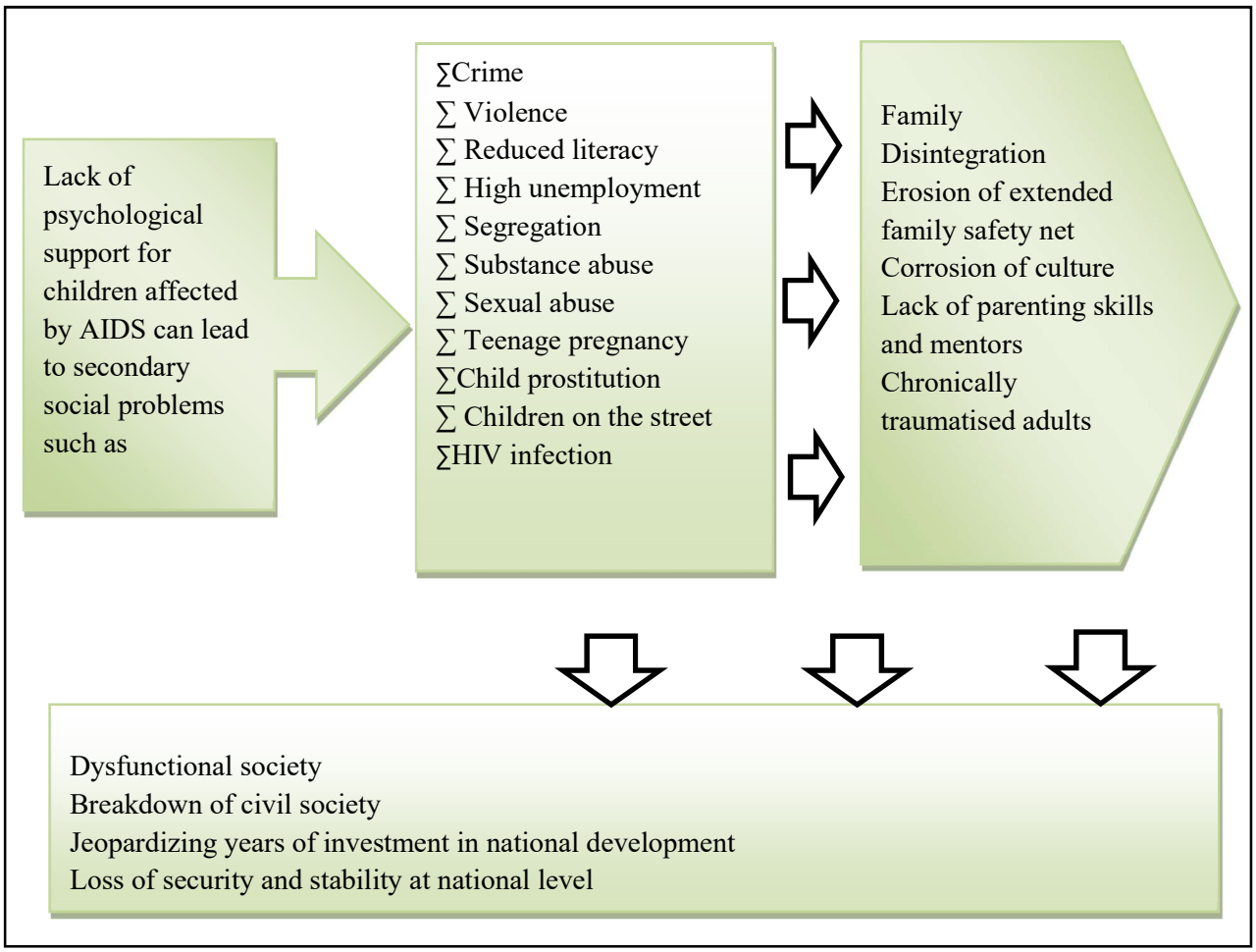
Organization (BHASO) (2008). Anxiety, depression and anger were found to be more common among households with OVC than in other households without OVC. According to the subsequent study by BHASO, more than 20% of the orphaned children affirmed that they wished they were dead. What is purported with this statement is the magnitude of the burden upon the care-givers who are exposed to such behaviours daily.

Killian (2009) further asserts that without proper psychosocial support mechanisms, orphans often spend most of their time and energy trying to create some source of order and security for themselves out of unpredictable situations and struggle with their own identity problems. The long-term consequences for children who experience profound loss, grief, hopelessness, fear and anxiety are psychosomatic disorders, chronic depression, low self-esteem, low levels of life skills, learning disabilities, and disturbed social behaviour. Hence following the prevalence of these effects, the psychosocial support of care-givers is an acknowledged need. Masuku (2007) posits that grandparents, children caring for younger children, and care-givers who provide care for many children often find it difficult to cope. They may blame themselves for not being able to do enough, even though they must also deal with their own grief and sadness. They also indicated that many care-givers struggle to meet their children's needs, such as food, clothes, health care and schooling and give them love and attention in conditions of financial hardship and without the necessary practical medical and social support, they suffer psychosocial ill-effects.

Mukoyoyo and Williams (1996) further notes that the health of older care-givers deteriorates as a result of the physical, emotional and economic stress of assisting orphaned children. Similarly, some guardians in Gutu District have expressed dismay about loss of freedom and anxiety due to the financial and emotional needs of OVC in their care (Hunter and Williams, 2000). When left unaddressed, psychological problems such as anxiety, stress, depression and emotional instability can have a negative effect on care-givers' ability to care for OVC. What is conceptualized above indicates that the provision of psychosocial support at

household level is a key challenge to care-givers and is embedded with complex issues. Figure 3.3 below illustrates the consequences of lack of psychosocial support in OVC at community level.

Figure 3.3: Consequences of lack of Psychosocial Support to OVCs



Source : REPSSI (2002 : 13)

Therefore, as noted by Tigere (2006), at the household level psychosocial challenges amongst OVC are more likely to be identified and solutions found. More often, OVC suffer from a lack of psychosocial support, as indicated in Figure 3.3 above. REPSSI (2002) indicates that crime, violence, reduced literacy, child prostitution and teenage pregnancy are among the problems that OVC at community level encounter due to inadequacy and incapacity of the household to care for their children. In this regard, Grosh (1994) argues that the forces of

globalization and the rise of global competitiveness have orchestrated family disintegration, erosion of extended family unity, corrosion of culture, lack of parental skills to mentor children and have caused chronic trauma in adults. From the foregoing discussion, it can be deduced that lack of integration between the Western model of child governance and the African model has incapacitated the African communities in PSS. Ayittey (2004) argues that in their attempts to embrace Western models of governance systems, African societies were dysfunctional and social unity and structures became dilapidated. REPSSI (2002) in Figure 3.3 above, points out that lack of PSS at community level is caused by dysfunctional societies, breakdown of civil society, poverty and lack of security.

Moreover, even when the needs are identified, there is often no skill, in either the households or the communities, to address them. Ngwerume (2005) further notes that such skills are either totally lacking or where they exist they have been found to be inappropriate. Hence poor access to PSS similarly affects care-givers. REPSSI (2002) indicates that burn-out is common among care-givers arising out of everyday stress and anxiety that is not addressed. These gradually undermine the care-givers' mental and physical health to the extent that care-giving and personal relationships between care-giver and an OVC suffers (Tigere, 2006). To this end, the literature review indicates that psychosocial effects manifest through unusual behaviour that is characterized by emotional instability, anxiety, poor memory and stress.

3.4.5 Multi-Stakeholder Interventions in OVC C in South Africa

Studies undertaken by the Africa Leadership Initiative (2007) indicate that one of the main challenges in OVC care and support is in creating harmony among the stakeholders. The main difference between the South African and Zimbabwean approaches in OVC care and support is in governance approaches that sustain coping strategies. For instance, South African governance is more liberal (Western oriented) whereas Zimbabwean governance is conservative (nationalistic and dictatorial approaches). As a result, the South African governance approaches allow the flow of resources from different stakeholders freely, while in Zimbabwe the government dictates the pace of the inflow of resources in the country. Within the

Zimbabwean context, this has resulted in many international NGOs and the international community withdrawing their services in Zimbabwe in the past three decades (Chigora et.al, 2012). Table 3.4 below illustrates the intervention strategies in mitigating OVC challenges within the South African context that can be easily replicated in the Zimbabwean scenario. However, the only difference is that the South African system is more tolerant and liberal in accepting support from international stakeholders to augment the traditional safety nets in OVC care and support in Zimbabwe.

Table 3.4: OVC Care and Support Stakeholder Interventions in South Africa

Stake-holders	Roles and Challenges in OVC Care and Support
Children	**Roles** -The people with the greatest stake in OVC interventions are the children themselves. Children want to be heard and recognised as individuals and as contributors to society in their own right and not just as OVC. **Challenges** Africa Leadership Initiative (2007:15) reports the following as the major challenges linked to children as stakeholders in mitigating their own problems: -Children's voices are often not being heard when developing solutions linked to their lives. -Children's rights are not honoured and fully recognised -Though commitments have been made in various children's rights documents like the African Charter on the Rights and Welfare of the Child, they are often not being met. -Needs for children affected by HIV/AIDS such as need for safe environment free of physical, emotional or sexual abuse are not being met. -Nutrition as a basic need is not being met. -Psychosocial impact of children affected and infected by HIV/AIDS is not sufficiently addressed.

Families & Care-givers	**Roles** -The families and care-givers are the most directly connected stakeholders to OVC care and support. - They offer primary care and support to OVC within their households and communities at grassroots level. -After them comes the institutional players who affect their lives together with OVC differently. **Challenges** -Africa Leadership Initiative (2007:16) reported the following challenges of South Africa's CBOs in OVC care and support: -Lack of resources to run their home-based income projects. -Ignorance of the law about their rights and their children's rights. -Unemployment and poverty are also some of the challenges faced by families and care-givers indicated.
Govern-ment	**Roles** - Government of South Africa implements the current policies and internal programmes directed at supporting children affected by HIV/AIDS, guided by the principles set in the "2004 Framework for the Protection, Care and Support for OVC Living in a World with HIV/AIDS". -The National Action Committee for Children Affected by HIV/AIDS (NACCA) co-ordinate different stakeholders in OVC care and support.

	- Department of Social Development facilitates overall service delivery for fulfilment of the rights of OVC. This involves co-ordinating Presidency Office on the Rights of the Child, the Department of Education, Department of Health, Department of Justice and Department of Home Affairs. **Challenges** Africa Leadership Initiative (2007:16) reports the following challenges of South Africa's government in OVC care and support: -While the OVC focussed policy frameworks in South Africa are highly progressive and political will and budgets are largely in place, government faces significant challenges in implementation, integration and leadership. -Inter-department competition is common, difficulties in inter-department and intra-department communication and co-ordination poses major challenges in OVC care and support. -High level of reliance on NGOs and CBOs for service delivery. -Data management and documentation pose serious blockages to government systems in OVC care and support. -Government officials are under pressure through complex accountability structures, internal administrative tasks and other national demands that result in erratic responses to OVC issues.
Community-Based Organ-izations (CBOs)	**Roles** -Their key role is in providing home-based care, strengthening family and community coping systems and identifying children in need. - The CBOs also provide psychosocial support, spiritual guidance and material needs for OVC. -In South Africa, these CBOs are mainly run by local women within the community.

	Challenges Africa Leadership Initiative (2007:17) reports the following challenges of South Africa's CBOs in OVC care and support: -CBOs are generally under-resourced, run by volunteers, and in need of small amounts of steady funding. -CBOs also lack organizational capacity building to achieve sustainability of their programmes. -The CBOs are welfare driven, often trying to do everything and tend to be more short term in their outlook as they aim to meet immediate needs.
Non-Governmental Organizations (NGOs)	**Roles** -The NGOs mobilize and disburse resources, advocate, develop and implement models for care and facilitate co-ordination of service delivery. -NGOs play a significant role in driving the agenda of OVC differently. Some of the NGOs are focussed on home-based care, while others run community centres, community child care forums and children's homes. -NGOs also liaise and partner actively with CBOs and community structures in channelling resources to OVC and in building grassroots capacities. - In South Africa, the major national level NGOs include NOAH, Heartbeat and Starfish, while the key international NGOs include Save the Children, World Vision and SOS Children's Welfare. **Challenges**

	Africa Leadership Initiative (2007:18) reports the following challenges of South Africa's NGOs in OVC care and support: -Challenges faced by NGOs in providing care and support in South Africa include competition for funding, duplication of activities, short term planning as well as limited capacity skills. -Conflict between the NGOs and donor requirements. What NGOs see as their beneficiaries' needs often contradict what the donors regard as real needs. Thus, the NGOs are forced to comply with the donor requirements to continue operating.
Faith-Based Organ-izations (FBOs)	**Roles** -FBOs are formed by people of common religious beliefs and they have a high degree of trust legitimacy within the communities they serve. - FBOs play a pivotal role in advocating for good morals in the community as well as providing material and spiritual support to people in need. **Challenges** Africa Leadership Initiative (2007:118) reports the following as the main challenges of FBOs in OVC care and support in South Africa: -The main challenge for the FBOs in OVC care and support is that they purely work within their constituencies and have minimal interaction, collaboration or information exchange with CBOs and NGOs, which tend to be more secular in their approach. -FBOs, because of their focus on values and good behaviour, may have stigma towards victims of HIV/AIDS in the communities they serve.

Business	**Roles** -Businesses are actively involved in OVC care and support through their foundations, Corporate Social Investment programmes, creation of employment and volunteering schemes. -Businesses provide key resources, such as financial support and mentoring, as well as providing support structures for their own employees and families. **Challenges** Africa Leadership Initiative (2007:19) reports the following as the main challenges of Business in OVC care and support in South Africa: -While some businesses are driven by a long-term perspective, OVC activity is often seen as only peripherally connected to their core business, with explicit links not being made between the business world and the OVC situation. -There is little communication across businesses which would serve to align approaches, and there is significant distrust between business and government
Univer-sities &	**Roles** -The academic community researches and publicizes issues related to OVC, and does advocacy work. More research is required on the impact that the dramatic increase of OVC will have on South Africa's social fabric, but more importantly the research that is already there needs to be more widely shared. Information often does not reach people at the frontline.

Research Instit-utions	**Challenges** Africa Leadership Initiative (2007:20) reports the following as the main challenges of Universities and Research Institutions in OVC care and support in South Africa: **-**There is a general lack of academic research on how complex social innovations can move to scale at the national level beyond normal centralized policy approaches. - Universities and research institutions may be heavily biased towards prescribing approaches that are more formalized and based on specialized knowledge (such as medical or psychosocial training). Such approaches may be ill-suited to the context of communities and be overly critical of the effective, informal approaches that communities have no choice but to develop and employ.
Inter-national Donors	**Role** -A number of bilateral and multilateral donors are active in South Africa. A positive trend is that the resources allocated to this area of work are increasing. OVC is "in fashion" among donors. -The international donors often have a close relationship with government, and are dependent on government partnerships. -They provide funding or technical support through government to OVC. **Challenges**

	Africa Leadership Initiative (2007:20) reports the following as the main challenges of International Donors in OVC care and support in South Africa: -A key challenge for big donors is how to channel funding to the local level. As the grant amounts offered are usually large, there are time lags between proposal submission and disbursement of funds. -Application procedures and reporting requirements are often too complex and too much of an administrative burden for small organizations to meet. In addition, grants are often only given for a year which makes long-term planning difficult. -When co-operation and communication among global donors is limited, they can inadvertently foster competition rather than co-operation among their grantees.
Media	**Role** -The media has a crucial role to play in raising awareness around the issue. Media helps to reach out at a societal level to bring the issue to the attention of members of the broader public who are not directly affected but who do have power to help. **Challenges** Africa Leadership Initiative (2007:21) reports the following as the main challenges of Media in OVC care and support in South Africa:

	-The OVC issue is rarely profiled, and the children have little if any voice. This results in an increasing stratification of the worlds of those coping with the OVC issue and those oblivious to the situation. -Insensitive media strategies can cause damage by over-sensationalizing individual OVC stories.

Source: Adapted from Africa Leadership Initiative (2007: 15)

Table 3.4 above illustrates the current OVC multi-stakeholder roles and challenges. Whilst the situation in South Africa is different to the Zimbabwean situation in the availability of resources, they share the same challenges associated with achieving sustainability of OVC care and support (UNICEF, 2010). Martin, Mathambo and Richter (2011) evaluated the UNICEF South African OVC programme for 2007-2010 and established that despite the prevalence of a multi-stakeholder approach introduced by the government, HIV/AIDS increased socio-economic vulnerability. The report indicates that this does not imply that the stakeholders were not doing the work effectively but they focussed more on short term needs of OVC rather than long term issues for sustainability. Martin et.al. (2011) further indicates that the South African government positively developed integrated programmes, policies and plans aimed at material support and psycho-social support but OVC challenges continue.

The main challenges in South Africa in mitigating the OVC challenges include poor co-ordination; poor access to services in vulnerable communities and households; insufficient data about vulnerable communities; inadequate planning and budgeting; insufficient social workers; and various policy gaps resulting in failure to bring sustainable livelihoods in OVC care and support within its rural communities. The Food and Agriculture Organization (FAO) (2010) argues that the challenges faced by South Africa in OVC care and support are common within the Southern African rural communities and even worse in countries such as Zimbabwe, which has experienced ongoing socio-economic and political challenges.

3.4.6 Sustainable Livelihood Approach in OVC Care and Support

Morse and McNamara (2013) postulates that sustainable livelihoods as a concept and approach originates from the 1992 Earth Summit held in Rio de Janeiro, Brazil, which promoted Agenda 21 (Agenda for the 21st Century). Agenda 21 states that everyone must have the opportunity to earn a sustainable livelihood. After its adoption, Perrings (1994) notes that the concept was refined by development practitioners and researchers in the late 1990s as a long-term approach rather than

short term responses that focused only on meeting the immediate needs of people. According to the FAO (2010), sustainable livelihoods became the yardstick or standard of achievement and solution to poverty alleviation mainly in developing countries where such interventions were implemented.

In terms of OVC interventions, FAO (2010) further indicates that since the advent of HIV/AIDS in the 1980s, most of the intervention strategies for affected and infected individuals were done on a short-term basis and inconsistently, which posed numerous challenges to their well-being. Despite the call by the Department for International Development (DFID) (2010), which is one of the principal funders of the development programmes undertaken in poor areas, including HIV/AIDS infected and affected countries, the interventions currently being implemented still focus on providing for immediate needs in the form of food, clothing and education through community-based programmes. As a result, such interventions take OVC out of crisis situations in the short term but usually do not go far enough to prevent them from sliding back into similar situations once that support is withdrawn.

Martin et.al. (2011) argues that the sustainable livelihoods approach builds interventions based on people's existing capabilities and assets rather than only relying on external expertise and inputs. To implement the concept of sustainable livelihoods for both OVC and the general population, the Zimbabwean government enacted the ZimAsset policy framework to strengthen some of its development subsidiary policies such as the Indigenization policies that focus on utilizing the available resources and empowering the local people for sustainable development and improved livelihoods. The outcome, however, has been a continued decline in the socio-economic lives of the people dwindled further. Matutu (2013) attributes this failure to the misinterpretation of the sustainable livelihoods approach to mean socio-economic and political independence and confiscation of the assets of white people, including their properties. Due to the lack of a well-co-ordinated intervention system in OVC care and support in Zimbabwe, its Vulnerability Assessment Committee (ZimVAC) (2014) indicated that the rural communities experience greater disadvantage than the urban areas. As result, such policies bring

discord and disharmony between the indigenous and contemporary development intervention approaches as implemented by Western countries. Thus, to attain sustainable livelihoods as explained above, the intellectual argument in this study proposes that if the contemporary and traditional strategies are integrated through working with individuals, households and communities, local government structures and reinforcing community capacity, sustainable livelihoods for OVC care and support can be achieved.

3.5 THE ROLE OF SHONA CHIEFS IN OVC CARE AND SUPPORT

From the foregoing discussion, it is evident that studies carried out by Mararike (2004) and Machingura (2012) indicate that the levels of traditional vulnerable coping mechanisms in the pre-colonial era were under the authority of the Shona chiefs. Bourdillion (1990) indicates that the king or chief's domain was comprised of the household *(imba),* village (*raini* or *ruwa*) and community *(dunhu*) and before colonialism the chief's domain was called *nyika* (country). According to Gyeke (1997), before colonialism, chiefs were the presidents within their areas of jurisdiction. In this case, the roles of the Shona chiefs can be equated with the roles of the presidents in their countries today. In other words, the community was a combination of many households and villages under the chief's domain. A typical example of such a domain was the Gutu rural community under Chief Gutu in Zimbabwe. It was within such a domain where the Shona chiefs had the power to ensure that subjects were well fed and lived in peace and tranquillity (Oliver, 1967).

According to Bourdillion (1990), the traditional African chiefs performed many functions within their areas of jurisdiction. Bourdillion (1990) posits that the roles of the Shona chiefs entail both socio-economic and political dimensions. The Chiefs were to provide all the fundamental human needs as purported by Maslow (1971) and Max-Neef (1991; 1993). These basic human needs include physiological and psychological needs, which were developed into human rights or non-negotiable human rights through subsequent international conventions (Roby, 2011). Thus, in simplest terms it can be argued that, even in the pre-colonial era when the rights based-models were not

yet in place, the chiefs were already administrators of human rights in their traditional support mechanisms. Ayittey (1945: 72) notes that:

> *Africa societies that ruled themselves had all four units of the government: A Chief, an inner council, a council of elders and a village assembly. Tribes that had Chiefs like Shona of Zimbabwe in Africa included the Fanti of Ghana, the Yoruba of Nigeria, the Mossi of Burkina Faso, the Swazi, and the Zulu of South Africa. In most cases, the Chief was a male. He was the political, judicial, and religious head of the tribe. As such, he had wide ranging powers.*

Traditionally, according to Machingura (2012), the Shona chiefs in Zimbabwe were responsible for the administration and maintenance of good order. The concept of administration in its broadest sense suggests that the roles of the chiefs traversed various dimensions of human life. In this context, an administrator can be a governor and leader (political, economic and social). This concurs with Banana (1995) and Ayittey (1991) who argue that in the pre-colonial era African chiefs were influential and respectable figures in the communities, more so than in the post-independence era. The chiefs were also religious leaders and heads of their tribes. As religious leaders, according to Machingura (2012:181), they were presumed to be direct and living representatives of the ancestral spirits where their duty was to, "pay homage to or placate ancestral spirits by rituals, sacrifices and offerings to obtain their fortunes and blessings in the land". This religious responsibility of the Shona chiefs was very important in their communities because it fostered unity and communality of the people. Thus, Shona chiefs were conduits of the spirit of *Ubuntu/Unhu* through their religious and administrative positions.

Furthermore, the Shona chiefs were mediators between people and their ancestors (Gelfand, 1997) who emphasized that chiefs would plead with the ancestors not to punish the community with pests, floods, droughts, sickness or hunger. There was a common belief that where there is bad blood between the ancestors and the people, according to Ayittey (1991), the ancestral spirits would blight the earth and withhold fertility, causes illness upon the living, death and generally placing human life in peril. In a similar context, Machingura (2012:403) notes that:

> *A Chief or King was a sacred man in the Shona communities. Insulting a Chief was a taboo in Shona communities and would invite calamities and misfortunes to the community. He was the father, grandfather, great father and the granary*

or food storage of the community so that all his subjects become his sons and daughters and depend on him in his Chiefdom.

Oliver (1996) points out that when a community respects their chief, the ancestral spirits show their pleasure by granting them plentiful fruits, rain and harvests. Machingura (2012) argues that life (*vupenyu*) and divine election of the chiefs was measured by their ability to bring order, justice and peace in their chiefdom. In modern societies where there is socio-economic injustice, incurable diseases, conflict or blood wars and hunger, traditional leaders attribute such challenges to the lack of divine electiveness and the disapproval of leadership by the ancestors (Gelfand, 1997).

It was also within the Shona chiefs' responsibilities to empower their communities. Accordingly, Mararike (2004) and Ayittey (1945) concur that Chiefs would freely give cattle and allocate land to the needy. Land and cattle were critical assets in the *Ubuntu/Unhu* traditions. Mararike (2004) reiterates that according to *Ubuntu/Unhu* philosophy, a child would be celebrated and honoured when he buys cattle, owns a piece of land and builds a house. By so doing, it can be envisaged that the Shona chiefs within their capacity were involved in providing for all the human needs. Thus, in fostering their roles, the chiefs would use the traditional strategies such as *Zunde ramambo* and the extended family, among other approaches, to care for and support the vulnerable people in their communities.

3.5.1 The Reduction of the role of Chiefs in Zimbabwe

Tensions increased between the traditional and Western governance systems due to colonialism in the 19th century. Ayittey (2006) points out that colonialism had some impact on the status, office, duties and person of the chiefs and the heritage of participatory democracy and unity of African communities was destroyed. Ayittey (2006: 71) observes that:

> *It is an enduring myth, not only among Westerners but also shamefully among African leaders, that Africa had no viable institutions of its own before the European colonialists arrived. The primary source of myth is confusion between the existence of an institution and different forms of the same institution: the market. The fact that malls do not exist in African villages does not mean the*

market as an institution is unknown in Africa. Neither does the absence of hamburger in the diet of Africans mean that they do not eat.

Accordingly, it can be argued that the European colonialists introduced their institutions in Africa but these were only different and more efficient forms of already existing institutions. Gyekye (1997) observes that the political organization of African communities began at the village level. The village was comprised of various extended families or lineages. Each of these villages had its head, chosen according to its own rules. These rules of leadership were regarded by Mararike (2001) and Bourdillion (1990) as African democracy and not as being autocratic or dictatorial. In African governance systems, the chiefs wielded the central powers of the society. Whilst these African social structures were shaken by colonialism, in the post-independence era most of the African legal systems adopted dual legal systems that recognized the traditional or customary laws of the country alongside the Roman-Dutch laws (Mabhugu, 2009; Madhuku, 2013).

By implication, embracing the dual legal system means African governments recognize the importance of their traditional values, culture and leadership. Thus, customary law recognizes the chiefs as more powerful than the elected presidents because they were regarded as mediums of the gods of the land and ancestral spirits. However, Machingura (2012) argues that in the post-independence era such powers were gradually eroded and assumed by the democratically elected leadership. In this regard, there is a need to review literature on how the governance of chiefdoms existed in the pre-colonial period in African societies and in Zimbabwe.

3.5.2 Chiefdoms and Functions in Society in Zimbabwe

Ayittey (2006) postulates that African societies had all the four units of government which include a chief, an inner council, a council of elders and a village assembly. This protocol of order of African governance systems remains today albeit it is having been eroded by modern political systems inclined towards Western governance systems. In this regard, Ayittey (2006) cites classic examples of the tribes that had chiefs in Africa to include the Fanti of Ghana, the Yoruba of Nigeria, the Mossi of Burkina Faso, the

Swazi, and the Zulu of South Africa. Gelfand (1997) confirms that the predominant tribes in Zimbabwe (Ndebele and Shona) had chiefs and were governing their people in the same manner as explained above.

Studies by Oliver (1991), Ayittey (2006) and Machingura (2012) indicate that the chiefs were assisted in governance by a small group of councillors called the inner, or privy, council. This group of councillors was not limited but drawn mainly from the inner circle of chiefs' relatives and personal friends, who included the influential people of the community. Machingura (2012) argues that the issue of relatives, friends and influential people of the community would pull the society together and the Ubuntu spirit would be seen in caring and supporting the vulnerable. These advisers served as the first test of legislation and would privately and informally discuss with the inner council all matters relating to the administration of the clan (Oliver, 1991). Before bringing the issue to the people, the chief would consult his advisors severally or jointly to arrive at an opinion. Having been advised, the chief would take the issue to the council of elders. The council of elders was a wider and more consultative body comprising hereditary elders. The council of elders represented the interests of the people. These consultations would form what Gyekye (1997) refers to as an African democracy. In doing so, the chiefs would be more acceptable at grassroots level than the elected leaders, which the new colonial and African political governance saw as a threat to their administrative approaches. Due to the power wielded by chiefs in their area of jurisdiction, they were characterized as autocratic and a threat to democracy and good governance. Consequently, their powers were gradually relinquished as discussed below. In the context of Zimbabwe, chiefs have an important role to play in the welfare of their subjects. Accordingly, their roles in the society are more critical regarding OVC, the elderly, the sick and the disabled. Chiefs must be accepted by all the people and promote policies that enhance the welfare of their subjects.

3.5.3 Compromised Religious and Political Powers of Chiefs in Zimbabwe

Machingura (2012) argues that the political and religious powers of the chiefs were compromised when they were removed with the arrival of colonial administrators before post-independence black majority governments assumed control. Colonial

administrations introduced the Roman Dutch Law which limited the powers of chiefs in maintaining order. It is also important to note that the Roman Dutch Law is the law that still dominates the legislature of many African countries including Zimbabwe. Although theoretically most of the African legal systems incorporated customary or traditional law, practically the power of customary law is subverted by the former (Madhuku, 2013). In this regard, the colonial administrators undermined traditional leaders' authority and in some cases incorporated them into their colonial political structures for easy control.

Mbiti (1997) argues that the sacredness of association with the office of the chief and traditional monarch lost its status because of the changing concepts of the period rather than those of politics. On the one hand, Mbiti's argument bears some truth, while on the other hand it can be supported by the fact that some chiefs lost their sacredness because of the need for money and material gains. Over time, chiefs began to be associated with the European administrations and became unpopular with their people. Mararike (2004) and Banana (1997) referred to such unscrupulous chiefs as "sell-outs" during the liberation struggle in Zimbabwe between 1975 and 1980. In this regard, some colonial masters would conspire with chiefs and leverage their influence to trap black liberation fighters and massacre them.

The installation of chiefs was previously facilitated by the spirit mediums but Bourdillion (1990) observes that they were then installed by government officials. Subsequently, the chiefs depended on a government salary to supplement their income from farming, payment of court fees, grants of land and other favours (Machingura, 2012). As such, each chief began to receive a salary or allowance from the colonial government. They shifted loyalty to the colonial masters' government rather than to their former roles and obligations in the community. As their relationships expanded some chiefs received benefits from the colonial government. Chavhunduka (1978) adds that the political, religious and economic power of the chiefs was eroded as the colonial regime eventually took custody of it and the chiefs no longer cared to support their people as they used to. The chiefs and their tribes were later displaced from their

fertile land into infertile and rocky lands where that unity of relatives and lineages was disrupted (Chavhunduka, 1978).

Land was important to the chiefs because it defined their identity, sustainability of life as well as spiritual relations with their ancestral spirits and God (Bourdillion, 1990; Machingura, 2012). Accordingly, the chiefs' loyalty was defined by what they got from the colonial government as incentives, and not the people and the ancestral spirits. Even when the black government led by ZANU-PF in Zimbabwe took over in 1980, it further depleted the power of the chiefs through patronage, emulating the colonial experience. Masunungure (2010) argues that although in the late 1990s and early 2000s the government of Zimbabwe allegedly reinstated the power of chiefs, it is still power in principle rather than in practice. This is reflected by the incompatibility between the political government structures or institutions and the traditional institutions. It is alleged that the traditional structures and the incumbent government do not have full trust because of what transpired in colonial history where chiefs were once labelled as traitors.

3.5.4 Patriachal Systems and OVC Care and support in Zimbabwe

Kambarami (2006) in her examination between femininity, sexuality and culture within the Shona culture purports that the differentiation of sexes is entrenched by socialization from childhood often entrenching patriarchal dominance within societies in the Shona culture. So, synthetic is culture, sexuality and religion in the Shona culture, often impacting on the family, marriage, economy, education, politics of Zimbabwe. The notion held here is that socialization within the Shona culture emasculates the socio-economic status of individuals through pro masculine regulatory frameworks advantaging patriarchal dominance in religion, education, family, marriage, economy and politics of the land. Citing Okome (2003) in Kambarami (2006) venerates that in the African context custom is stronger than law and religion; this is manifest in the mundane fusion of custom or cultural practices in the governing apparatus, economics and social strata in Africa.

The family plays a significant role in gender modelling, Manyonganise (2015) citing Chitando and Mateveke (2012) asserts that the preferential treatment of boys

over and above their female counterparts is because males are thought to ferry the lineage while their female counterparts are to be married living them with little less responsibilities to man at the homestead or in the generation's longetivity. Females are socialized more accordingly to their sex than to their and skills and competencies. Through adult development stages the female is taught how to handle her marriage, please her husband, how to be a good wife, how to dress "descent" on the contrary the male child is thought to be mentally strong, resilient and adventurous. Manyongonise (2015), Human Rights Monitor (2001) and Kambarami (2006) concur that emphasis on the feminine sexuality and gender rather than their competences and individualities either in the family unit or in the religious circles breeds the notion dependability of females on males. The influence of the family on religion and vice versa plays a pivotal part in the synthetic disposal of masculinity or patriarchal norms within the Shona communities in Zimbabwe. It is through religion that woman's roles are often defined and social conceptions of the feminine sex are further endorsed. This comes with definition of dress codes and controlled participation in religious rites and practices.

Manyonganise (2015); Parpart (1995) and Kambarami (2006) assert that although education has been thought to be empowering for the Zimbabwean populace, the education curriculum has helped entrench a gender bias that often advantage the male counterpart over the female. In primary and secondary schools, the markers of differences are set in uniform/ dress code, interactive learning material in early childhood. Selective preference in sporting activities and funding often directed to male counterparts than females. Kambarami (2006) laments that the education system thought to capacitate woman has seen an increase in the female dropout rate. As such the economic dynamics often privilege the males as majority of them afford to attain better qualifications and secure jobs due to the patriarchal favoring support from the family, culture, religion and education.

So, deplorable then, is the plight of female OVCs given the already disadvantaging societal playfield that capacitates the males and relegates the cause of the feminine. OVCs fall victim in early childhood marriages, rape, and some find themselves in prostitution. The proxies of their emancipation in patriarchal society are inherently through the support of the male counterpart as noted by Manyonganise (2015).

Patriarchy, not only does it disadvantage the female counterpart but it also infuses a sense of dependence. This study, although its mandate was not zoom or illuminate gender dynamics in OVC care and support. It does concede that the plight of the female counterpart could be more severe to that of the male counterpart as discussed above. In various sections of the study and its outcomes thereof the inclusion of the females in the study to air out their opinion serves as an act into giving a voice to the voiceless. To this end, the deprivation, of women based on patriarchal dominance affects maternal OVC care and support arrangements ot systems.

3.6 OVC LEGISLATIVE AND POLICY FRAMEWORKS IN ZIMBABWE

There are two main contemporary OVC coping strategies in Zimbabwe, namely the legislative and the policy frameworks. Whilst these have been reviewed in the literature review sections (see Chapter 2), in this section the main child legislative acts and child policies are explained.

3.6.1 The Children's Protection and Adoption Act (5:06)

Muronda (2009) explains that the Children's Protection and Adoption Act serves as the major guideline for handling issues of childcare and protection. She further highlights that the Department of Social Welfare was given the mandate to deal with matters pertaining to children. Accordingly, to implement the mandate, Probation Officers are employed in terms of section 46 of this Act. Thus, the obligation of the Department of Social Welfare is to co-ordinate and implements the Child Protection and Adoption Act on behalf of the government. A study conducted by Muronda (2009: 53) reveals that,

> *The Department of Social Welfare Probation and Police Officers are not only court officials but also have the authority and responsibility to remove children from suspected situations of risk to "places of safety". The Act stipulates a number of measures that can be taken when a child is found to be in need of care. Among these are returns to parents with or without supervision, placement in foster care, adoption or institutional care.*

The intention of the promulgation of this Act of parliament is beyond any reasonable doubt good in principle but it has practically encountered challenges in implementation (Bundy, 2002). Bundy explains that the reasons behind the non-implementation of this

legislation include but are not limited to the evolution of sophisticated child abuse cases, poverty, lack of resources, HIV/AIDS, disharmony between traditional leadership and incumbent government and changes in the social structures. In this regard, German (2005) observes that poverty has affected the prevention and child protection programmes. In addition, the HIV/AIDS pandemic has shifted the social structures of the society with AIDS orphans and children infected and affected by HIV/AIDS becoming more common. Thus, it can be envisaged that sustainable livelihoods can be achieved through integration, hybridization and harmonization of legislative systems, policies and traditional aspects of child-rearing.

3.6.2 Guardianship of Minors Act (5:08)

The Guardianship of Minors Act (Chapter 5:08) of the Zimbabwe Constitution Amendment No. 20 of 2013 (CoZ, 2013) indicates that the Act deals mainly with the question of custody of children whose parents separate or divorce and provides for the "best interest of the child" as a basis for making decisions. It states that on separation the mother must take custody of the children until a court order to the contrary is made. It also allows for the other parent to appeal for arbitration by the courts. The main challenge which emanate from these constitutional requirements is the lack of information among the local rural communities as to how they should go about it in time of need.

In addition, it is not common for people to approach the courts with their issues unless the situation becomes worse. People in marriage disputes usually want the traditional ways of arbitration, counselling from churches, and support from relatives. Thus, if these mechanisms are not integrated or hybridized the struggle of guardianship of the minors continues to be a problem. Although it has been both theoretically and practically proven that men are not responsible in taking care of minors below the age of 18 years, Levine and Levine (1991) argues that the Act should be balanced as some men are more caring than women.

3.6.3 Births and Deaths Registration Act (5:02)

In Zimbabwe birth registration is a right. For that reason, it is considered a criminal offence for a parent to fail to secure a birth certificate for his or her child in terms of the Births and Deaths Registration Act (5:02) (ACERWC, 2015). Contrary to this, ZimStats (2013) has shown that the number of children without birth registration in Zimbabwe is very high despite the Act. Section 7 of the Registration Act (5:02) also states that where a Zimbabwean citizen legally adopts a child who is not a Zimbabwean, the child shall become a Zimbabwean national on the date of adoption. Studies by Muronda (2009), Chizororo (2008) and German (2005) reveal that nearly a third of all children do not possess a birth certificate, thereby having their access to public services restricted. In recent years there has been a push for amendments to the Births and Deaths Registration Act, arguing that the legislation currently makes for an over-centralized registration system, with stringent requirements causing vulnerable children to remain unregistered. This problem is most visible in farming and rural communities as well as for OVC.

3.6.4 The Education Act (25:04)

Following the attainment of independence in 1980, Zimbabwe promulgated a policy of education for all children. This was done even though no such provision existed in the Constitution. This policy was annulled by the Economic Structural Adjustment process in the 1990s. In terms of the Education Act [Chapter 25:04] every child in Zimbabwe has the right to formal education and parents are obliged to send their children to a school of their choice. The Government established a number of tertiary institutions to ensure that higher education is accessible to as many children as possible (ACERWC, 2015).

According to Article 5 of the Education Act, “it is the objective in Zimbabwe that primary education for every child of school-going age shall be compulsory and to this end it shall be the duty of the parents of any such child to ensure that such child attends primary school”. However, education is not free. Article 6 of the Act requires school

fees to be maintained at the lowest possible levels. Pupils are obliged to pay tuition fees as well as development levies. While tuition fees in government schools are relatively low, development levies are increased intermittently. However, the expense of books and uniforms has contributed to a high rate of school drop-outs in the rural communities.

In Zimbabwe, primary education is not free and not compulsory. The numbers of children on the streets in urban areas are an indictment against any claim that education in Zimbabwe is compulsory. In 2010, during the 2011 budget statement, the Minister of Finance Mr Tendai Biti indicated that there was a drop-out rate of 8% in 2010 among children aged between 6 and 17 years. Given that there were high drop-outs in rural areas, it cannot be claimed that all children have equal access to primary education (ACERWC, 2015). Thus, whilst education might not be completely free, there must be general consideration of the poor communities.

3.6.5 Zimbabwe National Orphan Care Policy (ZNOCP)

National policies include the National Orphan Care Policy and the National AIDS Policy, both adopted in 1999. These policies were developed using a broad-based consultative approach, reflecting Zimbabwe's strengths in traditional ways of coping with OVC challenges (Gandure, 2009). These policies helped to establish government structures to implement and co-ordinate services and benefits to the community. The ZNOCP identifies opportunities to provide care and support to OVC as contained in the legislative framework. Masuka et.al (2012) argues that the aforesaid policy also incorporates the traditional OVC care and support approaches such as extended families and the *Zunde ramambo* scheme. Furthermore, the ZNCOP also invites the participation of civil society organizations and the business sector interested in offering assistance to OVC within their communities or at national level.

In terms of the policy framework, it may be concluded that Zimbabwe has a basic legislative foundation which could be used as a basis to improve OVC protection. However, law makers have tried to promulgate laws that protect children in general and OVC in particular. Unfortunately, even with the ratification of certain international

conventions such as the UNCRC, the Zimbabwean Constitution has not made an impact in providing equitable protection or access to certain rights, due to the lack of explicit inclusion of socio-economic and cultural rights (Madhuku, 2013).

3.6.6 National HIV/AIDS Orphan Care Policy

Zimbabwe's National HIV/AIDS Orphan Care Policy of 1999 is co-ordinated by the National AIDS Council (NAC). This policy was formulated after subsequent HIV/AIDS intervention approaches which gave rise to the multi-sectoral framework in the 1980s and 1990s to mitigate the socio-economic impact of HIV/AIDS (NAC, 2004). Accordingly, the National AIDS Network (ZAN) (2006:7) outlined these government successive initiatives and time-bound plans from 1985 to the present as follows:

- The Universal Screening of blood for HIV/AIDS before transfusion, which was a one-year short term plan and training (STP) from 1987 to 1988;
- The first medium term plan (MTP1) from 1988 to 1993, which focused on consolidating and expanding interventions and monitoring appropriate behaviours;
- The second medium term plan (MRP2) from 1994 to 1998, which brought the idea of a co-ordinated and multi-sectoral governance approach in fighting HIV/AIDS;
- The Zimbabwe National HIV/AIDS Strategic Plan (ZINASP) of 2006-2010, which aimed at co-ordinating the multi-sectoral interventions in HIV/AIDS OVC country-wide.

The UNAIDS and NAC (2006) indicate that Zimbabwe's commitment to care and support AIDS OVC is guided by the "Three Ones" principle, which was sourced from a series of meetings between donors, countries and United Nations agencies conducted by UNAIDS. It was established that HIV/AIDS was no contributed to more OVC than other factors and was an increasing burden for both the government and communities. The government developed a policy which encouraged all the sectors to work together within their areas of specialty but co-ordinated by a government line ministry via the National AIDS Council (NAC). The "Three Ones" principles promulgated by UNAIDS

and NAC (2006:2) include (i) One agreed HIV/AIDS action framework that provides the basis for co-ordinating the work of all stakeholders; (ii) One national AIDS co-ordinating authority with a broad-based multi-sectoral mandate; and (iii) One agreed country level of monitoring and evaluating systems (M&E).

Madhuku (2013) argues that Zimbabwe is one of the best countries in Africa with refined and clear socio-economic frameworks but unfortunately these frameworks are poorly implemented or not at all forvarious reasons. Examples of these reasons include but are not limited to politicization of development programmes, inadequate resources and poor monitoring and evaluation. On the same basis, Women Won't Wait (2007:4) argues that, "Although there are policies in place as outlined by the Zimbabwe National AIDS Strategic Plan (ZINASP), the support structures and resources to implement them in Zimbabwe are lacking". Studies by Bernard (1992) and Sachikonye (1997) reveal that these successive HIV/AIDS intervention frameworks and related policies and the "Three Ones" principles gradually undermined the authority of the traditional leaders. Sachikonye (1997) notes that the power to co-ordinate community-based intervention programmes by the government became more centralized until all community-oriented projects are politically controlled and regulated.

Ringson (2014) observes that the aforementioned development culminated in the legitimization of a co-ordinated governance framework in 2007, which was a politically motivated framework to regulate the operation of NGOs in Zimbabwe. Instead of bringing sustainability to community-based OVC programmes, this approach created a bureaucratic system that presented challenges for stakeholders to implement their programmes because of different political backgrounds. Through this operation, Ringson (2014) reveals that some NGOs were banned and their licences to operate in Zimbabwe were withdrawn. Traditional structures were empowered through incentives not to support the vulnerable in need but rather to be political watchdogs. Consequently, more HIV/AIDS patients died leaving desperate HIV/AIDS infected and affected dependents in the rural communities. To this end, the traditional leaders' relationship with the incumbent government has been turned into a political alliance and the traditional structures are no longer practically functional.

3.6.7 National Action Plan for OVC Policy

The National Action Plan for Orphans and Vulnerable Children (NAP for OVC) policy was developed in the same way the HIV/AIDS policies were enacted. NAP for OVC was put in place in 2004 to address the increasing number of OVC resulting from increased poverty and concomitant death rates as a result of the HIV/AIDS pandemic (Masuka et.al, 2013). Masuka et.al. (2012) further emphasizes that NAP for OVC was enacted in response to the financial challenges, macro-economic conditions and socio-economic problems in the country. It is also important to note that the NAP for OVC policy was formulated as a response mechanism to other existing government child-related policies that had failed to address the socio-economic challenges of OVC. An example of these is the HIV/AIDS policy with successive government initiatives from 1987 to the 2000s. The NAP for OVC has similarities with the former child-related policies mentioned above. One of the main similarities between NAP for OVC, National HIV/AIDS Orphan Policy of 1999, Zimbabwe National Orphan Care Policy of 1999 and the ZINASP is that the government endeavoured to establish a broad-based intervention framework to address the OVC problems.

Regarding broad-based intervention strategy, Gandure (2009) explains that the concept means that the government recognizes the importance of the traditional leaders in the implementation of the policies. The GoZ (2013) through its line ministries such as Public Services, Labour and Social Welfare, NAP for OVC as the most recent OVC-related policy in its broad-based approach sought to address the challenges facing OVC, families and the community. Unlike other policies that were mainly focused on OVC as beneficiaries to the interventions, NAP for OVC targets even the care-givers and community leaders at grassroots level.

Accordingly, NAP for OVC was strategically planned to be implemented in two phases, namely the first phase in the period between 2004 and 2010 (NAP1) and the second phase in the period between 2011 and 2015 (NAP2) (UNICEF et.al., 2010). It is usually the case that Zimbabwe's socio-economic frameworks are theoretically well formulated but face challenges when practically implemented. The NAP for OVC is also subject

to the same challenges that constrained its previous policies. For instance, the recurring theme from studies by Chizororo (2008), German (2005) and Shanalingigwa (2009) is disharmony between traditional governance structures and human rights models that are Western oriented approaches. It is therefore pertinent to review how the first phase was developed to determine whether this social protection initiative provides any hope or prospects for sustainable livelihoods of OVC at local community level.

UNICEF (2010) indicates that the focus for NAP1 (2004-2010) was to identify and reach all OVC in Zimbabwe with basic services that will positively impact on their lives. As such, this phase was comprised of activities such as identification of OVC, co-ordination, child participation, birth registration, primary education, social services, extra-curricular education and livelihoods support and protection. Although the Ministry of Labour and Social Services (2011) commended the phase as successful in terms of the identification part of OVC, this stage was constrained by limited funding.

The main reason was that in the period 2000 to 2010, the economy of Zimbabwe was overstrained and rocked with hyperinflation of 7,600% with economic sanctions coupled with political tensions that deterredinvestors and donors (Chigora and Guzura, 2011). Consequently, the appeal for the government to the donor community to fund the implementation of the programme was futile. However, Masuka et.al. (2012) argues that the activities of NAP1 were very relevant and were enthusiastically accepted within the community. Masuka et.al. (2012) further observes that the acceptance of the programme was reflected at its inaugural stage through the identification and co-ordination of the programme, which was later undermined by socio-economic challenges and political turmoil blamed on neo-colonialism, western imperialism, alleged human rights violations and bad governance. Political tensions and disunity instil mistrust in the political parties. As a result, the broad-based approach was practically constricted prematurely.

NAP2 (2011-2015) builds on the failures and successes of the NAP1 for OVC as explained above, which was launched in 2005 around the country and in Gutu District in particular. The NAP1 for OVC was impacted by economic decline and political

turmoil that deterred potential funders of the programme (Chigora and Guzura, 2011). However, under NAP2 for OVC, the improved economic and political stability through the Government of National Unity (GNU) from 2009 instilled confidence in the donors who contributed to the programme US $85 million in 2011 (Masuka et.al., 2012).

The NAP2 for OVC also targets OVC and their households to improve effectiveness, provide a comprehensive package to address the wide range of deprivation experienced by vulnerable children and their families, and rebuild capacity of government to deliver the social services needed by children (Ministry of Labour and Social Services, 2011). Masuka (2012) explains that this funding was used to address the needs of more than 500,000 OVC focusing on education, health, nutrition, social welfare and strengthening the capacity of the government to build safety nets for children and families. The NAC (2011) indicates that NAP2 for OVC 2011-2015 implemented with support from the Child Protection Fund, integrates actions to help families cope with risks and shocks through three main interventions: (i) cash transfers to vulnerable families; (ii) education assistance through the Basic Education Assistance Module (BEAM); and (iii) child protection service delivery for OVC.

3.6.8 ZimAsset, Child Protection and Security Policy

The Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZimAsset) of 2013-2018 is the most recent socio-economic and political framework which was enacted by the incumbent government of Zimbabwe, namely ZANU-PF, after it won by a high margin the 2013 harmonized election (GoZ, 2013). The ZimAsset replaced the Short-Term Recovery Programme (STERP) of 2009-2013, which was the socio-economic road map enacted by the GNU in 2013 and strengthened the indigenization policy of 2002. The GoZ (2013: 8) indicates that the premise of the promulgation of the ZimAsset was that,

> *Zimbabwe has experienced a deteriorating economic and social environment since 2000 caused by illegal economic sanctions imposed by Western countries. This resulted in a deep economic and social crisis characterized by a hyperinflationary environment and low industrial capacity utilization, leading to the overall decline in Gross Domestic Product (GDP) by 50% in 2008. After the landslide victory by ZANU-PF Party in the 31st July 2013 harmonized elections, the Party was given the mandate to govern the country for a five-year*

> *term. To guide national development for five years, Government has crafted a new economic blueprint known as Zimbabwe Agenda for Sustainable Socio-Economic Transformation.*

From what is being portrayed by the direct quotation from the ZimAsset policy, it can be deduced that this blueprint is all-inclusive. It encompasses every developmental sector in the country and OVC is not exempted. This is shown in its vision: *"Towards an Empowered Society and a Growing Economy"* and its mission: "*To provide an Enabling Environment for Sustainable Economic Empowerment and Social Transformation to the people of Zimbabwe"* (GoZ, 2013: 9). Furthermore, the GoZ emphasizes that ZimAsset's implementation will be underpinned and guided by the Results Based Management (RBM) system. The ZimAsset is therefore a cluster based plan, reflecting the strong need to fully exploit the internal relationships and linkages that exist between the various facets of the economy. These facets of the economy include but are not limited to Food Security and Nutrition; Social Services and Poverty Eradication; Infrastructure and Utilities; and Value Addition and Beneficiation.

According to the ZimAsset Document (2013), the above clusters are supported by two sub-clusters, which are Fiscal Reform Measures and Public Administration, Governance and Performance Management. Matutu (2014) argues that the blueprint seeks to consolidate gains by other empowerment initiatives via ZANU-PF, mainly Land Reform and Indigenization. Further to this, ZimAsset identifies the key drivers of growth in the economy as being value addition processes in the following sectors: mining sector; agriculture sector; infrastructural sector especially power generation; transport sector; ICT sector; and SMEs and co-operatives.

In doing so, GoZ (2013:27) projects that ZimAsset hopes to see the economy improving by an average of 7,3% and growth of 6.2% in 2014 with an upward trend continuing to 9.9% in 2018. What this means is that if the ZimAsset objectives and goals are implemented, this will address the socio-economic challenges in the country. However, the critical question, according to Matutu (2014), will remain that the ZimAsset is not the first framework to be enacted in Zimbabwe. Since independence in 1980, there have been various socio-economic blueprints that could not withstand the test of the socio-

economic and political turbulence of Zimbabwe. The major question would always be whether the ZimAsset going to achieve what other socio-economic approaches have failed to do since 1980? To assess its prospects of mitigating the OVC challenges through its vision, there is a need to consider the factors that contributed to the failure of other approaches. Now that the study has conceptualized the hermeneutic concept, the traditional and contemporary OVC coping strategies, it turns to the assessment of the integration or hybridization concepts. The idea of conceptualizing integration/hybrid concepts was an attempt to hermeneutically mediate the contemporary and traditional OVC coping strategies in the local rural communities of Gutu District in Zimbabwe.

3.7 INTEGRATED MODEL AS A SOLUTION TO OVC CHALLENGES

The concept of integration was conceptualized by Chingomo and Nakana (2008) as being the extent to which two or more parties are linked by mutual exchanges and is typically operationalized in terms of joint or collaborative programmes. According to Chimhanzi (2000), integration concept can be used interchangeably with hybrid, interdependence, co-operation and collaborative concepts respectively. As a matter of clarity, while this researcher understands that these terms may have technical differences, they are used interchangeably to refer to the concept of integration in the context of this study. Chimhanzi (2000) further points out that the interdependence concept is used counter to the concept of dependence and holds the view that the concepts of dependence and interdependence are central to an understanding of inter-departmental integration. Thus, in the context of this study, it can be replicated that the dependence and inter-dependence concepts are central to the understanding of the integration of community-based OVC coping strategies (traditional and contemporary). Chingomo and Nakana (2008) further define integration as the unification of hitherto independent units into a larger whole, which is more a single part. They further assert that integration involves the establishment of common legal rules and legal systems for the citizens. In simple terms, integration and inter-dependence involves pulling resources together for common objectives to be achieved. Further to this, integration occurs where individual cultures, systems and philosophies that are contrary to the achievement of goals set are compromised, and embrace those cultural and

philosophical elements that are compatible for the collective achievement of the goals set.

Empirically, at global scale the concept of integration is evidentially seen through the existence of organisations such the United Nations and the European Union with their subsidiary branches. Further to this, at global and continental level integration is seen in the socio-economic collaborations of European countries, North America and Asian countries (Cilliers, 1999). In Africa, integration is evidenced by the establishment of the Southern African Development Community (SADC), which was formed in 1992, superceding the Southern African Development Co-operation Conference (SADCC) (Johnson, 2004). This at large scale was formed to foster sustainable peace and economic development in Africa. Similarly, Chingomo and Nakana (2008) argue that in Southern Africa the history of integration dates to the ancient empires of Monomutapa and Shaka Zulu. Though based on coercion, these powers recognized the benefits of large markets and bigger populations in fostering economic development, prosperity and consolidation of power. Whilst these forms of integration were done at a large scale, having their own challenges and prospects, this study sees opportunities in the integration of activities at a small scale such as OVC within the same nationalities. The premises of the projected integrated model of OVC are the convergence of global influences in OVC care and support programmes at local level through international conventions for children. It is argued that integration of the Western contemporary and the traditional strategies can produce a holistic and hybridized model that is critical in dealing with the problem of OVC care and support in Gutu District. It is only through the establishment of a broad-based strategy that is cognizant of both the traditional and contemporary approaches that the OVC challenges can be mitigated in Gutu District. The international child rights conventions were ratified by Zimbabwe, and NGOs and several organisations are purporting to be implementing them. Thus, if the integration of the contemporary philosophies at national level can be done, it could work successfully and help to achieve sustainable livelihoods.

3.7.1 Prospects and Challenges of Integrating OVC Coping Strategies

The challenges faced by OVC are both traumatic and numerous. There are differences of opinion among relief and development organizations, community workers and researchers as to how care should be provided for the OVC. Many researchers and development workers believe that OVC should stay in their communities, but often there is no family left to look after them. In the urban areas, the traditional extended family is no longer a strong support system. It is difficult to find research that examines the holistic needs of OVC. There are no conclusive answers as to sustainable ways of meeting these needs. Most research focuses on physical, educational and emotional well-being and does not look at the OVC holistically (USAID, 2000). Research is fragmented and scattered although there are statistics on the extent of the orphan crisis (Gow & Desmond, 2002). There is little, research examining the totality of OVCs' needs. Most studies focus on orphans but some take into consideration that not only orphans are vulnerable (Dlamini, et. al., 2004). Researchers are divided on whether the African traditional culture can provide solutions to OVCs. According to Dunn, Jareg and Webb (2014), there is a lack of up-to-date research on institutional care, fostering and other forms of child-care in developing contexts such as Zimbabwe. A clear hybrid model that takes cognizance of both the traditional and contemporary methods is missing, hence the envisaged integrated model.

The integrated model as conceptualized above has both advantages and challenges. While it is possible to learn about the challenges from the large-scale models such as the United Nations, the European Union, the Southern African Development Community and the African Union, these models can also be informative in relation to smaller scale projects like OVC management. According to Chinhanzi (2000), factors affecting the collaboration of inter-organizational departments suggest that integration is not only limited at a large scale but can be inter-organisational or intra-organizational as well as inter-state or intra-state. In this view, the type of integration that is being envisioned by this study, although it incorporates the global philosophies, cultures and systems, is intra-state in nature. However, it cannot ignore the global influence of globalization. Thus, though intra-state integration is proposed, it will incorporate global philosophical elements through the international conventions of children's rights.

Chingomo and Nakana (2008) observes that SADC has struggled to implement its objectives and in order to push its objectives, SADC set up a number of institutions and organs that will help it to implement its programmes at local level. In view of the significant economic disparities between member states, SADC has also identified areas that require co-operation, co-ordination and interaction at local, national and regional level. Accordingly, this study sees more prospects than challenges if the integrated model can be implemented at local level and at a small scale that is easier to manage than SADC, the African Union, United Nations and European Union.

3.8 CONCLUSION

This chapter has reviewed the literature related to the concepts and variables that underpin the social phenomenon under study. An attempt was made to link these concepts with the Ubuntu philosophy and the basic human needs theories reviewed in the preceding chapter. The possibility of traditional coping strategies derived from the African traditional culture are complementary to basic human needs, hence the possibility for a holistic model for OVC coping strategies.

The conceptual and theoretical linkages were discussed so as to visually demonstrate the theories that underpin the community-based OVC coping strategies in Zimbabwe. This conceptual literature review has aided the researcher to epistemologically interrogate the implications, limitations and relevance of Ubuntu and the basic human needs theories. Accordingly, conceptual literature reviews linked the study to its epistemological theory that was used to integrate the contemporary strategies (based on basic human needs theory) and the traditional strategies (based on Ubuntu philosophy), which is the gap that this study intends to address. Pursuant to this view, the conceptual literature review helped the researcher to identify the unexpected connections and gaps in the study, which is related to the need for integrating the contemporary and traditional OVC coping strategies for sustainable OVC livelihoods in the Gutu District of Zimbabwe. The principal lesson from the review of literature points to the common trajectories from both basic human theories and traditional coping strategies that can be easily combined to form a robust integrated brand for OVC coping strategies.

Okere's cultural hermeneutical heritage theory was conceptualised as an epistemological tool to integrate the contemporary and the traditional OVC coping strategies. Subsequently, the real-life concepts that include, but are not limited to, models of childhood development were reviewed, namely historical development of children's rights concept; global cultural contestations; community-based coping strategies; and child maltreatment. It was therefore established through literature that the contemporary and traditional OVC coping strategies are fragmentally implemented at the practical level while being centrally co-ordinated by the government on the political level. This justified the posibility of this study's contribution to the body of knowledge in OVC care and support, namely integrating the traditional and contemporary coping strategies in Zimbabwe. OVC care and support mechanisms in Zimbabwe need to be strengthened in order to reinforce existing systems by providing new models that will promote improved coping strategies in Gutu District. The often-under-utilized traditional coping strategies, if identified and leveraged, will go a long way in providing greater efficiencies in OVC care and support coping strategies.

CHAPTER 4
RESEARCH METHODOLOGY AND DESIGN

4.0 INTRODUCTION

This chapter discusses the processes of the adopted research design as well as the methodological foundations underlying the study. According to Warwick and Overton (2003), there are three overlapping approaches in research design, namely philosophy, methodologies and logistics and practice. Philosophy involves issues of ontology (theories of the reality of truth), and epistemology (theories of how knowledge is created) (Warwick and Overton, 2003). Methodologies relate to theories of how the world can be interpreted, while methods pertain to the set of strategies for interpreting the world. These approaches are guided by philosophy. Logistics and practice relates to the process of selecting the study area, proposal development, budgeting and planning for ethical research (Sacheyneris and Storey, 2003). It is within this realm that the rationale for choosing qualitative methodologies, guided by hermeneutic philosophy, was addressed. To reiterate, the research question was framed as follows: Why have prevailing contemporary and traditional OVC coping strategies pursued and adopted separately failed to achieve sustainability for OVC care and support in Zimbabwe?

4.1 PHENOMENOLOGICAL HERMENEUTICS PHILOSOPHY

Following Haberman's taxonomy of different types of science, Unwin (1992) identifies three epistemological positions that underlie both qualitative and quantitative research. These include the empirical-analytical approach, historical-hermeneutic/interpretive perspective and the critical science approach. Limb and Dwyer (2001) refers to these qualitative epistemological positions as positivism, humanism, post-modernism and post-structuralism respectively. This study made use of the hermeneutic qualitative epistemological philosophy to critically examine the effectiveness of community-based OVC coping strategies in the context of Zimbabwe. Hermeneutics as an interpretive pluralistic view allows community-based coping strategies for OVC to be analysed

through a comprehensive approach by acknowledging that OVC is a complex process influenced by multiple actors with different perceptions of the challenges of OVC**.**

The methodology adopted in this study was therefore influenced by the tenets of hermeneutics, as its underlying assumptions are suited to critically assess and respond to the research question of this study. Hermeneutics is considered a more radical approach as it is not based on one philosophy but also recognises the use of other perspectives such as phenomenology, metabletics, interpretivism and the critical science approaches. The flexibility of the hermeneutic approaches makes it more relevant in qualitative study than those that do not accommodate other philosophies.

Accordingly, Mumby and Putnam (1992) views hermeneutics as one of many schools of thought that focus on conversational, behavioural and etymological patterns and as an approach that focuses on the individual, methodological and epistemological issue oriented towards society and cultural critique. Henceforth, the use of hermeneutics philosophy enables the researcher to critically view the phenomenon from different perspectives such as the hermeneutic/interpretive perspective (for example, Okere, 1983; Ricouer, 2005) and the critical science perspective by Unwin (1992).The analysis of this study is therefore interpretive in nature because it makes use of the cultural hermeneutical theory to critically analyse the institutional socio-economic and political structures that underpin the problems of OVC. Harrison (2006) concurs that hermeneutics is based upon principles of plurality and complexity, and demands a critical assessment of existing social institutions, cultural beliefs and political systems. This pluralistic view of hermeneutics allows OVC to be analysed in a comprehensive and triangulated critical thinking approach by acknowledging that dealing with OVC is a complex process influenced by multiple actors with different perceptions about their challenges.

4.2 RESEARCH PARADIGM: QUALITATIVE APPROACH

This study has predominantly employed the qualitative approach within a phenomenological hermeneutics theoretical framework which sought to interpret the existing socio-economic and political institutions and systems in OVC care and support within its context. In this view, this study's paradigm was informed by Sayer (1994), a realist who criticized a positivist approach for forcing respondents into pre-defined conceptual grid or categories with a main concern of causal relationships. Robert (2011) postulates that hermeneutics is one of the post structural methodology that goes beyond what structural theories have objectively pre-determined as truth underpinning the social reality. Limb and Dywer (2001: 6) argues that, "Qualitative methodologies see the social world as something that is dynamic and changing, always being constructed through the intersection of cultural, economic, social and political processes". Consequently, this study adopted the qualitative approach because it allows for questions and critiques the rigid inner logic to links that describe any aspect of social reality. For instance, the qualitative examination of the socio-political structural relationship between the traditional and contemporary OVC coping strategies can draw new insights and understanding around OVC challenges and how they can be mitigated.

One motivation for adopting a qualitative study was the discovery that most OVC studies are quantitative studies (German, 2005; Foster, 1997; Mangoma, Chambari and Dhlomo, 2008) with an excessive focus on defining the term 'orphan' using age-based categories and the collection of cross-sectional data focused on material and immediate experiences. These studies were based on numeric data to predict orphanhood and vulnerability in the context of HIV/AIDS. As a result, their findings predicted and determined the intensity of the OVC challenges and interventions based on spatial numerical distribution of the phenomenon in African countries. Another gap that was identified in the literature, and which this study seeks to address, relates to the need to explore the perceptions, views and feelings of the local community people. Chizororo (2008) argues that measuring OVC numerically tends to create the category of orphanhood in a static way because of over-reliance on quantitative data. The researcher concurs with Chizororo and further suggests that data from the previous

studies did not go beyond the surface of the problem but rather identified areas that require policy intervention to mitigate the problem.

In light of the identified gaps in understanding of the orphaned and vulnerable children, this study therefore sought to go beyond the superficial understanding of OVC challenges through the examination of community-based OVC coping strategies. Since the study sought to provide an in-depth understanding of the views, perceptions, behaviours and feelings of people within the context of OVC, a qualitative paradigm was necessarily employed. However, the fact that this study was predominantly qualitative did not preclude it from also employing some quantitative research aspects such as the demographic data of OVC and the difference will be shown by the methods of data analysis. In this regard, Okuni and Tembe (1997) as well as Neuman (2011) concur that qualitative and quantitative paradigms are complementary and can be used together for mutual confirmation of data. Yin (2009) and Hamel (1993) opine that employing some quantitative research aspects in a qualitative study does not make it mixed research. Thus, this study remains a qualitative study despite the demographic socio-economic numeric data of OVC gathered. The socio-economic numeric data was solicited to validate and vindicate the intensity and prevalence of OVC challenges in the Gutu District of Zimbabwe. As such, the ontology of OVC as a social reality and the theories associated with its sustainability would be identified. In doing so, it provides leverage for a qualitative epistemological and in-depth understanding of the underlying issues through post-structuralism theory that impact on community-based OVC coping strategies.

4.3 CASE STUDY APPROACH

This study deployed a single case study design within a qualitative research tradition to examine the community-based OVC coping strategies within the local rural communities of Gutu District of Zimbabwe. Hewlet (2013:74) remarks that a, "qualitative approach allows for the collection and analysis of the naturalistic data to be understood in relation to a particular social context and setting". Thus, through the selection of OVC phenomena as a single case study within the Gutu District of Zimbabwe, this study conceptualizes the complex experiences that all the stakeholders

participating in mitigating the challenges of OVC in Gutu District of Zimbabwe encounter in theory and practice. These OVC stakeholders include the government, NGOs, FBOs, traditional leaders, politicians, the business sector and the community-based caregivers.

4.3.1 Case Study Design

A qualitative case study methodology provides tools for researchers to study complex phenomena within their contexts. Yin (2009) postulates that when the approach is applied correctly, it becomes a valuable method for social science research to develop theory, evaluate programmes, and develop interventions. Case studies are largely descriptive examinations, usually of a small number of sites (small towns, projects, individuals, schools) where the principal investigator is immersed in the life of the site or constitution, seeks out available documents, holds formal and informal conversations with informants, observes ongoing activities, and develops an analysis of both individual and cross-case findings. Case studies can provide engaging explorations of a project or application as it develops in a real-world setting. A case study is a complex task that cannot be accomplished through occasional brief site visits.

This study is an in-depth analysis of the effectiveness of OVCs strategies in Gutu District. Hamel (1993) and Yin (2009) define a case study research method as a scientific inquiry that investigates a contemporary phenomenon within its real-life context. Hamel (1993) further argues that a case study is a valuable method which bridges the phenomenon and context which are not clearly evident to the researcher. For instance, the evidence of variables to support the prevalence of OVC and the inconsistencies of the community-based coping strategies as mitigation measures needs to be closely examined. Salkind (2012), on the other hand, contends that critiques of the case study assume that the study of small cases is usually relative and does not guarantee the reliability and generalizability of the findings. Previous studies by Zainal (2007), Shrestha (2003), Johnson (2006) and Grassel and Shirmer (2006) attest that the case study approach is one of the recommended methods in the exploration and understanding of complex research phenomena. The OVC crisis is a complex phenomenon that involves multiple actors informing its prevalence. There is, however,

a school of thought that argues against the effectiveness of the case methodology. For example, Salkind (2012) contends that small cases usually offer no or limited grounds for instituting reliability or generalization of the findings.

The trustworthiness and dependability of the findings of this study were made possible by the method's leverage to triangulate the data from various sources and research techniques examined in this study (see Figure 4.9). Similarly, Yin (1994) and Tellis (1997) state that the lack of generalizability of case study results is ameliorated using theory rather than populations. In this view, the case study method can be considered a robust research method, particularly when a holistic in-depth investigation like the community-based coping strategies for OVC that involve multi-actors is required. Gulsecen and Kubat (2006) maintains that the role of the case study method has become more relevant especially on issues of education, sociology and community-based problems such as poverty, unemployment, drug addiction and illiteracy.

On the basis that quantitative methods have inherent limitations in providing holistic and in-depth explanations of the social and behavioural problems caused by community-based coping strategies on OVC, this study employs the case study qualitative method. Tellis (1997), for instance, postulates that a researcher goes beyond the quantitative statistical results and is able to understand the behavioural conditions through the actors' perspective, which is the main objective sought by this study, with the OVC as one of the key respondents. With this method, it was possible to explore the issues at hand with additional stakeholders/respondents such as the community leadership (traditional leaders, politicians, FBOs, NGOs, public sector, private sector and community home-ased care), and ordinary community members/care-givers respectively in the Gutu District of Zimbabwe (Shrestha, 2003).

Shrestha (2003) argues that the case study method allows for a holistic investigation of various actors' perspectives of a phenomenon. In line with Shrestha's argument, the researcher was able to explore and understand the changes that occurred in community-based coping strategies (traditional to contemporary strategies) in OVC and suggested corrections in human behaviour for the welfare of OVC. It was, therefore, in light of

the nature of this study, that the case study method was considered relevant for the purpose of exploring the community-based coping strategies for OVC in the Gutu District of Zimbabwe.

4.4 TARGETED POPULATION AND STUDY AREA

This research was conducted in the rural areas of Gutu District in Masvingo Province, about 90km north-east of Masvingo Urban, Zimbabwe. Gutu is one of the largest districts in Zimbabwe, comprising 41 wards under the leadership of democratically elected councillors and approximately 1,000 villages under the traditional leadership of village heads who operate under a chief. Gutu District is divided into political and administrative units called District Rural Development Committees (DARDC), Ward Development Committees (WARDCO) and Village Development Committees (VDCO). These units were instituted by the government for the purposes of supervision of all the development activities at community level that cascade from the Cabinet downwards. The DARDC is comprised of the ward councillors and paramount chief and presided over by the District Administrator (DA). WARDCOs are the district units which consist of the village heads, NGOs, FBOs, school heads and community-based leaders at village level presided over by the democratically elected ward councillor. According to Ngwerume (2010), the above district development and administrative unit's committees are deemed OVC stakeholders' meetings when they converge to discuss children's issues at district or ward level. Figure 4.1 below indicates the admininstrative structure of the rural communities in Zimbabwe as explained above.

Figure 4.1 Administrative Structures for the Rural Communities in Zimbabwe

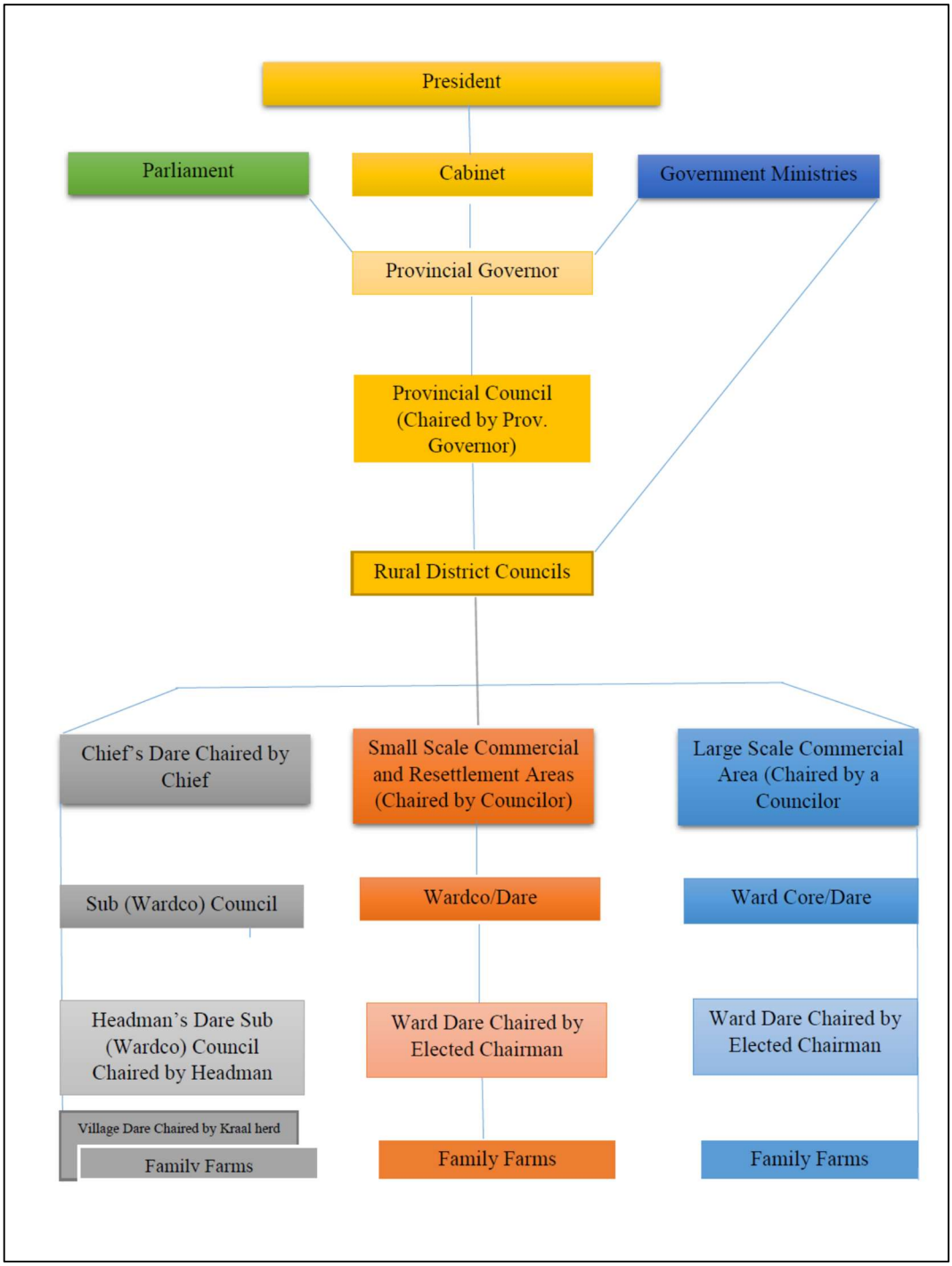
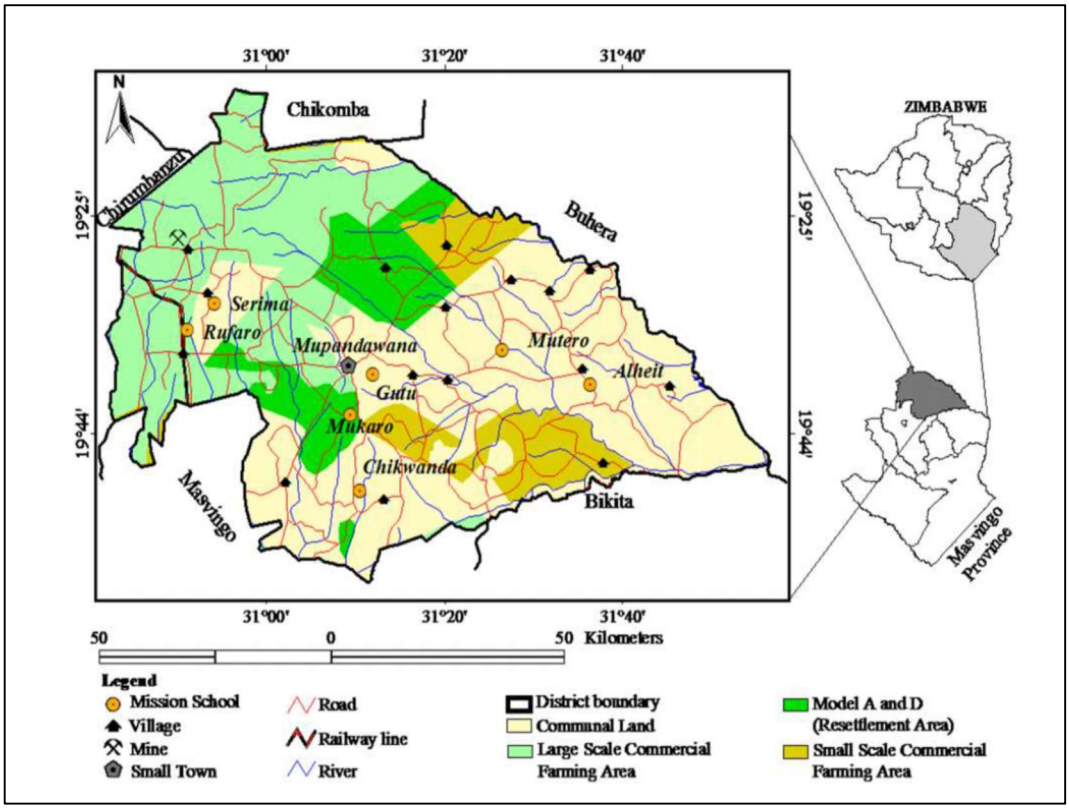


Figure 4.2: Study Area of Gutu District, Masvingo, Zimbabwe



This District was selected for several reasons. Firstly, Gutu District has three community-based NGOs that provide care and support to OVC and carry out HIV/AIDS projects. Secondly, the growing numbers of OVC and terminally ill parents prompted the local leaders to appeal for the intervention of the NGOs and for government assistance. While the government is involved in developing legal and policy frameworks, NGOs assist by paying fees and providing food packs and psychosocial support to OVC. The rural community was also selected because rural areas have high poverty levels and this has negative implications for the survival of OVC. Similarly, Zimbabwe, like many other African countries, is still predominantly rural and over 60 per cent of the total population live in rural areas. Furthermore, there has not been enough work undertaken with OVC in rural areas that strictly target community-based coping strategies, since most work on children targets the urban areas or street children. This study complemented the three studies of Foster (1995), German (2005) and Chizororo (2008) in Zimbabwe on Child Headed Households (CHHs). Two the studies (Foster, 1995; German, 2005) have focused on urban areas of Bulawayo and

Mutare respectively, while (Chizororo, 2008) focused on the rural areas of Mhondoro in Mashonaland west province. This rural based study would therefore offer a comparison between the three research settings.

4.5 STUDY SAMPLE AND PURPOSIVE SAMPLING

According to Patton (1990), purposive sampling is best used with small numbers of individuals/groups which may well be sufficient for understanding human perceptions in relation to problems. Although purposive sampling is not explained in most of the studies, Tongco (2007) argues that it is fundamental to the quality of data gathered when compared to other sampling methods. Conceptually, purposive sampling is sometimes called judgmental sampling denoting the researcher's deliberate choice of the informants who possess the qualities and information pertinent to his/her study. In this regard Tongco (2007:147) remarks that, "in purposive sampling, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge and experience". It was also noted by Bernard (2002) that purposive sampling is mainly exemplified by the key informant technique. Further to that, needs, behaviours and contexts are the main justification for qualitative audience research through purposive sampling. The researcher was concerned with exploring the universe and understanding the audience, and purposive sampling became the most appropriate sampling method to select the participants in this study. This method calls for high level thinking rather than only common sense as well as the best judgement in choosing the right habitation, and meeting the right number of right people for the purpose of the study.

Following the baseline tenets that justify purposive sampling, 40 participants were recruited as informants and respondents of this study. Neuman (2011) observes that purposive sampling is a valuable technique, especially for qualitative research. In purposive sampling, cases rarely represent the entire population but its focus is to gather in-depth and quality information as much as possible from the selected informants. In this case, the local community stakeholders were purposively chosen depending on the information needed. As in many qualitative studies, the emphasis is not on the number of informants who would participate in the study. Rather, emphasis is on the quality,

depth, understanding and richness of the data. Thus, this small sample size was used as illustrative and is not necessarily intended to be statistically representative of the OVC situation in Zimbabwe as with most quantitative approaches (Valentine, 2001).

Ten community leaders comprising traditional leaders (chiefs and headmen), district administrators, social welfare officers, faith-based organisations (ZCC, Catholic Bishops Forum, CFZ and UDASIZA), non-governmental organisations (BHASO and Capernaum Trust), councillors, District Registrar and District Health Officer were recruited as key informants (refer to Appendices K and L). Key informants are those respondents targeted to furnish the study with information from their area of expertise and understanding of the social structures inherent in the community under study. Predicated on this definition, the key informants were purposively selected to give in-depth information about the effectiveness of community-based OVC coping strategies in the Gutu District of Zimbabwe within their areas of expertise. Thus, the detailed information about the nature and trends in relation to the OVC problem and how these problems are being mitigated within their communities was gathered from the key informants.

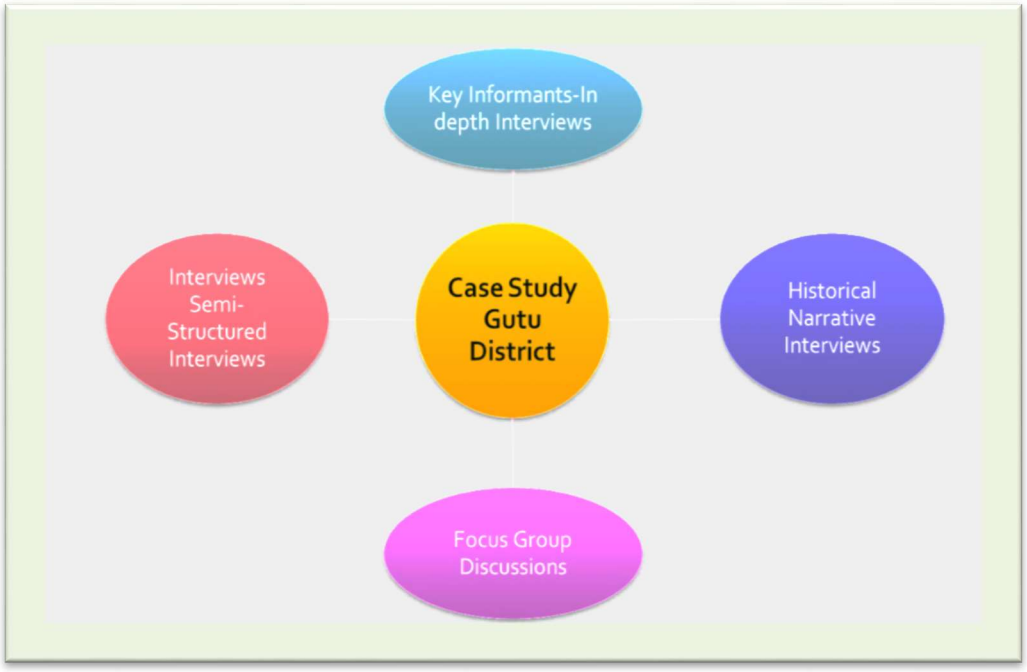
In addition, 20 ordinary community members/care-givers were recruited to participate in the Focus Group Discussions (FGDs), in the in-depth interviews and narrative interviews (refer to Appendices K and L). These people participated in both focus groups and narratives to corroborate and triangulate the information gathered from FGDs and narratives where individuals would narrate their own stories away from the mob. Ten OVC above the age of 14 were also purposively chosen to participate in Focus Group Discussion, unstructured interviews and narrative interviews (refer to Appendices K and L). The OVC above 14 years of age were chosen because they are old enough to articulate their issues and for ethical reasons. The ordinary community members/care-givers furnished this study with their experiences, perceptions, views and opinions on the nature of care, challenges they faced and the effectiveness of the existing community-based coping strategies. Shona language was used for data collection from all the ordinary community members and the OVC in the study. Similarly, the OVC provided the study with the data in conjunction with their

emotional, social, mental and spiritual challenges as OVC within their communities. The data collection processes and techniques are presented in detail in Figure 4.10 below.

4.6 DATA COLLECTION INSTRUMENTS

The data collection techniques employed included semi-structured interviews, the FDGs, in-depth interviews and historical narratives in a case study research method (refer to Appendices K and L). The mixed methods in data collection allowed for data triangulation and corroboration, resulting in a more in-depth understanding of the research questions (Merriam, 2002; Creswell and Miller, 2000; Badenhorst, 2007; Badenhorst, 2010). Since this study's methodology is influenced by the post-structuralism that believes in the multi-actors in socio-economic and political perceptual constructs, triangulation of data collection techniques or methods helped in achieving the credibility and dependability of data (Neuman, 2011). Figure 4.3 sets out the data collection techniques and instruments.

Figure 4.3: Data Collection Instruments/Techniques



Source: Author (Field work) (refer to Appendices K and L)

As illustrated in Figure 4. above, this study was carried out using a case study research method/approach, with Gutu District as the focus from a geographical perspective. It was within this study area that the participants were selected out and all the data collection and research processes were conducted. The data was collected using four instruments: 30 semi-structured interviews that comprises the 20 care-givers and 10 OVC who participated in the study, 10 in-depth-interviews for the key informants who participated were conducted, 5 focus group discussions that comprises the 4 of the care-givers and 1 for the OVC were conducted and 23 narrative interviews that comprises the 20 care-givers and 3 OVC were conducted in this study. Ziyami, King and Ehlers (2004) posit that the use of multiple data collection instruments allows the researcher to achieve data triangulation, thereby enhancing the validity and reliability of the study. Ziyami et.al. (2004) observes that data triangulation involves the collection of data from multiple sources using either multiple instruments or a single instrument to obtain diverse views of a studied phenomenon with the purpose of enhancing the validity of the study. Accordingly, multiple instruments were concurrently used for the purposes of data triangulation and enhancing the validity and reliability of this study.

4.6.1 Semi- Structured Interviews

Semi-structured interviews with both pre-coded and open-ended questions were used to collect demographic data from the care-givers or ordinary community members and OVC. Shona language was used to collect data and was transcribed and translated to English using linguistic experts. The main advantage of semi-structured interviews over unstructured interviews, according to Renin (2001), is that the researcher acquires the exact information that she or he wants from the participant. It is a more precise approach that is guided by an interview guide of pre-determined questions whilst allowing for flexibility to probe certain issues and even divert from the guide where deemed appropriate. Further to that, semi-structured interviews work very well in situations where the researcher knows precisely what information is required from the participants. Semi-structured interviews were therefore used to acquire socio-economic demographic data on care-givers and OVC in Gutu District. These demographic data related to age, economic status, gender and the number of dependents under a care-givers' guardianship. The data were then triangulated with other sources (in-depth

interviews, historical narratives, focus group discussions and documentary analysis) so as to establish the intensity and nature of the OVC challenges within households in the Gutu District of Zimbabwe. Focus group discussions, historical narratives and in-depth interviews were used to collect information about the social phenomenon under study and to further probe the respondents for in-depth information.

4.6.2 In-depth Interviews

Qualitative data were collected from the selected key informants using in-depth-interviews. These key informants included the Community Leaders, NGOs leadership, Community Based Organizations (CBOs), Traditional Leaders (TLs) and Faith Based Organizations (FBOs) in Gutu District (refer to Appendices K and L). Shona language was used for all the interviews. One advantage of using interviews rather than questionnaires relates to the opportunity to read the respondents' facial expressions and other non-verbal cues. Bless and Higson-Smith (2000:104) points out the following:

> *Qualitative in-depth interviews actively involve the respondents in the research process, thereby empowering the respondents. They also allow free interaction between the interviewer and the respondents. Further to that, in-depth interviews allow opportunities for clarification so that relevant data is captured during interview sessions. They also maximize description and discovery of new dimensions of information. Finally, in-depth interviews offer researchers access to people's ideas, thoughts and memories in their own words, rather than in the words of the researcher.*

Similarly, Ritchie and Lewis (2003) notes that in-depth interviews allow the researcher to explore fully all factors that surround participants' answers, beliefs, feelings, opinions and attitudes. In so doing, the study was able to ultimately bring the explanatory evidence in the required data that is an important aspect of qualitative research. The in-depth interviews thus enabled and afforded the researcher the opportunity to establish multiple stakeholders' views, opinions, perspectives on, and visions for, community-based OVC coping strategies in the Gutu District of Zimbabwe.

4.6.3 Focus Group Discussions (FGDs)

Schurink and Schurink (1982:2) defines a focus group as a "purposive discussion of a topic or related topics taking place between five to twelve people with similar

backgrounds and common interests". They further point out that the focus group is a data collection method that encompasses verbal and non-verbal data as well as the interplay of perceptions and opinions of the participants. The Focus Group Discussions (FGDs) were found to be relevant in this research which sought to establish the views, feelings, desires and perspectives of individuals about different topics in OVC coping strategies at a grassroots level. According to Neuman (2011), the FGD technique allows people to express opinions and ideas freely, and in doing so people feel empowered. Five FGD groups were organized. Four of them were for the care-givers and one for OVC. Each FGD group of care-givers comprised five participants and the OVC group comprised 10 participants. Each FGD session of the ordinary community members took one and half hours whilst the OVC session ran for one hour taking into consideration the children's shorter concentration spans. Overall, twenty-four hours were spent in conducting the FGDs.

The FGD participants were predominantly selected from the pre-existing Batanai HIV/AIDS support groups in Gutu District. These are support groups of people affected and infected with HIV/AIDS who organize themselves into groups under the administration of the Batanai HIV/AIDS Service Organization (BHASO). BHASO is an AIDS service organization and local NGO that operates in the Masvingo province of Zimbabwe. The main objective of BHASO through these HIV/AIDS support groups is to empower people affected and infected with HIV/AIDS to live a positive life. As part of their programmes, BHASO also focuses on Psychosocial Support (PSS) for both care-givers and OVC. Informed by Bloor, et.al. (2001), the researcher purposively selected participants from the existing BHASO support groups across Gutu District. Bloor, et.al. (2001) argues that the use of pre-existing groups in societies has clear advantages over using "strangers" in the same FGD. They emphasise that the people who are part of the community have well established pre-existing networks that allow them to participate without fear of disclosing sensitiveinformation.

Parker and Tritter (2006) concur with Bloor, et.al. (2001) that the pre-existing groups share common beliefs, values and norms that will also allow them to participate without reservations and fear, but with a caveat. They argue that pre-existing groups represent

the mob psychology of the community and the individuals are unlikely to share their independent views. Cognisant of the merits of both arguments, the researcher deliberately selected individuals from the BHASO support groups and was keen to ensure that the views of people from all walks of life is gathered. Interestingly, during the FGDs, it was discovered that these support groups were not only care-givers of their own OVC, but also voluntary care-givers of local communities in Gutu District. As such, within their communities these support group members are called 'Community-Home Based Care-Givers', indicating that they are recognized at community level as service providers. Some of them had publicly disclosed their HIV/AIDS status to their families and the community, and it was easy for them to discussissues pertaining to the challenges of OVC. However, to motivate the FGD participants to participate fully in the discussions, incentives were offered. Rukuni (2001) suggests that incentives may be given to research participants to ensure they are motivated to provide authentic data as compared with those people who are demotivated with no vested interest in the research. The researcher provided exercise books, pens, transport and lunch for the school-going children who participated. The care-givers were provided with transport and were also provided with refreshments after the FGD interview sessions.

4.6.4 Narrative Interviews

According to Jovchelovitch and Bauer (2000), the narrative interview relates to the increasing awareness of the role that story-telling plays in shaping social phenomena. Schutze (1992) observes that narratives can be understood four-fold, namely (i) narratives as discursive form; (ii) narratives as history; (iii) narratives as life story-telling; and (iv) narratives as societal and cultural story-telling. Based on this conceptualization of narratives, the researcher took cognizance of the fact that care-givers and OVC have their histories and experiences about their experiences and to narrate these would ultimately result in an in-depth understanding of the social phenomena. Qualitatively, Hermanns (1992) posits that the narratives interview as a data collection method encourages and stimulates the interviewees to tell a detailed story about significant events in their lives and social contexts. Consequently, the researcher used the narratives interview approach to understand social events from the perspective of informants as directly as possible.

Jovchelovitch and Bauer (2007:7) suggest that story-telling follows self-generating schema with three main characteristics:

> *Firstly, the detailed texture, which refers to the need to give detailed information in order to account plausibly for the transition from one event to another. The narrator tends to give as much detailed account as possible. Secondly, relevance fixations, which points to the idea that story-tellers report those features of the event which are relevant according to their perspective of the world. The account of events is necessarily selective. It unfolds around thematic centers that reflect what the narrator considers relevant. Thirdly, closing of the Gestalt, which refers to a core of the event mentioned in the narration to be reported completely, with the beginning, middle and the end.*

Accordingly, 20 care-givers and three OVC were purposively selected from the FGD participants to respond to the historical narrative questions. The narrative interviews aimed to obtain in-depth information about the demographic socio-economic experiences of the care-givers and the OVC. The way the informants narrate their life experiences in a narrative interview is different to how they might engage within the FGD context. This method or exercise helped the researcher in data triangulation and in soliciting more detailed information than might not have been obtained through the FGDs alone. As argued by Jovchelovitch and Bauer (2007), the narrative interviews helped the researcher to gather detailed information about the nature of OVC care and support as well as the community-based coping strategies employed to mitigate those challenges in the Gutu District of Zimbabwe.

Table 4.1: Chart Linking Research Questions and Methods

Research Questions	Data Sources and Methods	Justification
What is the nature of OVC care and support in the Gutu District of Zimbabwe?	Senior members of the households/care-givers and OVC: interviews - Semi-structured schedule and narrative interviews Senior member of the households/care-givers and OVC: interviews- semi-structured interviews and narrative interviews.	A household semi-structured interview guide was used to gather the characteristics / nature of OVC care and support in relation to their age, education, assets, source of income and challenges they face. Methodologically, this enabled the researcher to obtain quantitative data on demography of the households. Ethically this formal approach helped the researcher to reduce the sensitive aspects in the study.
How do traditional and contemporary coping strategies address OVC challenges in the Gutu District of Zimbabwe	Community leaders'/ key informants: In-depth/unstructured interviews Care-givers/community-members: FGDs, and interviews.	Interviews with the community leaders as key informants helped the researcher to gather in-depth data with regard to both the traditional and contemporary OVC coping strategies being implemented within their community. From the community leaders the general understanding of the attitudes, perceptions and feelings of the general populace in the community from the support they get from the government and their care-givers was gathered. By conducting the FGDs with the community members the researcher would want to observe and gain insights about how the care-givers interact and implement their coping strategies with OVC. In addition, in-depth information from the care-givers

		will be gathered through interviews so as to achieve corroboration of data with the FGDs. This justification also applies to the OVCs where the researcher would want to have an in-depth understanding of the challenges and their adaptability to the strategies rendered to them. This applies the same rationale above where secondary data sought to validate/corroborate the primary data from FGDs, participatory observation and observation in response to that particular research question.
How can traditional and contemporary coping strategies be integrated for OVC sustainable livelihoods within the rural communities of Gutu District of Zimbabwe	Community-Leaders/Key informants: Unstructured interviews Community-members/ care-givers: Interviews and FGDs Narrative interviews	Interviews with the community leaders informed the researcher about the general attitudes, perceptions and feelings of the community and government officials about the prospects and challenges they encounter with OVC despite their implementation of existing strategies. Ordinary community members or care-givers and OVC as targeted secondary and primary beneficiaries of the coping strategies implemented furnished the researcher with their perceptions, feelings and views as to whether the existing traditional and contemporary strategies are able to sustain them or not. This data was gathered through interviews and FGDs with care-givers and FGDs with OVC.

Source: Author (refer to Appendices K and L)

4.7 DATA ANALYSIS PROCEDURE

The material for the various research methods − the semi-structured interviews, the in-depth interviews, the narrative interviews and FGD guides − were all translated from English to the indigenous language, Shona, and then back-translated by linguistic experts to ensure accuracy. This was done by Dr N Chivasa of Zimbabwe Open University and Mr K Mabvundwi from the University of Zimbabwe respectively. Data collected were transcribed in Shona and back-translated to English followed by thematic analysis. Braun and Clarke (2006) argues that thematic analysis provides an accessible and theoretically open-coding approach to analysing qualitative data. Neuman (2011) describes open coding as involving the location of themes and the assigning of initial codes to condense large volumes of data into categories.

The axial coding which focuses on interrelating and categorizing the themes that have been developed at the open-coding stage was then done to select the themes that may emerge through interpretation and analysis of data. To do so, the researcher read through the notes several times. The researcher used the letters for coding the data for analysis; for example, IIF represents "Inheritance Issues in Families" and DFC represents "Disintegration of Families and Communities". For more details in coding systems refer to Appendix O of the study. This afforded the researcher the opportunity to probe the perspectives, views and opinions of the participants closely to absorb the information gathered. To have the demographic profile of the respondents, demographic data were tabulated and, subsequently using thematic analysis to qualitatively analyse it. The researcher used the inductive and thematic data analysis approaches where each case was analysed within its natural setting, in which the respondents and documents spoke for themselves. Interpretation of data was undertaken on the basis explained above.

4.8 LIMITATIONS OF THE STUDY

Due to the limited time and resources, the researcher assessed community-based OVC coping strategies in Gutu District. As much as these findings potentially lacked external validity to generalize the findings to all communities in Zimbabwe, the researcher

employed the multi-data collection techniques that allowed for the triangulation of data from different sources with different instruments. Furthermore, triangulation and corroboration of secondary data (literature review and theories) with primary data was done to ensure the validity and reliability of the study.

4.9 ETHICAL CONSIDERATIONS

Since the study involved human participants, pertinent ethical issues were taken into account prior to and during the course of the study. Firstly, ethical approval from the relevant ethical committees, namely the University of the Witwatersrand Ethics Committee and the Research Council of Zimbabwe (RCZ) were obtained before the study commenced. Secondly, written informed consent was obtained from all participants recruited into the study. Thirdly, institutional permission was obtained to enrol participants drawn from various NGOs, FBOs, government institutions and children's regulatory institutions. To ensure voluntary participation, enrolled participants were free to withdraw from the study if they chose to. Finally, questions in the study tools were focused on the subject and as much as possible, nothing outside the scope of the study was discussed.

4.10 CONCLUSION

The researcher has described the context of the study, the problem statement, the scope, the purpose of the study and the research questions. Hypothetically, it can be envisaged that traditional and contemporary OVC coping strategies have both strengths and weaknesses in mitigating the OVC crisis. If these can be combined they will be complementary and more likely to be successful. However, there does appear to be within the seminal literature a natural and cosmetic transition between traditional and contemporary coping strategies due to modernity. The methodology of the study was presented as informed by cultural hermeneutics that seek to critically examine the structural theories. In this case, this study predominantly employed a qualitative research paradigm. However, whilst quantitative data were used to establish the preponderance and extent of the phenomenon under study as well as to understand the demographic profile of respondents, this does not warrant the study being referred to

as one that deployed a mixed approach. The study is a qualitative one which sought to examine the utility of traditional coping strategies in addressing the OVC crisis in Gutu District, Zimbabwe.

FINDINGS PART 1

CHAPTER 5
SOCIO-ECONOMIC EXPERIENCES OF CARE-GIVERS AND OVC

5.0 INTRODUCTION

This chapter presents the findings in response to the main research question which is: Why have prevailing contemporary and traditional OVC coping strategies pursued and adopted separately failed to achieve sustainability for OVC care and support in Zimbabwe? In this study, data are presented in two sections, namely Part 1 and Part 2. Part 1 is Chapter 5 and Part 2 is Chapter 6 of the study. In this first part of data presentation, the socio-economic experience findings of the care-givers and OVC in the Gutu District of Zimbabwe were presented. Subsequently, themes are developed from data presented in this chapter for thematic analysis in Chapter 7 that is informed by Braun and Clarke (2006). Thematic analysis offers an accessible and theoretically flexible approach in analysing qualitative data gathered through FGDs, in-depth interviews and historical narratives. The total number of participants in this study was 40. This number comprised the 20 care-givers from BHASO support groups located around Gutu District, 10 OVC and 10 key informants from various organizations, as well as respective government line ministries.

Data were collected through FGDs for care-givers and OVC. A total number of five (5) FGDs were conducted. Of which four (4) comprised five (5) care-givers and one (1) comprising ten (10) OVC. All the FGDs for care-givers comprised of three (3) female and two (2) male counterparts. Similarly, the OVC Focus Group comprised six (6) girls and four (4) boys. From the aforesaid FGDs, a total number of five (5) participants, comprising 20 from the care-givers and three (3) from OVC, are purposively selected to respond to the historical narrative questions about their life experiences as care-givers and OVC. Furthermore, semi-structured interviews were conducted with both care-givers and OVC who participated in FGDs to obtain their socio-economic

demographic data. To identify respondents and maintain confidentiality in data presentation, the researcher used different codes to identify them within their respective FGD categories. Table 5.1 below illustrates the FGD categories, codes of participants and gender respectively.

Table 5.1: Coded Focus Group Discussions for Care-givers and OVCs in Zimbabwe

Focus Group Discussion (FGD) Numbers: 1-5	Participants' Codes	Participants' Gender
FGD1	FGD1F1-3	Female - Care-givers
FGD1	FGD1M1-2	Male - Care-givers
FGD2	FGD2F1-3	Female - Care-givers
FGD2	FGD2M1-2	Male - Care-givers
FGD3	FGD3F-1-3	Female - Care-givers
FGD3	FGD3M1-2	Male - Care-givers
FGD4	FGD4F1-3	Female -Care-givers
FGD4	FGD4M1-2	Male - Care-givers
FGD5	FGD5G1-6	Girls - OVCs
FGD5	FGD5B1-4	Boys - OVCs

Source: Author (Fieldwork, 2015) (refer to Appendices K and L)

FGDs for care-givers were assigned the numbers 1, 2, 3 and 4 and OVC the number 5. In the care-giver FGDs, the codes F1-3 represent the female participants whilst codes M1-2 represent their male counterparts. In the FGD for OVC, the codes G1-6 represent girls and B1-4 represent boy participants. In terms of the organization of this chapter, the demographic profiles of the care-givers and OVC were presented first as the basis of the subsequent data from other participants' categories. Data from the FGDs and narrative interviews were then used to gather in-depth information about the socio-economic experiences of the participants within their demographic profile status. The researcher deliberately presented data in chronological order to systematically and comprehensively present all of the data gathered from all the participants in this study. Afterwards, data presented in this chapter was arranged in themes for analysis and

discussion for the purposes of establishing its theoretical implications in Chapter 7 of the study.

5.1 DEMOGRAPHIC SOCIO-ECONOMIC PROFILES FOR CARE-GIVERS AND OVC IN ZIMBABWE

Table 5.20 below presents the demographic data gathered from the 20 care-givers and 10 OVC in the Gutu District of Zimbabwe, providing gender, educational level, age group, and marital status, relationship of care-giver to OVC and sources of income for participants in this study. The data were gathered mainly through semi-structured and narrative interviews from the care-givers and OVC who participated in Focus Group Discussions. The demographic data responded mainly to the first research question of the study, which seeks to identify the nature of OVC care and support in Zimbabwe.

The theoretical implications of the findings associated with the demographic status of the OVC and care-givers will be discussed and analysed in the Chapter 7 of the study. Table 5.2 below presents the demographic profiles for care-givers and OVC in the local rural communities of the Gutu District of Zimbabwe.

Table 5.2: Demographic Profiles of Care-givers and OVCs in Gutu District

RESPONDENTS' CHARACTERISTICS	CAREGIVERS (N=20)		OVC (N=10)	
	N	**%**	**N**	**%**
SEX				
Male	8	40	4	40
Female	12	60	6	60
Total	**20**	**100**	**10**	**100**
EDUCATIONAL LEVEL				
None	4	20	2	20
Primary	7	35	4	40
Secondary/Tertiary	9	45	4	40
Total	**20**	**100**	**10**	**100**
AGE OF RESPONDENTS				
14-15			8	80

16-18			2	20
19-30	4	20		
31-40	8	40		
41-50	4	20		
51-60	3	15		
61+	1	5		
Total	**20**	**100**	**10**	**100**
MARITAL STATUS				
Single	3	15		
Married	6	30		
Separated	5	25		
Widowed	6	30		
Total	**20**	**100**		
RELATIONSHIP OF CAREGIVER TO OVC				
Mother	6	30	3	30
Father	4	20	2	20
Grandparents	2	10	1	10
Brother/Sister	4	20	2	20
Uncle/Aunt	4	20	2	20
Total	**20**	**100**	**10**	**100**
SOURCE OF INCOME				
Self-employment	5	25	2	67
Salary/Wage	2	10		
Crops/livestock	10	50	1	33
Other	3	15		
Total	**20**	**100**	**3**	100

Source: Author (Field work, 2015) (refer to Appendices K and L)

The statistics above indicate that 40% of care-givers were middle aged people between the ages of 31 to 40, while 20% was care-givers aged between 19 and 30. A further 20% were aged between 41 and 50, and 15% was aged 51 to 60 or over. This group comprises the grandparents of the OVC. Of the care-givers, 40% were male and 60%

were female. Statistics indicated that 30% of the care-givers were married and were uncles, aunts or grandparents to the OVC, while 30% were widowed and 25% were separated or divorced. While 45% of the care-givers had the level of secondary or tertiary education, 35% ended at primary level and 20% did not attend school at all.

Statistics indicate that 75% of the care-givers were predominantly surviving through selling farm produce, crops and livestock, 15% survived through self-employment and 10% survived on salaries or wages, predominantly working as civil servants. Statistics on OVC gender comprised 60% girls and 40% boys. Statistics on literacy level indicate that 40% were in secondary school while 40% were at primary level and 20% were not attending school because of different socio-economic reasons to be discussed in chapter six.

Statistics on OVC living with their parents showed that 30% of OVC were living with their biological fathers, 20% were living with their biological mothers and 20% were living with their uncles or aunts. A further 15% were living with grandparent(s) and the final 15% were in child-headed households, living with an older brother or sister. During the semi-structured interview sessions, questions were probed by historical narrative interviews for in-depth information from the respondents in key areas such as marital status, education, relationship of the care-givers to OVC and sources of income. The respondents were given an open-ended time and question to narrate their experiences without being interrupted by the interviewers. Thus, the historical narratives provided verbatim the informants' views without probing questions and the researcher was able to obtain important information.

5.1.1 Marital Status and Socio-Economic Experiences in OVC Care and Support

Statistics on the marital status of care-givers indicates that widows and married care-givers participating in the study comprised 30%, while the separated or divorced care-givers were 25%, and single or unmarried respondents above the age of 18 years was 15% respectively (See Table 5.21). To establish an in-depth understanding of the socio-economic experiences of the care-givers in OVC care and support, brief historical

narrative interviews were conducted with care-givers who participated in FGDs. Thus, findings related to the socio-economic experiences of care-givers in OVC care and support were presented within the four categories indicated in the demographic marital status in Table 5.20 above, namely widows, married, divorced/separated, and single or unmarried categories. The researcher deliberately started by presenting the findings from the widows' category followed by married caregivers from the largest number to the lowest as revealed in the demographic table.

5.1.1.1 Findings on the Socio-Economic Experiences of the Widows in OVC Care

Findings relating to the socio-economic experiences of widowed care-givers indicated that the death of a spouse exposed them to severe socio-economic conditions in OVC care and support. Some care-givers interviewed revealed that the long illness of their spouses had left them with literally nothing as they sold the livestock, property and other valuable asserts to cater for hospital bills. Others indicated that their spouses were unfairly dismissed from work without benefits because of protracted absence due to prolonged illness. Findings also indicated that since their spouses, especially husbands, were breadwinners at home, when they died they left economic vacuums that are difficult to fill. Some respondents further indicated that the wealth left by the deceased, especially male spouses, was taken by force by the close relatives of their spouses and left them with nothing. They pointed out that such maltreatment was culturally and traditionally superimposed. Another respondent gave a contemporary example by asserting that some male care-givers indicated that when their spouses died their in-laws demanded bride wealth *(lobola)* before the burial of their deceased daughters. Sometimes close relatives would assist in paying the bride wealth for fear of avenging spirits *(ngozi)* in the family.

This sometimes strained the extended family relationship and also causes severe socio-economic burdens in OVC care and support to the widower. It was also revealed by some respondents that they were punished by relatives for declining to be involved in the wife inheritance practice. Others expressed that they were labelled as ritualists, prostitutes and witches, among other stereotypes. The findings indicated that although

some of them were aware of their constitutional rights based on the laws of the country, the impact of traditional culture appears to override legal rights. Table 5.3 below illustrates the direct quotations related to the socio-economic experiences of the widows' care-givers in the Gutu District of Zimbabwe.

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Table 5.3: Socio-Economic Experiences of the Widows in OVC Care and Support

Partic-ipants (Widows)	Q: Can you briefly relate your socio-economic experiences as a widow in OVC care and support?
FGD 1F1	When further probed this care-giver was directly quoted as saying, "When my husband of 20 years succumbed to tuberculosis (TB) after a long illness in 2010, I was left with eight children. Six of them being our biological children and two were of my husband's brother who had also died together with his wife before my husband died. I had to sell most of the property we had to raise money for the hospitalisation of my husband but to no avail. All the cattle, goats and other property that my husband left was taken by force with his relatives under the pretext of sharing the inheritance of the deceased relative. I had to hide some of the things after having been advised with other friends not to give them everything that belonged to the deceased. When they suspected that I concealed some of my husband's property they were so angry to the extent that they abandoned me with my children. They started accusing me of practicing witchcraft, prostitution and theft. In essence, this made the extended family on the side of my husband not supportive to their deceased relative's OVC. However, my brothers and sisters are supportive. I am currently surviving through farming, gardening, and stokvel, vending, and cross-border trading. Apart from the school fees assistance rendered through NGOs such as BHASO and Capernaum Trust, the government initiated BEAM programme has been playing a monumental role in the education of my children. Alongside such life gestures, churches such as Dutch Reformed, Roman Catholic churches have been assisting with clothes. However, being a widow taking care of such a big family is a painful situation"
FGD 2M2	This male care-giver explained that, "My wife succumbed to cancer after a long illness in 2011 and left me with five children. During her illness, I sold property and some cattle paying for her hospital bills until she succumbed to cancer and died. The main

	challenge came at burial when my in-laws demanded payment of outstanding bride-wealth before they allowed us to bury their daughter. I had to give them four cattle that were left after having sold others for her medication. I was left literally with nothing. To make matters worse, I am also not working and our children are still young and going to school. Although, it is difficult for a man to live without a wife, I just thought I cannot get married now until my children are grown up. Socially, the most challenging experiences I have encountered so far include my tensional relationship with my in-laws that culminated in losing cattle for bride-wealth, taking care of children alone, being forsaken by close relatives because of poverty. Economically, challenges associated with school fees, health, food and clothing are major problems in my household. However, for a living, I am doing piece jobs at Mpandawana growth point; I do gardening and farming to supplement what we get from social welfare, churches, BEAM and NGOs".
FGD 3F1	This care-giver when asked narrated her ordeal as follows; "My husband died of accident in 2002 and left me with two children. When he died, we were living with his young brother who was in his final year at the University of Zimbabwe. His young brother was one of our dependents in the family ever since I got married to my husband. When my husband was buried I was asked either to stay with my children at my husband's home or to go back to my biological parents and move on with life. Secretly, when my brother in-law heard about this he proposed to marry me and I agreed because we were of the same age. The whole family was happy with these new developments. After his graduation, he got a job and were happily married and blessed with two more children. Eventually, to my surprise one day he came to me and told me that he was in a relationship and he wanted to marry his own wife and I was his brother's wife. Pastors and the family elders tried to counsel him but he said he was forced with circumstances to marry me because he wanted to finish his education. I was depressed with this situation. He left me with everything we had bought together and promised that he was going to continue to support both his children and his brothers' children. This was done only for

	few months and his wife later became an impediment to that. I was finally advised to report the case to the civil court and now he is paying maintenance of his own children. The issue of maintenance did not augur well with the extended family and they started to hate me and accusing me of witchcraft and prostitute. Thus, socially I am alone with my children and the whole family has turned against me. As a result, I joined BHASO support groups for psychosocial support and empowerment. Economically, I am doing cross border trading, vending, stokvel, gardening and also receiving support from social welfare, BEAM and churches. However, all the assistance I am receiving from different people and organisations are not adequate for a sustainable livelihood because of the demands of OVC care and support".
FGD 1F2	This grandparent widow of 65 years explained, "My husband died in 2002 and left me with seven children which are now grown up and some have their own families. It was not easy for me to support them as a widow. However, I thank God who gave me strength to support them. The situation was better in taking care for them because their father left a lot of cattle and property that I sold to send our children to school. The elder brother of my husband forbids the extended family to share my husband's inheritance citing that I had children to support. Thus, with the extended family I continued to relate very well even after the death of my husband. The only anomaly is in support and care for the OVC, it was all on my shoulders. Unfortunately, in 2013 my first son and wife died and I absorbed their three children as a grandparent. Now because of the socio-economic problems in the country coupled with my age, it is becoming difficult to adequately support them. Among my grandchildren, there is a physically challenged who need special attention and wheelchair and medication. I wish if his parents were there because taking care of a disabled child is difficult, I can't leave him at home alone since he needs special attention. He is not going to school because there are no facilities for him to go to school. We tried Jairo Jiri Orphanage but the process for him to be considered was too complex for me to follow. So, as it is now, he is turning 12 years without going to school. For survival, we are doing gardening, vending and buying and

	selling. Some NGOs (BHASO and Capernaum Trust), social welfare through BEAM and our churches are also assisting with cash or kind but not consistently since OVC prevalence is growing daily in our area".
FGD 4F1	This widow when asked about her experiences in OVC care and support explained that, "My husband succumbed to death through a long illness that squandered a lot of our property and livestock on his medication in 2010. He left me with five children. We consulted private and public hospitals and doctors with all the hopes that he would be cured but all in vain. We also consulted prophets and traditional healers but it was all in vain. Since we had built our beautiful house and owning quite a lot of livestock I decided to stay with my children at my husband's homestead. Initially, my relationship with the extended family was good. This was because during the days of my husband most of our relatives economically depended on him. When he died the whole family unanimously proposed that I should be inherited with my brother in-law and I refused. After that he [brother in-law] visited me during the night and tried to force himself in me without my consent and I attacked him with an axe. In the morning, I reported the case to the chief who did not handle the case well because he was a close relative. I then took the case further to police which led to his arrest and sentenced the whole year in prison. As result, I was blamed by everyone in the community for that up until I decided to take my children and go back to my parents where I am today. The challenges I am facing socially are that even if my children got ill their relatives don't come; there is now no communications and my parents are also not happy about it. Sometimes I contemplate death because life as a widow is difficult. For a living, I do gardening, cross border and stokvel. I have also joined BHASO support groups for psychosocial support and empowerment education. The community leaders refused to register my children with BEAM citing that they should be registered in their father's place where I could not stay because of pressure from my husband's relatives. Thus, both socially and economically as a care-giver I am overburdened".

FGD 3M1	This widower explained that, "My first wife succumbed to a heart-attack and died in 2002, she left me with three children. I got married again in 2004 and my second wife died again in 2010 and she left two more children to make them five when combined with those of my first wife. As always, the case, on burial of both of my two wives my in-laws demanded me to pay off their bride-wealth which I had not fully paid when their daughters were alive. All my livestock and the property I had as an entrepreneur were taken. I was literally left with nothing except my desperate children. The main social challenges I suffered from the community and relatives were of being labelled a ritualistic because I was running a small business in Gutu Mpandawana which I later closed upon the death of my second wife. Further to that, some accused me of having goblins that feed on human flesh and blood and causing untold deaths in the family. These accusations were so much believed with my own relatives pointing out that they consulted prophets and traditional healers and were informed of that. This social problem has negatively impacted on my children even at school. I later decided to go to church where I am feeling now God has given me relatives who love me more than my own brothers. Through this experience, I have come to believe that a friend is better than your own brother. I was forsaken with my brothers based on false allegations only to be accepted and assisted by strangers. Some of my children are not healthy and I am getting assistance from BHASO support group for psychosocial support and treatment. I am also not strong; my health does not allow me to do heavy work. Doctors have recommended me to do light jobs. Thus, BHASO is helping me with counselling and also facilitating treatment and empowerment education for positive living. Economically, my children need school fees, food, shelter and medication. Currently, for a living, I am being assisted with BEAM, social welfare, NGOs and my church that helps me with alms".

Source: Author (Fieldwork, 2015) (refer to Appendices K and L)

As illustrated in Table 5.3 above, the most commonly expressed socio-economic experiences, as expressed by female participants and associated with widowhood in OVC care and support relate to the following: the wealth of their deceased husbands being forcibly taken by relatives and shared as an inheritance among themselves; abandonment of the deceased's wife and children by the relatives; and spending of the wealth to hospitalise the deceased during a protracted illness.

The second most common socio-economic experiences of widowhood, especially on the side of the male counterparts, related to the paying of bride wealth before the burial of the deceased. The findings indicated that the wife's family would demand and sometimes exaggerate the bride wealth of their daughter before burial regardless of the children left by their daughter.

The third most common socio-economic experience was associated with discrimination and accusations of witchcraft and prostitution. This experience was shared by both widows and widowers. The findings indicated that after being exposed to these socio-economic experiences, the care-givers (widows and widowers) resorted to survival mechanisms including but not limited to self-employment, gardening or subsistence farming, paid work, and appealing to government for assistance through social welfare and NGOs. Table 5.21 above presents the socio-economic experiences of the care-givers.

5.1.1.2 Findings on the Socio-Economic Experiences of Married Caregivers

The second category socio-economic demographic experiences relate to married care-givers. The findings of the study indicated that married couples are the closest relatives within the extended family of the deceased. The extended family includes but is not limited to the father's sisters or aunts *(tete)*, the biological parents of the deceased or grandparents *(mbuya* and *sekuru)*, father's brothers *(babamukuru* or *babamunini),* mother's or father's sisters *(maiguru* or *mainini)* and uncles of the OVC. This category in the demographic table is 30% (see Table 5.20). In this regard, the findings indicated that they absorbed their relatives' orphans not because they can afford to do so but as a moral obligation in their culture that when a relative dies his/her children should be

taken care of by the close relatives. Others indicated that they absorbed them because of fear of what the community would say if they neglected them. Some respondents indicated that traditionally, in their family, before the deceased dies it would already have been established who will take over their family.

Socially, the findings showed that sometimes the relatives of the deceased fight over the inheritance of property and the wealth of the dead. The findings also indicated that the acquisition of birth certificates of the deceased relatives' children is a complex process that results in many orphans failing to write their ordinary level exams. The findings indicated that the government processes remain cumbersome, despite recommendations from the traditional leaders that the orphans be given birth certificates. The findings indicate that the country's economic status has aggravated their challenges in OVC care and support in the sense that there is no employment, farming is no longer yielding adequate crops as the main source of income, education is expensive, and food and shelter is also challenge because of large families and dependents. Although the government is assisting through BEAM to pay fees for OVC and through social welfare by giving food, the respondents identified corruption as the major challenge impeding access to assistance. Table 5.4 below presents findings related to the married care-givers' experiences in OVC care and support in Gutu.

Table 5.4: Socio-Economic Experiences of Married Care-givers in OVC Care

Participants (Married Care-givers)	Q: Can you briefly relate your socio-economic experience as a married care-giver in OVC care and support?
FGD2F2	When this married woman was asked to relate her socio-economic experiences with OVC care and support she explained that, "I am a married woman with four children and I am taking care of my sister's three children as well. Both my sister and her husband died in 2008. The deceased's children were absorbed by the elder brother of my sister's husband. At the last meeting held by both families, we agreed that the deceased's property and livestock were not going to be shared because they belonged to children. However, since these children were very young to look after themselves, an elderly and responsible person was chosen to take care of these orphans. Few years down the line, it was reported that the elder brother of my sister's husband was exploiting and abusing my sisters' children. They were subjected to long working hours in the fields, garden and house chores. Their deceased parents' livestock and property were sold and the money squandered towards school fees of their father's elder brothers' children. Instead of being at school, they were always returned home. This caused my sister's children to run away and come to my place. Looking at them, I literally cried because they were scruffy and had travelled a distance of 50km by foot to reach to my place. Currently, I have secured places for them to go to school but the main challenge I have is for them to acquire birth certificates. Especially the one who is now going to Ordinary level stage next year, he obviously needs that document. Their relatives are not co-operative to the extent that they are even accusing us of luring children to run away from them. It was as well difficult for my husband to understand this but since I am also working he just said you can go ahead and look after your sisters' children. For survival, as a civil servant (teacher by

	profession) life is not easy in Zimbabwe but I felt there is no one I can give my sister's children. I have joined support groups so that they can be assisted with counselling and psychosocial support. I am also doing gardening, chicken rearing, and stokvel to supplement the little salaries we are given by the government. We also farming with my husband but because of persistent droughts there is nothing much except subsistence food and nothing commercial we get. The main challenge is that the government and the community programmes are being disturbed with political situations in the rural communities. However, if the community was united, OVC were going to be well cared for by the government as in other countries".
FGD2M1	When asked to narrate his socio-economic experience, he explained, "I am taking care of my sister's child who was impregnated and the man refused responsibility in 2012. In addition to that my brother and his wife succumbed to long illness and died one after another in 2013 and 2015 respectively leaving behind three children. In total, I have four OVC under my care and support. I am not taking care of them not because I afford but in our culture, it's a moral responsibility for a close relative to look after his deceased's orphans. As for my sister's child, I have registered her as my own biological daughter in birth registration and my brother's children I used the death certificate to register them for birth certificates. Socially, OVC are very delicate when dealing with them. They can be easily offended emotionally, which is my main challenge to make sure that they should feel that they are my biological children. Thus, psychosocial is one of the challenges I am facing in caring and supporting OVC. Sometimes you woke up and find them crying and their performance at school is very low. Teachers used to invite me to school just to interrogate about the background and performance of my brother's children. Of course, economically as I already highlighted is not well with me. I am not formally employed; I am a vendor, cross border trader and gardener. I am also being assisted here and there by BHASO for psychosocial support of my OVC,

	BEAM is also assisting with school fees and the churches around are also assisting with clothes and food. However, support from the aforementioned organization is not consistent and sustainable".
FGD3F2	This participant when asked about her socio-economic experience in OVC care as a married woman explained that, "I am a married woman and when I got married I was staying with my elder brother and we were only two in our family. We grew up as orphans as both of our parents had died. Eventually, my brother and my sister in-law died through accident and left two children who are very young. I had no option except to take the responsibility of looking after them because there were no other close relatives to look after them. It was very difficult to convince my husband to accept it but he ultimately concurred. Economically, my main challenge is we are not formally employed and I am not educated to seek for any formal employment. We are surviving by doing piece jobs, vending, gardening and farming here in the rural area. I have personally joined BHASO support groups for psychosocial support for me as a care-giver and my OVC. We are also being assisted with BEAM for school fees, social welfare sometimes gives us food stuffs and our church sometimes assists us with food and clothing. Despite the assistance, we get from these organisations the needs of OVC are plenty. As a result, what we get from them is not sustainable".
FGD1F3	This participant when asked to narrate her socio-economic experiences as a married care-giver explained, "I am a grandmother to the OVC under my care and support. The other two children are for my daughter who is working in South Africa. She was just impregnated and the fathers of these children refused the pregnancy. While the other two are my son's children who succumbed to a long illness together with his wife one after another and died in 2010 and 2012 respectively. As you can see, we are old people; we are no longer having the strength that we had when we were young to work for these children. Our daughter in South Africa, she is sending some money on monthly basis to support her children but due to

	economic hardships in the country, it's not adequate. The family might be big but nowadays it's the closest ones who assist in such times and as grandparents, we are the closest to take care of grandchildren. The main challenges of taking care of OVC is in affording school fees, medication, clothing and nutritious food to give them especially those who are on treatment. To survive, we do gardening, farming and vending. We also find assistance from BHASO, social welfare and churches but not always because OVC are too many in our area".
FGD3F1	This participant was directly quoted as saying, "I am taking care of my sister's children who succumbed to long illness in 2010. She was a single lady taking care of her own children and when she died her two children had no one to take care of. I had no option as the closest sister. I convinced my husband and we agreed to absorb them in our family. The main challenge we are facing with them is birth certificates because when my sister died she had not registered them. I don't even know where their father is. My sister used to tell me that she doesn't also know the exact father of her children. I tried to go to the registrar's office but they are saying I should come with three witnesses and the supporting letters from the headmen and chief in our area. The process of acquiring birth certificates for them is too complex that we are almost giving up. School fees allocation from BEAM is heavily politicised these days. Sometimes you get registered and sometimes deregistered. Most of the NGOs which used to assist us with food and clothing and their contracts were terminated by the government on political grounds. They were accused of campaigning for opposition through giving people food and other benefits. So, at the moment we do not have enough support from the NGOs except BHASO that assist us in psychosocial support. Thus, taking care of OVC is strenuous to an already strained household".
FGD4M1	This participant when asked explained that, "I am taking care of my sister's children who died together with her husband in 2011. The relatives of my brother in-law did not just accept the responsibility to take care of my nephews and nieces. Whilst

	they put their house in order and ironing out their differences, I thought of taking care of my sister's children than leaving them to stay alone. In our culture, it's not how much you afford to look after your deceased relatives' children but it's a moral obligation. For instance, I am in rural area and I am not working but traditionally it's not allowed to abandon your relatives' orphans. The Bible says God is the father of orphans and widows and he who gives them food has served God. So, as a Christian I believe in sharing that which I have with the needy".

Source: Author (Fieldwork, 2015) (refer to Appendices K and L)

The popular view on socio-economic experiences of the married care-givers illustrated in Table 5:4 above were that the deceased's relatives tend to fight over the inheritance of their deceased relatives and carelessly squander the wealth that is supposed to cater for orphans. The second common experience indicated by the married care-givers was of the acquisition of the birth registration certificates. Most of the married care-givers indicated that the process is too complex for a voluntary care-giver to undertake to acquire birth registration for the orphans. Thus, this experience results in many orphans failing to sit for their ordinary level exams. This experience was corroborated by FGD2M1, who emphasized that they were lying and register their deceased relatives' orphans as theirs because of the complexity of the process of registering them in the name of their parents.

The third common experience indicated by married care-givers was psychosocial challenges related to of orphans. This finding indicated that the emotional life of OVC is too delicate that they can be easily offended by trivial issues related to their welfare and if these things are not amicably met, their co-operation becomes very difficult. It was indicated that sometimes they associate assignment of duties at home as being abuse or exploitation, and lack of adequate resources as deprivation of their rights to access because they are orphans. The findings also indicated experiences associated with the care-givers' sources of income, which was subsequently presented in Table 5:28 of this study. Although, the sources of income were mentioned in the direct responses presented in Table 5.22 above, sources of income were presented in their own specific segment in this chapter of the study.

5.1.1.3 Findings on the Socio-Economic Experiences of Divorced Caregivers in OVC Care

The demographic marital status' socio-economic experience findings are for the divorced or separated category. This category is represented with the number of 25% in the demographic table (see Table 5.20). Other respondents indicated that many divorces or separations are precipitated by infidelity and abuse. Others indicated that modernity has diluted the traditional values that used to be associated with marriages in traditional Shona culture. Socially, findings from the divorced category indicated

that ignorance of their constitutional rights with regard to property sharing has had a negative impact. Others indicated that they could not claim anything from their husbands because they were traditionally married and not married according to the Marriage Act (Chapter 5.11). Others indicated that their husbands are not paying maintenance because they did not take the issue to court as he is not working. Table 5.5 below illustrates the socio-economic experiences of the divorced care-givers in OVC care and support in the Gutu District of Zimbabwe.

Table 5.5: Socio-Economic Experiences of Divorced Caregivers in OVC Care and Support

Partici-pants (Divorced Care-giver)	**Q: Can you briefly relate your socio-economic experiences as a divorced person in OVC care and support?**
FGD2F3	This care-giver when asked about her socio-economic experiences in OVC care and support as a divorcee, stated that, "I divorced with my husband because he was abusive and unfaithful. He would beat me whenever he got drunk and he had several girlfriends. We tried to involve friends and relatives for counselling and reprimanding him but to no avail. I finally decided to move on with my life after we had three children together. I reported the case for maintenance and he is maintaining his children but the main challenge is he does not earn much. So, I am the one with the heaviest load of taking care of my children. The main challenge I have as a divorcee is always being labelled a prostitute and my children are insulted with others as bastards or sons and daughters of a prostitute both at school and community. Sometimes when they come home from school they ask me about the whereabouts of their father and I always tell them that their father is alive. My children also suffer discrimination in the community when it comes to some OVC benefits from the government or social welfare such as BEAM. Sometimes they will be told to go back and be registered in their father's place since I am no longer staying with my husband. Sometimes they are discriminated based on political affiliation. Once the headmen suspects that you are an opposition political sympathiser, it means your children are not eligible for BEAM and social welfare. Despite the BEAM, we are being assisted with BHASO in psychosocial support, Churches

	and Capernaum Trust for school fees. I am a vendor, buying and selling vegetables at the growth point. I also do stokvel with others. However, the socio-economic situation in our country is becoming too heavy for us due to OVC".
FGD2M2	This male participant explained that, "My brother my situation is very difficult. Sometimes when I share with people they think that I am exaggerating my problem but this is a true story that happened between me and my wife. When I married my wife, she enrolled with a local nursing school and graduated and was initially employed with the government working in one of the hospitals here. One day she came and told me that she wanted to go to United Kingdom in search of greener pastures. Because of economic challenges I agreed and we processed the necessary travelling documents on the condition that she would also assist in processing for me and the children to follow. Eventually, three years later there was now communication breakdown and later the disturbing news she was now married to somebody in the UK. Her parents came and apologised to me about the situation. Since it happened two years ago, I am deciding whether to marry or not but my main worry is my children. Children always ask about their mother as of when she will be coming back and I can't tell them that their mother is now married to someone else in the UK. I am operating a small vegetable shop at the growth point and also doing gardening for survival. The main challenge is the political situation in our area that has terminated the NGOs contract on political grounds. We no longer have charitable NGOs in Gutu ever since they were expelled accused to be political agents of the opposition parties. We are sometimes assisted with BEAM and Capernaum Trust but not consistently".
FGD3F2	This care-giver narrated her socio-economic situation in OVC care and support as follows: "My situation is very difficult; my husband was sentenced 30 years in prison and this is his 8th year. His case was associated with murder and rape. As it is now I don't know if I can say I am either divorced or married because the court gave me the permission to get married but I just thought of staying at home with my children. Both I and the children suffer from stigma and discrimination in the community based on

	what happened to my husband. Pastors are always encouraging us that one day an amnesty will be declared and he will not die in jail. My husband's relatives are always pestering me to go home and get married. As a human being you are always torn in between different thoughts. For survival, I am a vegetable vendor in Mpandawana growth point; I am doing gardening and rearing chickens. My children sometimes come home crying when insulted with others at school or in the community that they are sons and daughters of a rapist and a murderer. However, I thank the support groups for always helping me with counselling and psychosocial support. Social welfare as well as treated my problem as a special case and all my children's school fees is being paid for by BEAM. Within our extended family, of course I have others who pitifully sympathises with me but in terms of any tangible support there is nothing comes from them. I am working for myself to take care of my children".
FGD4F2	This participant explained that, "I divorced with my husband in 2009 when he decided to marry another wife without my consent and I refused to be in a polygamous marriage. I just moved with children and the few properties that I had bought with my own money. He is not supporting his children because he is saying he has not divorced me. I have two children with him and I could not sacrifice my life to live in a polygamous marriage. Living in a growth point without any formal employment as a single woman is more tempting to be promiscuous if you are not a born again Christian and our children are always labelled sons and daughters of prostitutes. The reason behind this stereotype is that the community do not believe that a single woman can live alone in growth point and not being promiscuous. Thus, this affects our children psychosocially and us as care-givers as well. For survival, I am a vegetable vendor in Gutu Mpandawana growth point. The main challenge is that of being labelled prostitutes by the community but I don't care as long as I am working for my children".
FGD3F1	This care-giver related her socio-economic experiences in OVC care and support as a divorcee as follows, "Life in Zimbabwe is difficult these days especially if you are a single lady - you are a father and a mother to your children. I am a divorcee and a

	mother of three children, two are in primary and one is in secondary school. I am renting a two-bedroom house in Gutu Mpandawana growth point because my parents expelled me away from home when I told them that I am divorcing my husband. My parents wanted me to continue in the marriage that I felt was abusive and I personally decided to be a single mother than to be in a troubled marriage. When I refused my parents' advice to endure that abusive marriage they chased me away from their place and I am staying in growth point with my children. Living in such a situation as a divorced single young woman invites temptations. Men always approach me seeking for sexual favours and most of other woman of my age end up succumbing to such advancements. My parents are always insisting that I should go back to my abusive husband. My children are growing and the space where I am occupying is becoming small to accommodate my children".

Source: Author (Fieldwork,2015) (refer to Appendices K and L)

The divorcees' views on socio-economic experiences of the divorced on OVC care and support indicated that the popular experience of these care-givers was associated with stigma and discrimination in the society. The findings indicated that divorced care-givers especially women are labelled as prostitutes and their children referred to as 'bastards' both in the community and at school. There is also discrimination based on the perceived political affiliations. Thus, this finding of stigma and discrimination inculcates fear and an inferiority complex in the care-givers in the community and the OVC at school. In corroboration of this sentiment, FGD3F2 noted that taking care of children as a divorcee is difficult because the community considers her a failure and a woman of loose morals.

The second common experience in the table of responses above was associated with family disintegration and divorces orchestrated within the diaspora situation, where either a wife or husband would leave a spouse behind while going to another country to pursue better opportunities and possibly get married there. The findings indicated that this situation psychologically affects both the care-giver and OVCs and negative stereotypes and stigma is promoted by such scenarios. For instance, FGD2M2 indicated that they spent a lot in educating a wife and processing documents for her to go to the United Kingdom to work, only to be offended when the wife got married to someone there.

The third most common experience from the divorcees especially women was rejection by the parents and relatives who always try to force them back into abusive marriages and as a result, these care-givers rent small houses in the growth point to live with their children. This finding shows that this situation makes them more vulnerable to live a life of promiscuity or to be labelled as a prostitute, as explained by FGD3F1 and corroborated by FGD4F2 in Table 5.23 above.

Table 5.23 show that these socio-economic experiences of care-givers propelled them to engage in various survival mechanisms that include but not limited in appealing for help from the government, churches, NGOs, self-employment and some formally

employed to take care of their children. Thus, the care-givers and OVC income related findings were illustrated in Table 5.29 below.

5.1.1.4 Findings on the Socio-Economic Experiences of Single Caregivers in OVC Care

The third categories of socio-economic experiences of the marital status were the single care-givers who comprised 15% in the demographic table (See Table 5.6). The findings indicated that the single or unmarried care-givers are predominantly those who were either once child-headed household heads but reached 18 years of age or those whose parents died when an elder brother/sister is above 18 years of age. From this category, the findings indicated that these care-givers lacked adequate capacity to look after other OVC, they are exposed to abuse from relatives who target their deceased parents' inheritance, and some dropped out of school early so that they may work for their young sisters and brothers. The findings also indicated that some of these households suffer from chronic diseases caused by malnutrition, sexual abuse and exploitation by the relatives and the rich for them to make a living. Table 5.24 below illustrates the socio-economic experiences of single care-givers in OVC care and support in Gutu District.

Table 5.6: Socio-Economic Experiences of Single Care-givers in OVC Care in Gutu

Partici-pants (Single Care-giver)	**Q: Can you briefly relate your socio-economic experiences as a single care-giver in OVC care and support?**
FGD 2F1	This participant stated that, "All my parents died in 2012 when I was in my final year at National University of Science and Technology (NUST). It was my mother who died in 2012 and my father had already died by that time. My education was being paid by Capernaum Trust. Before my mother died she instructed me to take care of my brothers and sisters. When she died the elders in our family and the community suggested that we go and stay under the young brother of our father and I refused. I told them that I am about to finish school I am going to take care of my young brothers and

	sisters. After my graduation in November 2012, I took the whole year without having been employed. I started selling juice cards for Econet and Telecel to supplement food, clothing and fees for my young sisters. Eventually, towards the end of 2013 I got a job from Econet where I am working as a technician today. I am still yet to marry because I want to make sure that I look after my young brothers and sisters well before I hooked into another person's life. However, although our life looks better now but challenges are always there for orphans, we need parental guidance about life. That's why we voluntarily joined BHASO for psychosocial support and empowerment about life. The community just looks down upon us as orphans. I have witnessed my fathers' elder brothers teaming up to take my fathers' livestock and property by force from my mother. I literally watched my mother crying and sometimes praying to God telling him the challenges she was facing as a widow. Before I got this work, it was very difficult to raise fees for my sisters and young brother but now it's much better. I want to thank Capernaum Trust for their support".
FGD 2F1	This participant when asked to elaborate further about her socio-economic experiences as a single lady explained that, "My parents were both physically challenged and when they died they left me with my brothers and sisters. I am taking care of my sisters and brothers because we don't have any close relative to look after us. Social welfare and other NGOs and individual people in the society are the ones who do care for us. My main challenge is that among my young brothers and sisters there are two who are physically challenged. They cannot walk by themselves and hence are not going to school. They were once given wheelchairs with another NGO but because they need to be repaired they no longer working. The biggest challenge I am facing is that I can't go to work because I can't leave them alone at home. They need extra care and support than those OVCs that are not physically challenged. The nature of my brothers and sisters' problems requires psychological therapist to be always with them because sometimes they tend to be emotionally affected with their disability. Food and shelter yes, we might have it, since some good Samaritans has done it for us but

	psychologically we need help and assistance. The community as well excludes us from participating in community development programmes to the extent that the voice of the disabled is not heard in the society".
FGD 4M2	This young man related his ordeal for OVC care and support as a single care-giver, "I am 25 years old and I am looking after my young sisters and brothers. We grew up as a household family up until I am now over 18 years of age. We have all the relatives who really wanted to stay with us but I refused on behalf of my young brothers and sisters. Immediately after my parents died, they fought for the allocation of the livestock and my father's property. The friends of our parents advised us to hide most of the things that we are using today. When the day of sharing our fathers', inheritance came they found only few things and they were disappointed. However, with my parents' pensions, livestock and property I managed to complete my first Degree at Midlands State University and my young brothers and sisters are also doing well at school. My major challenge is employment. With my degree, I am in the street working as a vendor. I am also doing gardening and rearing chickens for sale. Last year I was employed as a special graduate temporary teacher, but to our surprise the Ministry of Education introduced a policy that prohibits the recruitment of unqualified teachers even if they are degreed. What my parents left finished and we are now surviving from hand to mouth through vending. Thus, our main challenge is getting employment so that I can support my brothers and sisters".

Source: Author (Fieldwork, 2015) (refer to Appendices K and L)

As shown in Table 5.6, the participants indicated that the shared experience of single care-givers in OVC care and support is associated with the deceased's relatives taking the wealth of their deceased relative and sharing among themselves as an inheritance. This was remarked by FGD2F1 and supported by FGD4M2, who emphasized that after the death of his parents there was an inheritance furore with relatives fighting for his parents' estate. The second popular view was associated with lack of adequate capacity to offer psychosocial support to OVCs. This point was postulated by FGD2F1, who

noted that even though she is employed with Econet as a graduate from the National University of Science and Technology, as a female she still lacks the capacity to offer a holistic psychosocial support to her brothers and sisters.

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The third common view was associated with unemployment in Zimbabwe as narrated by FGD4M2, who reiterated that since he graduated with a degree from Midlands State University he is a vendor in Gutu Mpandawana growth point. He was only temporarily employed as a special teacher and his contract was recently terminated because he is not trained as a teacher. Another important view that was raised by FGD2F1 was in relation to disability and chronic diseases. He explained that the community does not prioritise their challenges especially issues of education and participation in community development. Their voices as people with disabilities are polarised so that some NGOs only think about them when they accidentally pass through their homestead and see how miserably they are living.

5.1.1.6 Findings on the Socio-Economic Experiences of Child-Headed Households

The fourth category that is not indicated in the demographic table above is the child-headed households' care-givers. This category comprised those child care-givers under the age of 18 who look after other children. The findings established that among the 10 OVC participating in the FGD, there were 3 child-headed households' heads. The narrative interviews were carried out with them to gather in-depth understanding of their socio-economic experiences as care-givers on their own capacity. The findings from the participants indicated that the socio-economic challenges of child-headed households include but are not limited to sexual abuse; exploitation; child labour and their inheritance forcefully confiscated by their relatives. The findings indicate that the socio-economic hardships of child-headed households are due to conflict in the families, witchcraft allegations, vindictive behaviour, greediness, discrimination and loss of the traditional values within the families and the community at large. Table 5.7 below illustrates the direct quotes of the socio-economic experiences of child-headed households in the Gutu District.

Table 5.7: Socio-Economic Experiences of Child-Headed Households in OVC Care

Partici-pants (CHH)	Q: Can you briefly relate your socio-economic experience as child-headed household care-giver in OVC care and support?
FGD 5G1	When this OVC under the age of 18 heading a household was asked to narrate further her socio-economic experience in OVC care support, she explained, "When both of my parents died in 2010, we were initially absorbed by our father's young brother. We stayed with him only for one year and we decided to go back at our father's homestead to stay alone because we were treated as labourers. We were spending most of our time working in the field, garden and looking after cattle than going to school and doing homework. There was discrimination at home between us and our cousin brothers and sisters. The food we ate, clothes we wore and we are sleeping on different places. Above all, the wealth that our father had left for us was shared as an inheritance among his close relatives up until we were left with nothing. We found it much better for us to be a child-headed household than being under harsh conditions. For a living, we are doing gardening, selling vegetables in the growth point. We are being assisted with psychosocial support from BHASO, school fees from BEAM and sometimes we get some food stuffs from social welfare and our church through our pastors' initiatives. To be an orphan is a very painful experience especially to those who are still too young it's difficult for them to accept the situation and move on with life. As you can see I am still yet to write my ordinary level exams because I go to school one year and skip the other year so that I can work for my young brothers and sisters to go to school as well".
FGD 5B2	This household head participant when asked to relate his socio-economic experiences explained that, "When both of my parents died we were taken by auntie our father's sister. We stayed with her for two years and she was always quarrelling and fighting with her husband in our presence. Sometimes her husband would insult our auntie citing us as a burden to him. This provoked me as an elder brother to my young sisters to go back at our father's

	homestead and live as a child-headed household. Auntie was not willing because she really loved us but we could not just withstand insults from her husband. When we came home after two years, we found all our houses destroyed. I appreciate what very much the community did for us through the village head; they built two thatched houses for us and provided us with some utensils. Our church donated food, blankets and clothes. The other very pathetic incidence happened when I had gone for church camping and left my sisters alone at home. Thieves broke in and sexually abused one of my sisters and stole almost everything that we had in the house. The case was reported and the culprits were caught but this affected me and my sisters very much. I wished my parents were alive. From thereon, sometimes we would sleep without eating anything and going to school like that. At school, we were sometimes insulted with other students. However, I thank God for some community leaders who constantly visit us to ask if we are well and sometimes providing us with food, clothes and ploughing in our fields. BEAM through social welfare is paying our school fees and BHASO is helping us with psychosocial support".
FGD 5B4	When this child-headed household head was asked to relate his socio-economic experiences he stated that, "The most difficult experience I ever heard was when my father's inheritance was shared by people in my own eyes and rejected by people who squandered my father's wealth. As of my parents' death I understand because death is inevitable but what touches my heart was the gross level of injustice demonstrated with my close relatives. We were temporarily taken by my mother's brother (uncle) that is when almost everything that belonged to our deceased parents was taken by our close relatives. Socially, our relationship with my father's relatives because of that background is not well. When we face challenges we either go to church and tell the pastor or go to the village head. These are our fathers because they said the door is open whenever we need assistance or guidance. While guidance is there from our pastor and the headman but resources for survival are very scarce to us. Sometimes the pastor through his church assists us with food and clothing but it's not all the times. Social welfare is

	also assisting us with food and fees through BEAM. We appreciate these organizations and other individuals who come to our rescue but our appeal is to have sustainable support that we depend on always".

Source: Author (Fieldwork, 2015) (refer to Appendices K and L).

Table 5.7 above indicates that the most common shared experience they were exposed to was associated with exploitative or abusive treatment, the deceased's inheritance taken by force and shared among the relatives and discrimination during their stay with their relatives, which eventually culminated in them opting to live alone as a child-headed household than continuing to suffer at the hands of their relatives. The above sentiment was emphasized by FGD5G1 and corroborated by FGD5B4 in Table 5.25.

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The second common experience of child-headed households is the lack of adequate psychosocial support. This support was supposed to be coming from the close relatives, but findings indicate that animosity between the orphans and their relatives precipitates such a situation. Pastors, the community leaders and NGOs such as BHASO were recurrently cited as the main sources of psychosocial support for OVC but at a distance. FGD5B4 further remarked that that his social relationship with his fathers' relatives was not well and he sometimes find help from the church.

The third common or shared view was associated with shelter, education, food and sexual abuse. This was explained by FGD5B2, who remarked that they We stayed with her for two years and she was always quarrelling and fighting with her husband in our presence. Sometimes her husband would insult our auntie citing us as a burden to him. This experience was supported by both FGD5G1 and FGD5B4, who similarly indicated in the verbatim Table 5.26 above that for survival they are being assisted by the social welfare, BHASO, churches and well-wishers. In addition, the child-headed families engage in self-employment, vending and gardening to make a living but under very harsh conditions since they are still young children who need parental care and support (see Table 5.29).

5.1.2 Educational Status and Socio-Economic Experiences in OVC Care and Support

The finding of the socio-economic status based on educational levels of participants was presented as the findings on the socio-economic experiences of educational status of care-givers and the socio-economic experiences of OVC in relation to their educational development. Thus, the demographic profile table indicated that the category of the care-givers participated in this study who did not attend school at all was 15%, while those who attended up to primary level was 25% and those who attended up to secondary/tertiary education level was 45%. As for the OVC, 20% comprised those not attending school due to various reasons; 40% are attending primary level and 40% are those attending secondary level respectively (see Table 5.20). The narrative interviews to establish in-depth information about the socio-economic status of the care-givers and OVCs in relation to their educational status were carried out and the findings presented below, starting with the care-givers.

5.1.2.1 Findings on Socio-Economic Experiences on Educational Status of Care-givers

As already indicated in the demographic profile, statistics indicated that the care-givers who did not attend school at all were 15%, while those who attended up to primary level were 25% and those who attended up to secondary/ tertiary level were 45% respectively (see Table 5.20). These categories of educational level participants were further asked through narrative interviews about their socio-economic experiences in OVC care and support in relation to their educational status so as to attain an in-depth understanding of their experiences. Findings revealed that, while formal education is of great value today, traditionally informal education was equally important. The participants who did not attend school at all indicated that poverty and ignorance in their family circles was an impediment to their educational development. Some indicated that they equally value informal and traditional education which in traditional Shona societies is normal.

Amongst those who ended their education at primary level, some participants indicated that poverty has contributed to that fact as well as ignorance about the value of formal

education as indicated by the previous category. Findings in this category further indicated that culturally, girl children were not allowed to progress with education above primary level. Findings indicate that to educate a girl child is an expense. It was regarded as money wasted because they were treated mainly as marriage products. Hence, the emphasis of their education was on only beingable to read and write and to be a good housewife. In this category findings revealed that most women who participated in this study either did not attend school at all or ended education at primary level due to reasons mainly associated with culture and traditional beliefs.

The findings within the category of those who attended education up to secondary or tertiary level indicated that they did not go to colleges or university due to poverty. Some indicated that they chose to go to work rather than continuing with education up to tertiary education. However, those who managed to attend universities or colleges indicated that while they appreciate the value of education in Zimbabwe it has diminished due to the economic challenges in the country. While others shared the above sentiment, there were views that those who are educated are better positioned in terms of livelihood than the uneducated. Table 5.8 below illustrates the findings on the socio-economic experiences of purposively selected care-givers in the four main educational level categories, namely those who did not attend school at all, those who attended up to primary level and those who attended up to secondary and tertiary level respectively.

Table 5.8: Socio-Economic Experiences of Care-givers Related to their Educational Status

Partici-pants (Care-givers)	Q: Can you briefly narrate your socio-economic experiences of OVC care in relation to your educational status as a care-giver?
None-school attendant **FGD1F2**	When this care-giver of 65 years was asked to narrate her socio-economic experience related OVC care and her educational status, shesaid, "As you can see that I am an old woman, whilst going to school is important today but during our days our parents were not putting more value on formal education. Their emphasis was on informal education that was based on tradition and culture. Adulthood education related to socio-economic issues was important to them. For instance, as girl child they would make sure that the aunties and grandmothers have taught you how to be a good housewife. Boys were also taught how to economically take care of the family or to be a good husband and father. However, as for me I did not go to school at all because of I grew up as an orphan. Both my parents died when I was at the age of three during the war. As of the impact of my educational status as a care-giver, I am beginning to feel it now because of the socio-economic challenges our children are facing. In the old days when a graduate we used to know that that family is rich but nowadays we always have our educated graduates in the rural communities. Some are the ones who are stealing and robbing people in the streets. In our case, tradition taught us not steal, not kill, and lusts over other people's things but today when one is educated it seems he/she has been educated to steal, laziness, prostitution and to kill and confuse people in the community. I strongly believe that formal education has contributed to challenges in care and support of OVC. Our children are dying leaving the old generation behind with desperate orphans. I have joined the BHASO support groups for psychosocial support, BEAM is assisting with fees but there is a lot of politics that usually put other families on disadvantage, churches are also assisting and the social welfare. However, assistance we get from these organizations is not sufficient because of the number of OVC we have in our District".

Primary Level FGD4F3	When this care-giver was asked to relate her socio-economic experiences in relation to her educational status she explained, "I ended my studies at primary level. The main reason was that my parents believed that a girl child should not go further with education to secondary and tertiary level like a boy child. In our family set up, most of the girls therefore ended their education at primary level. We were taught more of household education that includes how to be a good wife; bearing children and cooking. When I got married, in the presence of my husband life was very much better because the bread winner was there but when he died I became a household head. Being an uneducated widow means I could not find any formal employment but rather rely on piece jobs and vending in the growth point. I became vulnerable to all the socio-economic challenges such as being labelled a prostitute and my children were also called as such in the society and at school".
Secondary Level FGD2F3	When this care-giver was asked to explain further her socio-economic experience in child care and support based on her education status she stated that, "Sir, nowadays there is no substitute for education. We are not only being educated for employment but even for social purposes. Myself, I did not end at secondary level because of traditional beliefs that a girl child should not be educated but I failed my ordinary level. I had all the opportunities to proceed to tertiary education if only I had passed my ordinary level. All my brothers and sisters made it to tertiary education. As we speak now they are formally employed as civil servants. Although, they are experiencing the economic hardships because of the Zimbabwean situation but they have job security and hope than me. Thus, economically I am surviving by buying and selling, gardening and subsistence farming. The most crucial experience I faced as a widow is in my cross-border career. I would sometimes sleep at the open place in a very cold weather in South Africa, Botswana and Tanzania. Sometimes, the police would just pounce on us and raid every product we had for sale. However, I soldiered on because if you are not educated there is no option except to live by what you are able to do".
Tertiary Level FGD4M2	A care-giver of 26 years was asked to further substantiate his socio-economic experiences in relation to his educational status and he said, "My parents died when I was in my final year at Midlands State University. When they passed on, we were absorbed in the extended family until when I graduated in 2013 that's when I asked our father's elder brother to allow us to go and stay our father's

	homestead. We decided to live alone because our living conditions were not quite conducive under the guardian of my father's elder brother and I was also matured to take care of my young sisters and brothers. Since I was a graduate, I thought I was not going to take much time without being employed. However, to my surprise, I am now almost two years without a stable job. I started as vendor and it's now common in Zimbabwe to see graduate vendors in the streets. I would sometimes do cross border trading and just taking any piece job that would come on my way. Eventually, I was employed as a special graduate temporary teacher where our contracts have been recently terminated on the pretext that we are not holders of educational qualifications. I tried to go to South Africa to seek for employment but without a permit I found the process so complex and my qualifications are not listed on critical skills that can warrant my permit application. As we speak now, I am a graduate vendor awaiting the renewal of my contract with the ministry of education. You know, as graduate we become the laughing stock of people in the society saying they thought education pays but they are with us in the streets. But I thank God for BHASO that keeps on encouraging us, social welfare and the BEAM programme. My young sisters and brothers are being paid for fees by this government programme. Churches in Gutu District are also assisting us with cash, foodstuffs and clothes. I can end by saying the needs of OVC are too complex that if you find food, you need shelter, clothing, counselling and even love from the society".

Source: Author (Fieldwork, 2015) (refer to Appendices K and L).

The findings in the care-givers views in Table 5.8 above indicated that the most common experience was associated with those care-givers who finished school at tertiary level but due to lack of employment in the country, they have been reduced to graduate vendors and cross border traders despite their qualifications. However, on the same note some indicated that they did not manage to proceed to tertiary education but rather ended at secondary education due to lack of money or had failed their ordinary or advanced level examinations.

While FGD4M2 is asking for employment, FGD2F3 who ended her education at secondary level appreciates the value of education despite the rate of unemployment citing that one has all the hopes if he/she is a holder of a qualification. She remarked that she was not bound by tradition that says a girl child should not proceed with education as far as tertiary level but she failed her ordinary level exams. In this regard, FGD2F3 who emphasized that there is no substitute for education and she was deprived of education of the parents believed that education was for boys and as girls we were encouraged to be house wives.

The second shared view was associated with those who ended education at primary level. The findings show that especially for women participants it was caused by traditions or culture that stipulated that educating a girl child was a liability because they will get married and leave, hence they were products for marriage. As a result, this caused many girl children to end their education at primary level and not be allowed to go to secondary or tertiary level. In this regard FGD1F2 reiterated that, whilst going to school is important today but during our days our parents were not putting more value on formal education. This view was corroborated by FGD4F3 who asserted that a girl child during their time was not accorded the same educational opportunities as a boy child.

The third common view was of lack of finances (poverty) and ignorance of the parents about the importance of formal education. In this view, the respondents indicated that there was the other side of education that was valued over and above formal education, which were the traditional approaches to education. However, the findings have shown

that while the economy is not stable education is not only about employment but other social issues. This sentiment was shared by FGD1F2, who also commented that there is no substitute for education, whether for employment or for social purposes and understanding of the dynamics of life.

5.1.2.2 Findings on Socio-Economic Experiences of OVC in Educational Support

The researcher selected OVC aged 14 to 18 years because they are able to freely discuss and articulate their perceptions, views and opinions on their OVC experiences within their societies. Predicated in this realm, the statistics indicated that 80% of the OVC who participated were 14 and 15 years of age and 20% were between 16 to 18 years of age respectively. The findings from the structural interviews indicated that 20% of the OVCs who participated had never attended school in their lifetime despite their ages. While 40% were in primary level, the other 40% were in secondary school (see Table 5.20). When the foregoing OVC participants were asked through narrative interviews to reveal in-depth information about their socio-economic experiences related to their educational experiences, the following findings indicated that some could not attend school at all up to the age of 14 because of disability coupled with poverty. Some indicated that they started school late because of poverty and the distance to the nearest school. Others revealed that even though they were at school their performance is very low compared to other children because they don't attend classes daily as required. Another participant explained that, in asmuch as he wanted to go to school, during the extremely cold weather without shoes and appropriate school uniform he would be risking punishment at school or enduring that cold weather was a very difficult situation.

Whilst some indicated issues of poverty, others indicated that discrimination both at school and at home makes their life very difficult in pursuit of their education. Findings also indicated that with those OVCs who are taken care of by the extended family, their deceased parents' wealth is either taken by relatives or sold on the pretext of raising fees for the orphans but the money is usually converted to other uses. The findings also indicated that some OVCs are exploited at home to the extent that they are not afforded

time to do homework. Table 5.9 below illustrates the direct quotations from the narrative interview question about the socio-economic experiences of OVC in relation to their educational support in the Gutu District of Zimbabwe.

Table 5.9: Socio-Economic Experiences of OVC Related to their Educational Support

Partici-pant (OVC)	**Q: Can you briefly relate your socio-economic challenges related to your educational support as an OVC?**
None-School Attendant **FGD5B3**	When this OVC was asked to narrate her socio-economic educational experiences he explained that, "As you can see I am physically challenged and we are living in rural areas where the educational environment is not conducive for people with disability. My parents have just decided to keep me at home. I am turning 15 years now and I have never attended school. The main reasons for this are my disability status, poverty and the disability of my parents. Even if I have a wheelhair I cannot travel every day for 6 kilometres to school. I am being taught to read with the community care-givers who sometimes visit to entertain and help us as the family with psychosocial support. My parents wanted to send me to JairosJiri the orphanage that looks after the physically challenged people, but the idea just flopped because of financial problems. The appeal for assistance was done but nothing materialised and until today I have never enrolled at school. Socially, it troubles me when I see others of my age going to school whilst I am in a wheelchair like this. As a boy child, I feel like if I was not physically challenged I wanted to play soccer like Lionel Messi of Barcelona".
Primary School Level **FGD5G6**	This OVC participant when asked to relate her socio-economic experiences with educational support explained that, "I am 15 years old now and I am in grade 7. I could have been in 2 now but I started school late at the age of 8 because of the long distance to school. So, my mother decided to send me to school at the age of 8 so that I could be able to walk and endure that long distance. As far as my performance is concerned I am an average student because I don't attend classes every

	day. Sometimes I don't go to school since I will be helping my mother with gardening, selling vegetables at growth point and also when my mother finds some piece jobs I accompany as an aide so that we finish quickly. In addition to that, sometimes I often returned home from school when my fees are not paid up, we are also obliged to pay incentives, building fund, sport fee and buying uniforms which my mother cannot always afford. These then affect my potential at school but I am feeling if I have adequate support I can excel in my education. Socially, in a class when some fellow students realised that you are too old to them they always attach negative stereotypes on you. They think you are not intelligent and absconded school sometimes before and it irritates a lot. When all goes well with my education when I grow up I want to be a medical doctor".
Secondary School Level **FGD5G5**	This 17-year-old girl in form four when asked to narrate her socio-economic experience related to her educational support was directly quoted as saying; "When all my parents died I was left under the guardian of my grandparents. Although the experiences of an orphan are not all pleasant, my grandparents really love me and are amicably taking care of me within their means. The wealth that my deceased parents left are fairly used towards my education and other needs. With the support of Capernaum Trust, I have never been returned home due to school fees. But I think if I was not good enough at school I could have been facing same challenges as those of my colleagues. As an orphan, I need a lot of entertainment and playing with others because it keeps my mind away from recalling my deceased parents. Hence, I go to church and I sing in choir and praise and worship. When I finish school, I want to be an Actuarial Scientist because I am good at sciences and mathematics".

Source: Author (Fieldwork, 2015) (refer to Appendices K and L).

The findings in the care-givers verbatim responses in Table 5.9 above indicated that the most common experience was associated with those care-givers who ended school at tertiary level but due to lack of employment in the country, they have been reduced to

graduate vendors and cross border traders despite their qualifications. However, some indicated that they did not manage to proceed to tertiary education but rather ended at secondary education due to lack of money or failed their ordinary or advanced level examinations. In corroboration of this view, FGD4M2 expressed a concern that, his parents died when he was in his final year at Midlands State University and faced several challenges under the care of the extended family.

While FGD4M2 is lamenting the lack of employment, FGD2F3 who ended her education at secondary level appreciates the value of education despite the rate of unemployment citing that one has all the hopes if he/she is a holder of a qualification. She remarked that she was not bound by tradition that says a girl child should not proceed with education as far as tertiary level but she failed her ordinary level exams.

The second popular view was associated with those who ended education at primary level. The findings in this view indicated that especially for women participants it was caused by traditions or culture that stipulated that educating a girl child was a liability because they will get married and leave; hence they were products for marriage. As a result, this caused many girl children to end their education at primary level and not continue to secondary or tertiary level. FGD4F3 remarked that during their time, girl children were not accorded opportunities to go to tertiary education as their male counterparts were.

The third common view was of lack of finances (poverty) and ignorance of parents about the importance of formal education on ones' life. In this view, the respondents indicated that there was the other type of education that was valued over and above formal education, which was the traditional approach to education. However, the findings have shown that while the economy is not stable education is not only about employment but other social issues. This sentiment was shared by FGD1F2, who commented that, "Nowadays there is no substitute for education. We are not only being educated for employment but even for social purposes".

5.1.3 Demographic Relationship between the Participants in Gutu District

The demographic profile of the relationships between care-givers and OVCs were presented as the care-givers' relationships with the OVC and the OVCs' relationship with their care-givers. Although the narratives about how they relate were not carried out, the idea of displaying them was to establish the social structures within the household families and the nature of OVCs, whether they are double orphaned, single orphaned, disabled and taken care of by extended family or by a biological mother or father. In this section, only statistics of the relationships as tabulated in Table 5.20 will be presented. It will be thematically discussed, interpreted and linked to existing literature in chapter 7.

5.1.3.1 Relationships of Care-givers to OVC in Households in Gutu District

Statistics indicated that 30% of the care-givers who participated were the biological mothers of the OVC under their care and support. In this regard, the findings established that these care-givers were either widows or single and divorced mothers. A further 20% of the care-givers were the biological fathers either widowed or divorced who were living with their children. The other 40% was equally shared with the brothers/sisters and uncles/aunts predominantly within the categories of the married care-givers, while 10% comprised the grandparents within the categories of the married, divorced or widowed respectively (see Table 5.20).

5.1.3.2 Relationships of OVC to Care-givers in the Households in Gutu District

Findings indicated that 30% of the OVC who participated in this study were living with their biological mothers who were either single divorced or widowed. The other 60% was shared equally with the OVC who lived under the care of their biological fathers (widowed or divorced), brothers/sisters (biological brothers/sisters or the deceased parents' biological brothers and sisters) and the uncles/aunts (the biological sisters/brothers of their deceased parents). Lastly, statistics indicated that 10% of the OVC lived under the care and support of their grandparents (married, single or divorced) (see Table 5.20).

5.1.4 Sources of Income for Care-givers and Child Headed Households in Gutu

The findings on the sources of income were presented in two categories, namely sources of income for care-givers and for the child-headed households respectively. Since sources of income are important in OVC care and support, the findings did not end in establishing the source of income only through structured interviews. Instead, in-depth information was gathered through narrative interviews of the care-givers within the three main categories, namely self-employment, wage/salary and crops/livestock, while for child-headed households these were presented within two main categories, namely self-employment and crops/livestock.

5.1.4.1 Findings on the Sources of Income for Care-givers' Households in Gutu District

Findings indicated that 50% of the care-givers' income comes from crops/livestock. While 25% of the care-givers indicated that their income comes from self-employment/piece jobs, 15% indicated other income unspecified in the demographic such as social welfare, government, churches and NGOs. Lastly, 10% of the care-givers indicated that their income comes from wages/salaries. When probed on the narrative interviews on their socio-economic experiences in relation to their sources of incomes, Table 5.10 below illustrates the selected direct quotations of the findings from the participants.

Table 5.10: Socio-Economic Experiences of Care-givers Related to Sources of Income

Partici-pants & Sources of Income	**Q: Can you briefly relate your socio-economic experiences related to your sources of income you have identified as a care-giver?**
Livestock/ Crops FGD1F1	This widow indicated that her predominant source of income is crops/livestock (farming, cattle rearing and gardening). When asked through narrative interview to shed more light on her socio-economic experiences related to these sources of income, she was directly quoted as saying; "As a widow who survives on farming, cattle rearing and gardening, there are so many challenges that I meet. Sometimes we lack the certified seed that suits the weather condition in this place. There is corruption in the distribution of the Zunde ramambo seeds that are given to the disadvantaged in this community. Especially if you are a young lady, they want to buy favours for sex with seeds that is meant to be given to people for free. Further to this, subsistence farming is seasonal and due to climatic changes, we have experienced consecutive droughts in Zimbabwe. These droughts are characterized with erratic rains, which results in very low produce or nothing at all. As I speak now we sowed our seeds last season and I did not harvest anything. What it means, therefore, is that I have to focus on other sources of income in my disposal such as cattle rearing and gardening. Cattle rearing are not reliable because of recurrent droughts. In gardening we do grow vegetables, tomatoes, onions and carrots that we sell in Gutu Mpandawana growth point. Whilst this is my main source of income, the main challenge to this is competition in the market. Almost everyone in the rural area is doing gardening and our market is always flooded with the same products. As a result, we make very little out of it to buy food, clothes and paying fees for our children".
Livestock/ Crops	This male care-giver indicated that ever since his wife succumbed to cancer and almost all her livestock was taken by in-laws for bride wealth, he predominantly survives on crops/livestock. When asked to provide in-depth information about his socio-economic experiences based on his income, he explained, "I am a subsistence farmer and we are being given seeds by the government to plant

FGD2M2	but the main challenge I am facing is drought. The main challenge to the distribution of the certified seeds is corruption in the distribution of seeds. They favour women more than men. They also politicise the seeds to the extent that those who are perceived to be opposition political sympathisers are not given. There is no adequate rain, hence we sometimes harvest very little from our fields or nothing at all. That being the case, my focus is diverted towards gardening where I grow vegetables, tomatoes and carrots but the main challenge is the market. Our market at Gutu Mpandawana Growth Point is too small for the producers of vegetables, carrots and onions. This makes gardening as a source of income unsustainable. My livestock, especially cattle ranching, is long term and affected by many hurdles. My appeal is that the government intervene to help us with food and school fees for the children because our sources of income are not sustainable".
Self-Employ-ment FGD1F2	This married woman indicated that she predominantly survives on self-employment in the form of chicken rearing (broilers), stokvel and buying and selling clothes. When asked to share her socio-economic experiences, she explained that, "My brother the best way to survive in Zimbabwe if you are not a prostitute is to create your own job. Even if you are educated there are no jobs in Zimbabwe, we now have educated graduates in the streets. Since indigenisation policy supports this, in order to support my children, I do chicken rearing. The main challenge I am facing in this business is lacking enough capital to order run the project. I also face challenges in establishing a sustainable market that is reliable. I also sometimes lack professional skills for chicken rearing that result in producing poor quality as well as being susceptible to loss due to diseases such as Newcastle. Some buy on credit and take time to pay, which creates a lot of problems in this business that is done at small scale. I also do stokvel with my support group colleagues. This helps us with income to pay fees, buy food and clothes for my children. I found out that to only rely on alms giving from the church, charity organisation and social welfare/ government is not sustainable and adequate. Again, this support from government and NGOs nowadays is heavily politicised that to benefit from it is a miracle and depends with one's political correctness".

Self-Employ-ment FGD2F3	This divorced care-giver indicated that she predominantly depends on self-employment as a source of income in the form of cross border trading, vending and selling juice cards in the streets. When asked to share more about her socio-economic experiences related to her source of income, she explained that, "As a cross border trader, there are so many challenges we face. I sell my products in South Africa and Botswana. Sometimes police in those countries just come and confiscate all the products you have or asking for money so that they can allow you to sell. Some of the local customers buy on credit promising to pay month end, when the time for payment comes they call police for you to be incarcerated. Some seek sexual favours from us thereby compromising our efficacy in these projects. When local I sell juice cards in the street. My main challenge is that the council police are always chasing us for bribes so that we can continue doing our business. However, we do this on the basis of indigenous policy that encourages people to be self-employed than being job seekers and employees to other people. To tell the truth, there is no sustainability in our small-scale businesses. I cannot wait for the promises of the government and NGOs which in most cases are not fulfilled. Thus, the burden of a care-giver is overstretched and unprecedented".
Salary/ Wage FGD2F1	This participant who is a graduate from the University of Science and Technology (NUST) indicated that he predominantly depends on his salary/wage as an income. When asked to explain further on his socio-economic experiences related to his income, he explained, "In Zimbabwe, it's now survival of the fittest. You may think you have a profession but good living is not in qualification these days but informal business. The salaries we are given are not commensuration the burden of the dependent load in our shoulders. As a young man, I am planning to marry and I am 26 years now, all my young brothers and sisters are in secondary school. We were surprised at our workplace to hear that the government gave orders that our salaries be reduced to those of civil servants and has already been implemented. Since I have no choice, I am just soldering on. I also do other projects to supplement my income but still the challenges of sustainability are inevitably irresistible".
Salary/ Wage	This woman care-giver also indicated that she predominantly relies on her salary as a civil servant (teacher). When probed further through narrative interview to explain her socio-economic experiences related to her source of income, she said, "As teachers/civil

FGD2F2	servants we are now the laughing stock of the nation. It was a commonplace to hear school children declaring that they want to be teachers when they grow up but it's no longer the case. Teaching used to be a noble profession but nowadays it's the worst job of them all. Some of our colleagues have crossed the borders for green pastures but we are still hopeful that one it shall be well. To supplement the meagre salary, I conduct a classroom tuck shop where I sell sweets, buns and biscuits to children at break times. I also conduct some extra and holiday lessons, although the government has banned these lessons. What it means is that I will be forced to merely depend and survive on wage/salary we get monthly. It is very difficult to take care of all the needs of OVC as a single woman".
Other FGD1F3	This married care-giver indicated that her predominant source of income is social welfare, NGOs and the government. Although it can be difficult to classify them as sources of income but due to her special problem in disability she insisted that these are her sources of income. When she was asked to shed more light in her socio-economic experiences, she narrated that, "The government through social welfare is my source of income. I am not alone in this situation; we are many who totally depend on the government through social welfare for living but our main challenge is the economic position of Zimbabwe. Instead of the government fulfilling its promises of giving us food, paying fees for our children through and incorporating NGOs to assist us they have expelled some NGOs that were helpful to us. They sparingly give us food and BEAM is not consistent in paying fees for our children".

Source: Author (Fieldwork, 2015) (refer to Appendices K and L).

The care-givers' responses on their sources of income indicated that the common experiences are associated with crops or livestock. The main challenges as indicated by FGD1F1 are that there is rampant corruption in the distribution of the *Zunde Ramambo* seeds that are given freely to the disadvantaged. The findings indicated that this challenge emanates from the political affiliations those recently characterised communities in Gutu District. FGD1F1 explained that as a widow she survives on farming, cattle rearing and gardening, there are so many challenges that she encounters. She also mentioned that she sometimes we lack the certified seed that commensurate the weather condition in our place. In support of this, FGD2M2 remarked that, the main challenge to the distribution of the certified seeds is corruption in our community leaders responsible for the distribution of seeds.

The shared view from FGD1F1 and FGD2M2 supports the suggestion of corruption emanating from the rival political parties, droughts and lack of adequate farming machinery and knowledge so that they can harvest enough to sustain them. Furthermore, self-employment is viewed as a source of income for care-givers. This self-employment as a source of income includes but is not limited to chicken rearing, buying and selling, stokvel (*mikando)* and piggery. FGD1F2 cited various challenges that affect the sustainability of these small-scale businesses in the rural communities of Gutu District, including lack of professional skills, lack of enough capital to buy the chicken feed and the market to sell the products.

The third shared view is associated with the unspecified categories in the demographic table, which include but are not limited to, NGOs, government, churches, social welfare and well-wishers. For instance, findings from FGD1F3 indicated that due to her physical condition there is no alternative source of income except the government through its social welfare, churches, NGOs and well-wishers. However, as regards challenges, she indicated that all these sources of income including the government are not sustainable.

The fourth shared view is associated with salaries/wages as sources of income. The findings revealed that this category is mainly dominated by graduates and tertiary

education certificate holders. The main challenges associated with these sources of income include, but are not limited to, lack of employment and poor salaries that dominate formal employment in Zimbabwe. In corroboration of this view, FGD2F1 remarked that, currently, with the Zimbabwean economic situation that is nose diving, it's now a survival of the fittest.

In view of salaries as sources of income, the challenges and experiences of the care-givers in the Gutu District are complementary and homogenous. FGD2F1 and FGD2F2 indicated that because of the economic challenges their meagre salaries cannot sustain them and they supplement these with self-employment such as classroom tuck shop, extra lessons and vending during the holidays and weekends.

5.1.4.2 Findings on the Sources of Income for the Child-Headed Household in Gutu District

Only three child-headed households were identified from the total number of 10 OVC who participated in this study. Findings from the statistics indicated that 67% of the child-headed households depend on self-employment and 33% indicated crops/livestock as their sources of income respectively. Table 5.11 below illustrates the direct quotations of the findings related to the socio-economic experiences of the foregoing child-headed households based on their sources of income.

Table 5.11: Socio-Economic Experiences of Child-Headed Households and Sources of Income

Partici-pants & Source of Income	**Q: Can you briefly relate your socio-economic experiences related to your sources of income you have identified as a CHH?**
Crops/ Livestock FGD5G1	This child-headed household head indicated that although they have other sources they look up to predominantly they depend on crops/livestock. When probed through narrative interview to provide in-depth information about their socio-economic experiences related to their source of income as a child-head household, he explained that, "When our parents died they left some livestock that include cattle, goats and chickens. Some were taken and shared as inheritance with our parents' relatives and the little that we left with have produced more and we are relying on them where critical needs like school fees, food and medication arise. The main challenge we have with our cattle is that there is slow reproduction compared to the rate at which we are selling for survival. Their rate of reproduction is slow meaning to say especially cattle we can finish them anytime because of the persistent famine/drought we have experienced these past years. As for the crops and farming, it's now difficult because of poor rainfall pattern in our region. We are assisted in ploughing and planting seeds with the community but because of drought we harvest very little or nothing at all. We end up engaging into doing piece jobs and selling vegetables from the gardens and also assistance from the church, NGOs and social welfare. This affects our education so much to the extent that we don't attend classes daily even if fees are fully paid up by BEAM or Capernaum Trust".
Self-Employ-ment FGD5B2	This boy who is a child household head indicated that since their parents died for them to survive they engaged in self-employment activities such vegetable and fruits vending and selling juice cards. When asked to shed more light on their socio-economic experiences related to these sources of incomes as a child-headed household, he stated that, "The main

	challenges we face in selling vegetables, fruits and juice cards in the Gutu Mpandawana growth is the stigma from what people say to us. Some they call us street kids, while some said we have run away from school and others label us as thieves. This affects our education performance, class attendance and health of under-aged children to do those jobs but because of our situation there is no option".
Self-Employ-ment FGD5B4	This boy indicated that self-employment has become their source of income when they started living alone as a child-headed household. When asked to shed more light on their socio-economic experiences related to their sources of income as a child-headed household, he said that, "Our homestead is near a tarred road that goes to Harare and the road have potholes. So, we carry sand and small stones from the field to close the potholes and in return ask the motorists well-wishers to give us cash or kind. The main challenge with our work is the motorists are not compelled to give us something. Some even mock us with all the derogatory names as street kids, bastards and monkeys. Apart from failure to go to school, we risk being crushed with cars in the highway".

Source: Author (Fieldwork, 2015) (refer to Appendices K and L).

Illustrated by the verbatim responses depicted in Table 5.11 above is that a source of income of child-headed households was livestock/crops as explained by FGD5G1 above. The findings on socio-economic experiences in this category indicated that this source of income is characterised with low production in the fields because of erratic rainfall and climate change or constant drought in the country. Furthermore, FGD5G1 commented that their livestock, especially cattle, are also affected by droughts and reproduce slowly, which is unsustainable (see FGD5G1 in Table 5.29).

The second shared view indicated that they depend on self-employment, which comprises vending in the streets, buying and selling vegetables, and selling juice cards in Gutu Mpandawana growth point. FGD5B2 remarked that this source of income is predominantly affecting their performance at school due to consistent absence from school and lack of concentration in classes due to fatigue from the market. He also

indicated that they are affected psychosocially due to stigma and discrimination from the community who call them derogatory names such as bastards, street kids and rascals (see FGD5B2 in Table 5.29).

The third common view was shared by FGD5G1, FGD5B2 and FGD5B4 in Table 5.29 above as undertaking piece jobs in other people's fields and homesteads for payment. This source of income is characterized by exploitation and abuse by some community members who are not considerate of their young age. As indicated by FGD5B4 above, the nature of OVC challenges and the coping strategies they engage into in order to make a living expose them to dangers such as accidents.

5.2 CONCLUSION

This section of data presentation has presented the findings on the socio-economic experiences of the care-givers and OVC associated with their demographic profiles and status. The demographic status in which this data was presented includes marital status, relationship between OVC and care-givers, sources of income and educational status. Whilst extended families have continued to endure the pressure and challenges of the unprecedented increase of OVC within their families, findings indicate that most of the double orphaned children have been absorbed into their extended families except for a few child-headed households.

The demographic profiles indicated that most of the single orphaned children are living with their mothers, while a small number are living with their fathers and grandparents. The findings revealed that both care-givers and OVC source of income is related to livestock and crops, which is an agrarian approach. In the narrative interviews for their socio-economic experiences on different aspect of life and status, the findings indicated that both children and widows suffered very much due to inheritance challenges where the relatives of the deceased took the wealth of the deceased and shared this amongst themselves as inheritance.

The other major experience is associated with the disintegration and disunity of families' due to different factors. To this end, the findings from the socio-economic

experiences of the care-givers and the OVC have barely exposed the intensity and nature of the OVC challenges and nature of OVC care and support in the Gutu District of Zimbabwe.

FINDINGS PART 2

CHAPTER 6
NATURE OF OVC CARE AND SUPPORT, COPING STRATEGIES AND INTEGRATION

6.0 INTRODUCTION

This chapter presents the findings from the FGDs and key informants. Findings from the Focus Group Discussions (FGDs) were presented in two sections, namely the care-givers and the OVC. The findings were presented following the themes derived from the interviews and focus group guides and their responses followed the same sequence. Tables were used to illustrate the participants' direct responses where the researcher deemed necessary. The participants' responses were presented in response to the questions posed to them to obtain in-depth information. In this case, four (4) FGDs were conducted for the care-givers and one (1) for OVC. The findings from the care-givers' FGDs were presented first followed by the OVC FGD findings. Codes were used to represent the informants who participated for purposes of anonymity in data presentation (see Table 5.19, Chapter 5).

Ten (10) in-depth interviews were conducted with the key informants who comprised District Education Officer, District AIDS Co-ordinator, District Social Welfare Officer, Faith Based Organisation (FBO), Paramount Chief, Headman, District Registrar, District Health Officer, District Councillor in Charge and District representatives of NGOs. Data from the key informants were coded as INT.M1-7 for males and INT.F1-3 for females respectively. FGDs were presented first following the themes of the questions that were discussed during the sessions and then the key informants' data were presented. Data from the key informants focussed on their portfolios except in complementary areas where questions were similar to all the informants for triangulation purposes.

6.1 NATURE OF OVC CARE AND SUPPORT AND COPING STRATEGIES (CARE-GIVERS' FGDs)

The findings from the FGDs were presented following the themes formulated from the questions that the researcher asked the participants during the discussions. Tables were used to illustrate the most popular views on each theme. The direct responses from the participants were used to support the findings on the themes formulated.

6.1.1 The Concept of OVC in the Gutu District of Zimbabwe

This theme sought to establish the understanding of the nature of OVC from the care-givers' views within the rural communities of Gutu District of Zimbabwe.

FGD1: The most popular view in the understanding of the concept of orphan from FGD1 was that an orphan is a child under the age of 18 years who lost one or both parents through death. In this regard FGD1F1 commented that,

> *Although orphans are defined differently by different people in different places, the common view is that an orphan is a child under the age of 18 years who lost both parents due to death. In my view, I think these are the most critical orphans than those who lost only one parent. Henceforth, an attention given to these is more critical than other categories of orphans; it should be understood as first-class orphans.*

In support of this view, FGD1F2 remarked that,

> *An orphan with one surviving parent is better than an orphan who lost both parents. So, in my understanding, while the concept of categorically classifying orphans is good, emphasis must be in empowering the single parents in existence so that they can be able to look after their children and offering more support on those who lost both parents to avoid confusion in identifying these orphans.*

The second popular view in the understanding of an orphan in FGD1 was that an orphan is a child under the age of 18 years who lost one parent or both due to death. FGD1F3 commented that,

> *While it is commonly understood that an orphan is a child who lost both parents, even those children under the age of 18 who lost one parent should be classified as orphans, especially those who lost their mothers.*

In support of this view, FGD1M1 remarked that,

> *Orphans can be understood in different classes depending on their challenges. For instance, those who lost maternal care are the most critical children because fathers are not as responsible as mothers in child care and support. Most of the fathers when their wives die quickly get married to another wife and it is commonplace for them to abandon their children, which is different to the mothers who can endure staying alone taking care of their children. Even if they get married to another husband, they don't easily abandon children in their first marriage as fathers do.*

While an orphan has been predominantly understood as either a child under the age of 18 who lost both parents through death or a child under the age of 18 who lost one parent, vulnerable children were also assessed in the same manner. The most popular view in FGD1 similarly understood vulnerable children as children under the age of 18 who lost one parents or both parents through death (orphans) or children with both parents but living in poverty. In this view, FGD1F1 remarked that,

> *Vulnerable children can be understood differently within different life contexts. For instance, orphans with either one parent or both can be classified as vulnerable children but those parents are living in poverty and cannot afford to holistically provide the basic needs for that child such as food, shelter, medication and school fees.*

Corroborating the above view, FGD1M2 explained that a vulnerable child can be a child under the age of 18 with both parents or one who is physically challenged and cannot provide basic needs for that child. He further emphasized that it can also be a child who is physically challenged or living with disabilities.

The second shared view of vulnerable children from FGD1 was associated with those children who have been infected or affected by HIV/AIDS or suffering from any chronic disease. An emphasis in this understanding was also put on parents that it can be either parent or both who are suffering from any chronic disease that can prevent them from providing better livelihoods, as explained by FGD3M1,

> *Predominantly in our communities due to the prevalence of HIV/AIDS most of the orphaned children can be classified as vulnerable children because its either they lost their parents through this deadly disease or they are critically ill and cannot afford a better livelihood for their children. It can also be the children who are living under the said conditions and require special treatment and care from their care-giver. Hence, such children are vulnerable.*

The third shared view on vulnerable children was associated with those children who have been abandoned with their parents or children who are living in the streets. This category also includes those children who at one point in time were abused sexually or involved in a marriage when under the age of 18. In corroboration of this sentiment, FGD1M2 narrated that,

> *Vulnerable children can be children under the age of 18 who are living in the street or without an identity or physical abode. This can also involve those children who have been sexually abused or forced into marriages at a tender age through traditions, rituals or religious beliefs.*

FGD1F3 remarked that it is difficult to separate vulnerable children from orphans because orphans are also vulnerable children. She further emphasized that any child who is either living in poverty or is subjected to any condition that disadvantages him/her to access the basic needs of life such as food, education, security, identity, medication and shelter, is an orphan and/or a vulnerable child.

FGD2: In FGD2, the most popular view in the understanding of an orphan was that an orphan is the child under the age of 18 years who lost one parent or both due to death regardless of how those parents died. FGD2F1 emphasized that,

> *These days, people want to categorically classify these orphans due to the nature of how their parents die. For instance, some are called HIV/AIDS orphans, defined by the cause of their parental deaths, which is discriminatory and inculcates stigma in their lives. My understanding is that an orphan must be a child under the age of 18 who lost one parent or both regardless of the cause of death.*

To substantiate this view, FGD2M2 noted that,

> *Defining an orphan with the cause of parental death is very common nowadays to the extent that the society has been forced to believe that every orphan is due to HIV/AIDS yet there are also other causes of death that are not AIDS related. So, to deal with this stigma, an orphan must not be defined with the cause of death but as a child under the age of 18 years who lost his/her parents through death regardless of the causes of death.*

Similarly, in classifying OVC by the cause of parental death, FGD2F3 lamented that her children were emotionally disturbed at school when they were called that by a local NGO implementing its programme for AIDS-orphaned OVC. To rectify this emotional problem, she had to involve the psychologist because her children were reluctant to

attend school. Findings in this regard have shown that, while addressing the causes of orphanhood and vulnerability of children are important, the implementers of the programmes must also consider the stigma that the society may inculcate into the beneficiaries.

A further common view from FGD2 on orphans was associated with the death of both parents and being under the age of 18 years. In this view, FGD2F2 observed that,

> *Orphans are children who lost both parents through death whether under the age of 18 or not as long as they are children who were looking up to their parents for a living.*

This was a common understanding of an orphan within this discussion but contrary to that, FGD2F2 commented that,

> *Of course, the legal number of years to categorically define and draw a line of distinction between a child and adults but realistically affordability and maturity cannot be measured with 18 years. For instance, most of the orphans start school late due to various challenges around them and they are also expected to finish late. Thus, defining an orphan with age will prematurely and helplessly push out some desperate children who may still need assistance.*

However, while this observation was supported by several other participants, it was criticised by FGD2M1,

> *An age stipulation is not a measurement of maturity and affordability rather it helps only to draw a line of distinction between a child and an adult. Thus, an appeal for further assistance in case of the vulnerability context and need should be justified for these exceptional orphans to be assisted.*

The FGD2 popularly understood vulnerable children as children under the age of 18 with or without parents but who are lacking the basic needs for survival such as food, shelter, school fees, birth registration and medication. This view was reiterated by FGD2F1, who observed that,

> *Vulnerable children are children under the age of 18 with or without parents. If they have parents their parents cannot afford to provide basic needs for them to live a better life and in case of those without parents it implies that there are orphans and they don't have elderly people to look after them and provide them with necessities of life. Such children grossly lack to the extent that they don't go to school, always emotionally affected, don't have good clothes and live in ramshackle houses - in short, they live in absolute poverty.*

The second popular view in the understanding of vulnerable children was associated with those children whose parents are living with chronic diseases, disabilities (physically challenged), mental patients and HIV/AIDS patients. This understanding was expanded to include those children who are living alone (child-headed households) who might be suffering from chronic diseases, disability or who are HIV/AIDS infected or affected. This view was emphasised by FGD2F2,

> *Vulnerability of children manifests itself in many ways. Vulnerable children can be children with parents but those parents living with chronic diseases, HIV/AIDS and mental patients. Children living under such an environment are vulnerable because their parents cannot afford to work for them. Not only parents suffering from the said ailments but even those children may be also suffering from chronic diseases and disability and hence, is the manifestation of vulnerability in them. In other words, what I have discovered as a care-giver is that where there are chronic diseases there is poverty and at the end of the day we can broadly say vulnerable children are children living in poverty.*

In support, FGD2M2 pointed to a case of such vulnerable children in his home village and noted that,

> *The vulnerability context of children differs. In my village, we have a child-headed household where these children are living alone and some of them are on treatment. This is typical of many other vulnerable situations that are very pathetic. Even if they can be provided with the free seeds from Zunde ramambo it offers little help to them. They are known for begging for handouts to survive and the majority are school drop-outs.*

The third shared view of vulnerable children is associated with those children under the age of 18 who are living in the streets. The main reason for the street children community that is growing rapidly is because of abandoned children, lack of psychosocial support at home and ill-treatment of children. FGD2F2 commented that some of these children do not have identity; some deliberately ran away from their relatives or parents because of being exploited and experiencing ill-treatment. In support of thisview, FGD2F3 observed that,

> *It is true because at Gutu Mpandawana growth point there are married street kids with their own children living in the streets. The social welfare at one point in time tried to remove them and surrender them to the village heads so that a piece of land could be allocated to them. This was done and in a few days, they were back in the streets. Rumours say they are beggars during the day and thieves during the night for them to survive.*

FGD3: The most popular view in the understanding of an orphan in FGD3 described an orphan as a child who lost either both parents or one and is living in extreme poverty and exposed to various severe existential challenges such as lack of shelter, food, medication or education. This understanding is supported by FGD3F2,

> *Orphanhood is primarily defined by the death of either the two parents or one parent leaving behind children under the age of 18. By implication in this situation what it means is that a particular child is rendered vulnerable to severe existential challenges that include lack of food, shelter, school fees, psychosocial support and proper medication by the death of either both parents or one. However, it should be taken into cognizance that the nature of orphanhood can determine the description or definition rendered to an orphan. In as far as I am concerned there is no single definition of an orphan but primarily orphanhood is predicated in the parental deaths either one or two and age. However, the issue of age is a culturally contested issue since it is difficult to determine affordability and maturity of children with the number of years one has lived.*

In this regard, FGDM2 further commented that most of the assisting organisations apply their own definition to orphans depending on the nature of orphanhood they want to support. For instance, some may want to support orphanhood caused by HIV/AIDS, some may want to focus on the double orphans such as Capernaum Trust that focuses on only those orphans and vulnerable children who are achieving well at school. Their definition may have a specific focus on certain orphans they intend to assist. He further remarked that,

> *The original definition of an orphan has been distorted by NGOs and other organisations that seek to categorically distinguish the nature of assistance they want to offer to the beneficiaries.*

FGD3 then defined an orphan as a child who lost both parents. This view does not seem to subscribe to the inclusion of the single parent orphanhood as a modern definition that has distorted the traditional definition of an orphan, which is premised on the death of both parents. This view was supported by FGD3F1,

> *Traditionally it was common knowledge that an orphan is a child who lost both parents through death and does not have any parent who looks after him/her. Those with single parents traditionally were not referred to as orphans because they at least had a parent to look up to. However, due to the coming in of the NGOs to rescue by assisting these orphans, they discovered that even those children who lost a single parent also need assistance and in their attempt to put them into defined categories that's when these other definitions came in like single parented orphans. As for me I still subscribe to the traditional definition*

of orphans and single parented children must be put under vulnerable children, not orphans.

Regarding this particular understanding of an orphan, the participants in FGD3 agreed with FGD3F1's sentiments in his historical or traditional definition that some regard it as obsolete. FGD3M1 countered that,

> *While it is true that orphans used to be defined as children who lost both parents and without age limits attached to it, things have changed and we cannot keep on clinging to our past. Facing changes requires one to employ relevant approaches and understanding to every situation.*

The popular view in FGD3 in the understanding of vulnerable children is fundamentally associated with those children who have been abandoned with their parents, those children who are living in the streets begging for food or eating waste food, those children who do not have any physical abode, and those who do not know their parents whether dead or alive. This view was shared with several participants in FGD3, including FGD3F3 who observed that,

> *Vulnerable children are children who have been abandoned with their parents and resorted to live in the streets. Such children do not even know whether their parents are alive or dead. They are commonly known as street kids, they sleep in the bridge, eating from the bins or steal from the shops. These children can be seen begging for food, wearing tattered clothes and do not go to school. Sometimes even if they are taken home they run away and return to the streets. I still remember of another organization that was dealing with the rehabilitation of these street kids in the urban areas. The organization cleaned up the cities for only one month and the following month they were back in the streets except for just a few.*

This view was reinforced by FGD3F2, who remarked that street children are becoming a street community because they are often children with their own children. She further emphasized that some street children are even becoming prostitutes during the night to make money for a living and hence risking the spreading and contracting sexual related diseases. FGD3F2 explained that,

> *Street kids are miserable children and dangerous at the same time. Last year they pounced on a person during the night and got away with everything that person had. They robbed and stripped her naked and when they were taken by police they said she was beaten up because she was accused of having insulted the police. However, there is a real concern that these street kids have developed a dangerous behaviour that needs the attention of the community.*

The second popular view in the understanding of vulnerable children in FGD3 was associated with those children who have both parents but their parents are either chronically ill or are living in poverty to the extent that they cannot afford to fully provide the basic necessities for their children, as explained by FGD3M1,

> *Some children have both parents but their parents are sick and they also need to be supported. Their parents may be disabled or physically challenged. In our neighbourhood, we have such families who are living under these critical conditions. They need food, clothes, and shelter, medication and school fees.*

The third common perception of vulnerable children related to those children with physical disabilities, HIV/AIDS infected/affected, physically abused and those who got married at a young age. There was also an emphasis on vulnerable children as children who are living alone. FGD3F1 in this view notes that,

> *Most of the children under the age of 18 are being infected with HIV/AIDS and other sexually related diseases because they are being enticed into sex by elderly people because of poverty. They are attracted with money and food and they don't report such cases because they fear for their lives. Some of these children are being religiously coerced into early marriages in our community and such cases are not reported because they are being spiritualised. It is also abundantly clear that some traditional healers are instructing their HIV/AIDS patients to sleep with the virgins as medicinal remedy for HIV/AIDS.*

In support of this view, FGD3M2 pointed out that most care-givers in the neighbourhood are no longer at peace with some of their neighbours because as they interact with children many cases are revealed that have attracted police intervention. Thus, the care-givers are regarded as sell-outs and as people who are interfering with the affairs of other people who want to conceal their misdemeanours.

FGD4: Whilst there were important and insightful discussions about the understanding of OVC in FGD4, it was identified that their insights were almost synonymous with those from FGD1, FGD2 and FGD3. For instance, the most popular view on orphans in FGD4 was associated with those children under the age of 18 who lost either both parents or one parent through death regardless of the causes of death. In this regard FGD4F1 remarked that,

> *It is common knowledge that an orphan is a child under the age of 18 who lost either both parents or one through death regardless of the causes of death. Such*

children will either get absorbed into extended family or choose to live alone as child-headed household within the community of origin.

FGD4F2 commented that there is a lot of confusion emanating from how these orphans are put in groups of their vulnerability context which seemed to be distorting the meaning of orphans. For instance, she talked about double orphans, single orphans and vulnerable children and emphasised that lines of distinction must be clearly explained, saying that,

Corruption has found its way in our community through this conception of who is an orphan and who is not. As a result of failure to clarify, it means those who are supposed to be beneficiaries of the programmes meant to benefit them will be deprived. For instance, some people who are single parented and not even orphans are benefiting from BEAM, NGOs, and Capernaum Trust in place of the real orphans who are being side-lined because of poor definition of who is an orphan and who is not.

The comment was received with strong affirmation from other participants. The second common view on orphans was inclined to those children who lost only one parent. However, in FGD4, such orphanhood was regarded as a modern definition that was coined to embrace the single parented children into benefiting from the NGOs and government but within their context of vulnerability.

In this regard, FGD4M1 commented that those orphans who have at least one parent are better positioned than those who have lost both. Their support from the government and NGOs within the communities must not be the same, since,

Some community leaders have so much hidden interests with mainly the single mothers of these orphans to the extent that they chose to deprive the double orphans and direct the benefits to them. That's how bad communities can be nowadays.

These views on vulnerable children were synonymous with other FGDs. For instance, the most popular view mentioned was that a vulnerable child is a child under the age of 18 with both parents alive or dead but living in extreme poverty to the extent that he/she cannot afford the basic necessities of life such as food, clothes, shelter, medication and education.

The second popular view emphasised the aspect of children who are physically challenged and whose parents are either chronically ill or also physically challenged. .

6.1.2 Characteristics and Features of OVC in the Gutu District of Zimbabwe

This question sought to understand the views of people on the characteristics and features of OVC in order to establish the nature of OVC care and support in the Gutu District. These characteristics and features also reveal the burden that the community is facing in their attempts to survive the OVC crisis within their communities.

FGD1: The respondents in FGD1 indicated that OVC in their communities are predominantly seen as living in extreme poverty which manifests itself through lack of food, wearing tattered clothes, living in ramshackle shelters, experiencing poor health and not going to school. FGD1F1 remarked that,

> *The most fundamental characteristics of OVC in our community is lack of the necessities of life that include but not limited to medication, proper quality education, good shelter, food and clothes. Whilst it is appreciated that these challenges can be faced with every ordinary person in the society, it is louder in OVC because of their vulnerability context.*

In support of this sentiment, FGD1M1 commented that most of these OVC do not attend school because of lack of school fees. Those who are fortunate to be sponsored by BEAM, Capernaum Trust and churches may still be affected with other challenges such as lack of food, uniforms and health problems. Thus, in his understanding the needs of OVC if not met have a negative impact on their psychosocial well-being.

The second common view in FGD1 was identified as exploitation and abusive treatment from their relative care-givers especially in the case of the double orphaned children. In support of this FGD1F3 noted that,

> *Within our communities you can easily identify an orphan or vulnerable children with the way they are treated at home. They are not treated in the same manner through which the biological sons of their care-givers do; just a few who are very fortunate are treated fairly. There is a case in our village of some orphans who ran away from their deceased father's elder brother who was taking care of them because they were reduced to field workers and labourers; they were no longer going to school; not given food and sleeping in ramshackle*

houses. When they complained they were beaten being accused of laziness until they ran away and decided to live alone as a child-headed household.

This corresponds with the third popular view on characteristics or features in FDG1 which suggests that OVC are always in a depressed and emotionally challenged state. They are not happy like those who have parents and are properly provided for, as explained by FGD1F3,

These OVCs are always crying whenever they face challenges both at school and at home contemplating that it would be much better if their parents were also alive just like other children's parents. They develop a defensive behaviour which can be misinterpreted with the community-care-givers or teachers at school as bullying because they always want to defend themselves violently in times of problems. They need a lot of counselling or psychosocial support to understand their situation and move on with life.

The other characteristic mentioned in FGD1 wasisolation from others as OVC develop an inferiority complex to the extent that they do not want to be in the midst of other children. The findings indicated that OVC, especially the orphans are therefore seen living alone or with grandparents in most cases. It was revealed that the characteristics of orphans and vulnerable children are similar because the concept of vulnerability applies to both. In this view, FGD1F2 emphasized that, "If you want to see that this child is an OVC you can see him/her with lack of confidence in whatever assignment given to him/her to do".

FGD2: The most common OVC characteristic indicated by care-givers in FGD2 was that OVCs, especially orphans, are always seen as living alone without elderly people giving them guidance. This view was shared by FGD2F2, who observed,

An outstanding characteristic or feature of an OVC in our community is seen by living alone as child-headed household without an elderly person to give them guidance. This characteristic is predominantly for orphans, while vulnerable children can be living with their parents and other guardians but living in poverty or gross lack of basic necessities.

This view was further supported by FGD2M1; in that it can be difficult to identify an OVC if he/she has responsible guardians or at least an elderly person who looks after him/her than the one who lives alone while exposed to all the existential problems associated with orphanhood. In support FGD2M1 said that,

It is easy to notice that this person is an orphan when they are living alone or when they are a child-headed household because sometimes even those with both parents may also lack basic necessities but the difference is that they have their parents with them.

While the above view was more apparent in FGD2, the second common view was associated with the characteristics and features of OVC in Gutu District in that OVC are emotionally challenged, they are not always happy and are overburdened by survival challenges, as explained by FGD2F1,

OVC usually live emotionally challenged lives. They are seen by always crying, angry, hopeless and lacking concentration. These characteristics are seen when other children's parents visit their children at school. Orphans are very much challenged by seeing other children embracing their parents. They wish and contemplate if their parents were also there. That is the reason why some orphans will drop out from school early and get married because such an environment is painful.

The third popular characteristic raised in FGD2 was lack of basic necessities that include food, school fees, shelter, medication and parental guidance. In support of this view, FGD2F1 observed that lacking those basic necessities for life manifests itself in various challenges for an OVC. She remarked that most OVC are seen engaging in early marriage because they see early marriage, especially girl children, as a solution to their challenges. Others engage in theft, drugs or living in the streets, especially a boy child. In corroboration of this view, FGD2M1 noted that,

I was attacked by street kids during the night and they demanded money to buy food and drugs as a condition for my freedom. I tell you these children are dangerous when they are in the streets, they can kill but it's all caused by lack of parental and community support and care for them.

FGD3: The most popular characteristic mentioned in FGD3 was that OVC are characterized by lack of basic necessities, as FGD3F2 concurred,

There are so many features that we can talk about OVC in our communities but I think other characteristics and features are more visible than others. These are dropping out of school, begging for food in the village or streets, lack of clothing, being unhealthy i.e. without medication and lack of psychosocial support. In my view, these are the most visible challenges of the OVC in our community.

Similarly, FGD3F2 shares the same sentiment when she remarked that the issue mainly is about seeing them living alone or with a deceased parent's relatives but where they may not be taken care of. This respondent emphasized that the issue is about sustainable livelihoods because some OVC have a good understanding that death is inevitable, and poverty disability are part of life but remain envious of those children who have better circumstances.

The second shared view was shared by FGD2M2, who noted that OVC are getting married at a young age and leave school, explaining that,

> *OVC in our community are usually seen getting married at a tender age and dropping out of school early and being under-employed. If you visit Apostolic Type Independent Churches, you will be surprised to see children ranging from 13 to 15 years old already breastfeeding and most of these are from shaky or orphanhood backgrounds. I am a living testimony of my young sisters' daughter who got married at 14 years due to lack of parental care because her father had taken another wife who turned to be abusive.*

In corroboration of the above, FGD3F2 remarked that OVC often fall prey to abusers because of lack of basic necessities. She ascribed this to lack of psychosocial support not only on the part of an OVC but of the care-givers. In her view, she explained, 'the wrong decisions made by OVC are a true reflection of the environment or care-givers with which they are living. Thus, empowerment for care-givers to curb these wrong and unwarranted decisions that are being made by OVC is a necessity in our communities'.

The third popular view in FGD3 was that OVC are always characterised by inferiority complexes both at school and even with others where one can easily notice that a child is an OVC or not by the way they approach a situation. FGD3M1 explained that, 'an OVC is not confident in the way he/she approaches things, maybe because of lack or an abusive background'. This view was supported by FGDF1, who said, "the way an OVC is treated at home manifests when he/she is at school or playing with others. That's why as care-givers we do some activities and playing with children so that we can see and discover their challenges that might need an immediate attention".

FGD4: The most outstanding characteristic of OVC mentioned in FGD4 was related to lack of basic needs such as food, shelter, education, medication and clothing. This corroborated what other FGDs noted as the most common views. In this regard, FGD4F1 explained that,

> *I think we tend to complicate the characteristics of OVC by saying many things while deviating from reality. Basic needs such as food, school fees, shelter, medication and clothing can suppress the manifestations of other problems such as emotional challenges, early marriages, drug abuse, street life and theft.*

FGDM2 countered this and said that the basic needs are fundamental to the well-being of OVC but it is important to take note of the fact that the basic needs of children are not only limited to physical needs but also psychological, social and spiritual needs. FGD4M2's remark led the discussion into the second characteristic of OVC as deliberated in FGD4, of emotional challenges such as inferiority complex, poor performance at school, isolation, anger, hopelessness and unhappiness.

The second shared view on the characteristics of OVC from FGD4 was related to living alone and living on the streets as explained by FGD4F2,

> *Orphans are commonly seen by living alone as child-headed household in the community without an elderly person taking care of them. Another characteristic and feature of OVC is living in the streets.*

FGD4F2 agreed that child-headed households in the community are increasing compared to previously where the extended families used to absorb their deceased relatives' children. Nowadays the relatives either choose to support their deceased relatives' orphans whilst they are staying alone or just ignore them. Thus, she emphasised, it has become clear and easy to identify OVC based on the characteristic of child-headed households.

When FGDs 1, 2, 3 and 4 were asked to state what they regard as the major characteristics of OVC challenges in Gutu District of Zimbabwe, FGD1F1 indicated failure to attend school and dropping out of school due to lack of fees, uniforms, teachers' incentives, building funds and text books, explaining that,

> *Education is becoming too expensive for the poor care-givers to send their children to school. Sometimes even if the government through BEAM and*

Capernaum Trust pay fees for the children but their needs are multifaceted to the extent that they will still drop out from school or not going at all because of other unmet needs.

In the same question, FGD2M1 pointed out the lack of adequate nutritious food for OVC because of the poor socio-economic conditions in Zimbabwe. The care-givers are too poor to adequately provide nutritious and recommended meals for the health of children. As a result, most of the OVC suffer from malnutrition and related diseases especially those under the age of ten and those who are chronically ill. FGD2M1 noted that, 'while other characteristics and challenges are also important, the level of malnutrition in OVC due to poverty in our community is very bad'.

Further to this, FGD3F3 indicated shelter as a major challenge and feature of OVC lives, noting that, 'you can easily notice the gravity of the problem of OVC by the nature of the shelter or houses they are living in and this is a major challenge in our community as well'. Psychosocial support was also indicated as a major challenge and lack of it was a visible feature in the lives of OVC in the community. FGD4F1 remarked that, 'most of the challenges that emanate from the OVC phenomenon is because of lack of empowerment in both care-givers and the OVC respectively'. The participants indicated that OVC are seen living in extreme poverty and lack the basic needs of life. All the care-givers' FGDs indicated lack of basic needs as a key characteristic of OVC, inculding food, shelter, medication, education and clothing. Other needs such as psychosocial were indicated as secondary and peripheral needs that can be indirectly addressed through the provision of the physiological needs.

6.1.3 Home-Based OVC Programmes in the Gutu District of Zimbabwe

This question sought to understand the home-based coping strategies employed by care-givers to mitigate the challenges of OVC in the Gutu District. These responses will help to establish the basis for home-based strategies, and whether they are traditional or contemporary.

FGD1: The most popular view indicated by participants in FGD1 with regard to the care-givers' a home-based programme to mitigate OVC challenges was gardening. The

findings indicated that co-operative gardening was implemented by NGOs such as Action Fam, BHASO and DutchCare so that the disadvantaged can make a living out of it. FGD1F2 explains that,

> *Of all the programmes that we are doing at household level and community level, gardening has gone a mileage to keep us busy and produce something for sale at the market. The major challenges we are facing is to find a large market for our products because Mpandawana Growth point is becoming small and competition is growing daily. However, almost everyone is either busy in co-operative gardening or with his/her own garden at family level.*

In corroboration of this, FGD1F3 noted that the implementation of gardening projects started very well and is still operational but the major challenge is where to sell the produce. Furthermore, FGD1F3 indicated that erratic rains affect the sustainability of the gardening projects because they have only one season where the water reservoirs will have enough water. She explained that,

> *In our community, gardening has become a project of everyone but it's not sustainable because of competition and lack of market. You know, when everyone is selling tomatoes, vegetables and onions, the market becomes flooded.*

In addition, FGD1M1 commented that gardening as a programme is being disturbed by political infiltration where the programmes are politicised usually towards election time by political parties. As a result, the political influence demoralises the donors of the NGOs and causes them to withdraw the funding. He added that, 'as we are speaking now it's only BHASO that is operational only in the basis of HIV/AIDS support groups because of lack of funding'.

The second shared view on the home-based programmes indicated in FGD1 was the support groups formulated by BHASO which focuses on many issues that affect care-givers and OVC in Gutu District. They do psychosocial support training for care-givers, counselling for OVC and empowerment programmes for care-givers such as gardening. In this programme, FGDM1 commented that,

> *Whilst BHASO is trying to do its best to help the care-givers and OVC in Gutu District, its major challenges are funding and internal conflict that has affected the smooth running of its programmes.*

The third popular programme indicated in FGD1 was the stokvel (*mikando/kufusha Mari).* The findings indicated that the care-givers within their respective support groups do stokvels, where they allocate a certain amount of money to be given to an individual by a group of people at the end of the month until the last person in the group has benefited. FGDFI explained that,

> *I have found the stokvels programme helpful in taking care of my children because as a widow it is very difficult for me to put together a lump sum of money to pay school fees for my children or to start a project but through stokvels I can put together a reasonable amount to pay school fees and to start projects. However, the major challenge with stokvels is when one member fails to honour his/her due or abruptly withdraw before your chances have come. Again, some members fail to pay their dues within the stipulated time frameworks, which affect the budget of the next beneficiary.*

In support of the above, FGD1F3 explained how she is surviving with the stokvels as a coping mechanism,

> *It is through the stokvels that I bought my cattle and goats after the death of my husband. I have also managed to build houses that can accommodate me and my children. Thus, I also see the stokvels helpful if one is not formally employed. Not only has that stokvel given me friends because it's not only about money but we also share and advise each other on ways dealing with challenges and how to bring up our children.*

FGD2: The most popular view in the home-based programme to mitigate the OVC challenges in Gutu District is the psychosocial support (PSS) programme that was implemented by BHASO through its HIV/AIDS support group. In this regard, FGD2F1 contends that,

> *I am very grateful because of PSS programme through BHASO because it has empowered me when I was hopeless. As I speak now I am not alone who is thankful to BHASO, they did not give money but the information and education they rendered to us was more valuable than money. They are facilitating training a workshop for us as care-givers. BHASO also facilitated the gardening project in collaboration with other NGOs, which is still operational today.*

FGD2M1 commented that the educational and training programmes for PSS from BHASO were very good but because of lack of resources is no longer operational. He indicated that they have only done one programme since 2007. To the applause of other

participants, he explained that,' 'I pray that we may have more of these programmes so that care-givers may continue to be empowered'. FGD2F3 argued that,

> *Whilst our programmes are important we are often disturbed with politics in our villages and our programmes are allegedly associated with political groups that have hidden agendas to de-campaign the main incumbent government. We pray that the chiefs, headmen and other community leaders would come together and support the NGOs that bring programmes that empower and educate the community like BHASO.*

The second common home-based programme indicated in FGD2 was gardening projects initiated by the local NGOs that include BHASO, Action Fam and DutchCare. The findings indicated that the gardening projects and support groups (PSS) united people in the community. Prior to the implementation of co-operatives in the form of gardening people used to do their gardening fragmentally or individually. In support of this view, FGD2M2 commented that,

> *Gardening projects has communally put people together and a unity of purpose has been cultivated in our community. Although, the market for our vegetables is becoming small with competition but at least we are kept busy with these gardening activities.*

In support of the gardening initiative, FGD2F1 remarked that,

> *The other challenge we are facing with gardening in addition to the availability of markets for our vegetables is that water reservoirs are not perennial. It is our appeal to the government or NGOs who started this good work that they should facilitate the irrigation system by drilling boreholes that will help us when the reservoirs of water dry out.*

The third popular home-based programme indicated by FGD2 was extended families' sensitization programmes where all the support groups would conduct village OVC sensitization to encourage the relatives to look after their deceased relatives' children. The findings indicated this programme is run in conjunction with the village child protection (VCP) committees and ward child protection committees (WPC) presided over by the councillors and the traditional leaders. FGD2F3 further remarked that,

> *This home-based programme helps us as care-givers to identify the OVC in our communities and legitimise our support group programmes in the communities because of the presence of community leadership. It is also in such platforms where we find time to table our reports and proposals as care-givers and mobilise the extended families to look after their OVC as the primary safety net proposed by the government through National Action Plan for OVC (NAP for OVC).*

FGD3: The popular home-based programme indicated from the findings in FGD3 was the support groups' programme initiated by BHASO. Findings showed that the BHASO HIV/AIDS support groups have several other community-based initiatives that focus on empowering care-givers and supporting and caring for OVC. A typical example of these programmes includes PSS, gardening, HIV/AIDS testing and treatment. To the applause of other participants, FGD3F2 remarked that,

> W*hen we talk about these home-based programmes, it sounds as if some of these programmes are stand-alone projects yet they are connected to the support group programme initiated by BHASO. Support groups are the main actors in these programmes. Initially people did not want to join the support group fearing HIV/AIDS stigma. They thought HIV/AIDS support groups were only for those people living with HIV/AIDS but when they discovered that it also considers OVCs, empowerment of the care-givers of OVCs and other development aspects. As I tell you now even those who are formally employed are joining.*

In support of this view, FGD3F1 commented that,

> *As you can see now men are becoming part of the support groups though it is a small number but initially it sounded as if these support groups were for women alone. Thus, it is now difficult to talk about child care and support in our communities and left out HIV/AIDS support groups and care-givers. A support group has become a link of many organizations and the government itself whenever they want to come into our communities to deliberate on OVC issues. However, our main challenge is lack of resources, political differences in our communities and sustainability of support from our NGOs. We need motivation from the principal NGOs who initiated the programmes but they are always complaining about funding. As a result, lack of funding for our programmes demoralises the community members to rally behind our home-based programmes.*

FGD3F2 and FGD3F1 had complementary views in support of the support groups which included several other home-based OVC care and support programmes in Gutu District. The support groups are the outstanding home-based programme in FGD3.

The second most important home-based programme indicated by FGD3 was stokvels (*mikando/kufusha Mari*). The findings indicated that the formulation of these HIV/AIDS support groups has influenced the emergence of several home-based

survival mechanisms including the stokvels. It is within these community group networks that the stokvels are practiced, as explained by FGD3F3,

> *Stokvels has taken us thus far. In Zimbabwe, we don't put money in the banks especially here in rural areas and we don't have other means to make our money multiply so that one can be able to pay school fees for children or raising capital for business. However, through the stokvels, I have managed to build a house and start my cross-border trading business. But it is also important to understand that stokvels just like any other business you can win or lose depending with how reliable and trustworthy is the calibre of people you are engaged with in this business.*

Substantiating the other dimension of stokvels, FGD3F1 indicated that in their support group they are no longer concentrating on money but they have moved into buying groceries that they will share towards Christmas, as she explained,

> *The idea of groceries emerged upon the realisation that some of our widows and OVC usually don't celebrate Christmas because of lack of money to buy food to eat. So, we decided to be proactive through turning stokvels into this direction. You know, the good thing about stokvels is that you become a family.*

The third shared view of the participants in FGD3 was advocacy and community sensitization about OVC care and support. The findings indicated that the focus of this community or home-based programme is to encourage the extended families, closest relatives and the community to look after their deceased relatives' OVC as the primary safety net. In support of this view, FGD3M2 remarked that,

> *The good thing about this programme is that it unites the whole community because school teachers, chiefs, headmen and councillors participate. However, the main challenge is that most of these gatherings are ultimately turned into political gatherings because of the presence of community leaders such as councillors, chiefs and headmen*.

FGD4: Whilst there were slight differences in insights and experiences shared by care-givers in FGD4 about the popular home-based programmes, the findings indicated that the views almost replicated those of FGD1, 2 and 3. The popular home-based programme indicated in FGD4 was the co-operatives. In co-operatives (*mushandirapamwe)* it was explained that the only co-operative that is operational in Gutu District is gardening. FGD4F1 notes that,

> *There are so many co-operative programmes that were proposed in Gutu District with the aim of empowering the community at large, OVC and care-givers in particular. Some of them are still on paper because they need*

resources to kick start. The only one that is operational is gardening through the initiation of local NGOs such BHASO, DutchCare and Action Fam. However, as it is now the programme cannot sustain the needs of OVC because there are too many and multifaceted. Thus, there is need for other better home-based projects than gardening.

Furthermore, FGD4F2 commented that a co-operative home-based programme for OVC support is not only gardening and that they also identify the OVC within their group who need help with draught power and assist by co-operative ploughing, cultivating and planting in their fields. She explained that,

In our co-operative, we have deliberately decided to take our co-operative beyond the normal co-operatives by translating it into family set-up where we assist each other as brothers and sisters.

The second shared view from FGD4 was psychosocial support (PSS) which is an initiative of BHASO and implemented in the community through the support groups. Through the PSS home-based programme, findings from the participants indicated that they sometimes do door-to-do house visits of the identified OVC and child-headed households to have time with them as support group care-givers. In so doing, they play with them; make enquiries about whether they need assistance whether mentally, physically, socially and spiritually. The findings indicated that the main challenge is that as care-givers they sometimes discover cases of child abuse to the extent that some OVC open up about sexual abuse perpetrated by their care-givers which may result in the arrest of care-givers and in some cases imprisonment. In this regard FGD4F3 remorsefully observed that,

PSS needs people who have a strong heart at the same time because its either you will be loved or hated with some community members who labelled us sell-outs seeking to expose and implicate others on issues of sexual harassment. I still remember when our group discovered that an orphan was being sexually abused with her brother in-law we reported the case to police and a docket was opened. However, our relationship with that man and his family became so nasty to the extent that peace orders were sought from police to create buffer zones against us who were perceived to be perpetrators, sell-outs and intruders in other people's family affairs.

In support of the above, FGD4M1 shared that PSS is a holistic package that seeks to aid OVCs and care-givers physically, spiritually, socially and mentally. However, their

main challenge in this regard is that lack of resources always hinders them to offer a holistic PSS assistance to care-givers and OVCs. He further postulates that,

> *PSS requires us to offer relevant and appropriate assistance when it is required. For instance, where there is need for school fees we cannot pray and do counselling but instead provide fees. Likewise, if there is need for food, clothes, medication and shelter, we cannot pray and do counselling but there must be a provision for that utility first before applying other supportive PSS programmes. Due to lack of resources we always offer half-baked PSS assistance in our communities.*

The third home-based programme mentioned in FGD4 was stokvels and the findings show that this programme helps to raise capital for buying and selling projects, paying school fees and chicken rearing projects. The participants indicated that they are actively involved in gardening, PSS; HIV/AIDS support groups and co-operatives. It was also indicated that the participants are not independently undertaking these programmes but with the help and assistance of the stakeholders such as NGOs, FBOs, government and politicians at different levels of intensity and magnitude. Whilst they commended the programmes for the good work being done, their main concern was on lack of resources and funding from both government and NGOs.

6.1.4 Relevance of Extended Family in OVC Care and Support in Gutu District

This question sought to establish the views of the care-givers on the relevance of the extended family as a safety net for OVC in Gutu District. The question focused on whether extended family is still relevant and a source of OVC care and support within the communities.

FGD1: The popular view with regard to the utility of extended family and OVC care and support from FGD1 was that extended family is there but that families are no longer united as before and have been affected by modernity. The findings confirm that the extended families previously were united to the extent that no 'orphan' was regarded as an 'orphan' in the presence of his/her parents' brothers, sisters, parents and aunts. The relatives would quickly absorb them into their family structures, which is no longer always the case. In this regard FGD1F1 posits that,

> *During the old days, it was an insult to call a child an orphan in the presence of his/her relatives. Relatives or care-givers were regarded as the biological mothers and fathers of the orphans depending on the relationship with the orphans and the deceased. In fact, calling them orphans was regarded as insult to the care-giver and the child as well. It was also a divisive and discriminatory language to the orphans. People then lived communally, but these days' things have changed; it's now a burden to look after another person's children, even if they are your close relatives' children.*

In support of this view, FGD1F3 added that people in the old days were not greedy compared to the current generation that is selfish, individualistic and vindictive. Thus, their good spirit would easily accommodate their deceased relatives OVC, which is not the case with today's families who may hold a grudge even against a dead person. She further argued that,

> *Even if that deceased person had strained relationships with his fellow relatives when he/she was alive, once he/she dies the old generation would regard him as a good person. Thus, this follows the Shona adage that says,'wafa wanaka'- (a dead person is at peace) meaning is living at peace with everyone in the family.*

Whilst this was the popular view indicated by care-givers from FGD1, there were also other views raised by participants that stipulated that extended family is relevant but constrained by the multiple demands of OVC, relevant but affected by the socio-economic dynamics prevailing in the country. Others indicated that it is no longer relevant but an obsolete approach that needs to be merged with the modern technology of child care and support.

FGD2: The main view on the relevance of extended family in OVC care and support from FGD2 indicated that it is still relevant but marred with poverty and greediness. In this regard FGD2F2 argues that,

> *Extended families worked very well in the past because people were not much affected with poverty. They depended on farming and livestock. They were receiving adequate rains and their livestock had grazing areas/lands. Food was not a challenge to people and hence, they were generous compared to today's families. I remember my mother used to call people who were not even our relatives to pass through our fields to take watermelons, groundnuts and groundnuts to eat. Contrary to that, today's extended families have disintegrated due to poverty, greediness, modernity and competition.*

In support of this view, FGD2M1 commented that if the closest relatives of the deceased fight over the wealth of their deceased relative at the expense of his children this indicates greediness. He further states that,

> *Today's extended families are characterized by exploiting their deceased relative's orphans, sharing the wealth of their deceased relative at the expense of their children and also abusing and exploiting their relatives' OVC. As a care-giver, I often came across such scenarios in our communities, where OVC complain of abuse and of their parents' inheritance taken and shared among their relatives.*

Related to this was a view raised by FGD2F3 that unemployment was not rampant then and people within their family structures had income to support and care for each other's OVC unlike today. Whilst the issues of poverty, greediness and competition emerged as the popular view, there were other views from other participants that were related to this, including modernity, political differences, family disintegration due to work and land redistribution that dispersed the families while others regarded extended family as an outdated approach.

FGD3: The popular view which emerged from the participants in FGD3 was that extended family is still relevant but has been constrained by the multiple demands of OVC. FGD3F1 indicated that the needs for OVC have increased and strain the capacity of extended family. She further remarked that the traditional society's deadly diseases such as HIV/AIDS and cancer have exacerbated the demands of OVC, and that education was not an issue then it is now. In support of this view, FGD3M2 commented that,

> *The demands for OVC care and support is now beyond the capacity of extended families. There is a need for the government and NGOs to intervene with resources, food hand-outs and school fees for the children. It must also be known that prevalence of OVC has been exacerbated with the advent of HIV/AIDS that have increased adult mortality at an alarming rate.*

In corroboration, FGD3M3 remarked that the multiple demands of OVC have been caused by modernity that has undermined traditional approaches in child care and support and may label some approaches as child maltreatment. For instance, in traditional societies children were regarded as chattels but now have rights that require

care-givers to fulfil many duties and obligations. To substantiate his view, FGD3M3 explained,

> *The needs of OVC have increased because of the contemporary society that we are living in to include but not limited to subsistence, protection, affection, understanding, participation, freedom, identity, creativity, idleness and transcendence, which are very difficult to be fulfilled with an extended family alone.*

FGD4: The popular view in the relevance of extended family to OVC care and support from FGD4 was that it is still relevant but affected by family divisions and disintegration due to work and land redistribution. The findings indicated that in the traditional societies, people were living together in the same area as family. Contrary to this, the present-day families have been disintegrated by work, land redistribution and intermarriage. FGD4M1 states that,

> *You know family dispersion and disintegration has polarized the efficacy of extended family in OVC care and support. Some of my blood relatives have relocated to Muzarabani following land redistribution. This distance means a lot when a relative die; the OVC can't leave their deceased parents' homestead to join the extended family that has migrated that far. Due to urbanization, some families are permanently living in urban areas where there is not enough space to accommodate the OVC even if they are closely related.*

In support of this view, FGD4F2 added that land redistribution in Zimbabwe has divided families, and families are no longer living in nuclear arrangements as they used to do, which makes it difficult for extended families to absorb their relatives' OVC. Related to this sentiment, FGD4M1 remarked that, 'When both of our parents died, we were told that some of our relatives had relocated to Gokwe through the land redistribution, but what surprised was that these so-called relatives of ours did not attend both of my parents' funeral. So, to me its common knowledge to understand that although we are related but due to distance the relationship has diminished'. Table 6.33 below illustrates the popular views in each of the FGDs on the relevance of extended families in Gutu District.

The participants unanimously concurred that extended families are still intact and relevant as the primary OVC care and support safety net. However, they indicated major challenges that are affecting extended families to achieve sustainable livelihood of OVC on their own as including modernity, poverty, multiple demands of OVC,

divisions in the families and the use of some obsolete traditional approaches that infringe on the rights of children and women like inheritance and imposition of guardians from the relatives.

6.1.5 The Kings Granary (Zunde Ramambo) in OVC Care and Support in Gutu District

This theme sought to establish the understanding and the relevance of the Kings Granary as the traditional welfare model in the Shona communities of Zimbabwe. The main idea was to find out whether it is still being utilised in the Shona communities or is completely submerged by modern approaches.

FGD1: The popular view about the Zunde ramambo was that although it has been undermined by the modern welfare system such as social welfare and the prevalence of NGOs, the Zunde ramambo is still relevant in Shona communities. The findings further indicated that despite greediness and corruption that undermine traditional leadership the social welfare is a development of the Zunde ramambo concept. In support of this view, FGD1F1 explained that,

> *Whilst Zunde ramambo can still be relevant today because the traditional leaders' structures are still there in our communities but its essence has been distorted with modernity. It was working long ago because communities were united and were living as family and the King/Chief was regarded with due respect as a father to the community. This is now a different scenario where the kings/chiefs are being embroiled in the corruption and greediness of the land. Chiefs/kings are now being used as political rubber stamps of the political elites; they convert the assistance that is meant for the disadvantaged into their pockets. Thus, the characteristics and personalities of some of the chiefs in our communities have distorted the essence of the Zunde ramambo welfare model.*

Complementing the above view, FGDF2 commended that the chiefs/kings in the historical communities were unifiers and hence the Zunde ramambo, which is a co-operative welfare model whereby the community works together on a piece of land and stores the grain for the poor under the leadership of the chief, was relevant. The findings also indicated the communitarian governance of communities has been eclipsed by capitalism or individualism governance systems where Zunde ramambo has become subsumed into modernity.

FGD2: The popular view about the relevance and the utility of the Zunde ramambo welfare model in today's communities is that it is still relevant but its utility has been overtaken by the demands of the OVC. Findings indicated that the Zunde ramambo is only being talked about but is no longer practiced. The evidence from the findings indicates the reasons for the non-functionality of this traditional model as the multiple demands of the disadvantaged in the communities. FGD2M1 reiterated that,

> W*hilst the welfare concept is still the same with the modern social welfare and NGOs, I believe that Zunde ramambo is still relevant in our modern society but due to the multifaceted challenges of OVC in our modern society, it can work as a complementary welfare model to other models that are operational in our societies today like social welfare, NGOs and the churches. When implemented alone, the Zunde ramambo cannot manage to mitigate the OVC challenges and foster sustainable livelihoods.*

In corroboration of the above view; FGD2F2 commented that the modern challenges of societies are too complex and multifaceted for a single welfare model to be able to foster sustainable livelihoods. The Zunde ramambo could sustain people previously because populations were small, climatic conditions were favourable (people would receive adequate rainfall to guarantee a good harvest) relative to the current experience of regular drought periods. FGD2F2 emphasised that the demands of the disadvantaged people in the society are multifaceted, complex and more than the Zunde ramambo model of care and support can sustain. Thus, the Zunde ramambo is still relevant but needs to be integrated into modern technological models to achieve sustainable livelihoods for the disadvantaged in the society.

FGD3: The popular view that was suggested in FGD3 was that the Zunde ramambo model of welfare is still relevant but marred by poverty and drought. This view goes in tandem with the FGD2's popular view that the Zunde ramambo welfare model as a concept is still relevant but constrained by the increase of challenges associated with the disadvantaged in the present societies. It should thus be upgraded to meet the demands, as FGD3F1 remarked,

> *About the Zunde ramambo welfare model, we are just being informed by the elderly people that it was working during those days but in our days, we were only called to the Zunde ramambo only once by Chief Gadzingo. In accordance, we planted and sowed our seeds but due to drought nothing came out of that piece of land that year. As we speak now we have never been called for another*

Zunde ramambo project here in Gutu District. We are just hearing that in other regions like region 1 &2 where they receive better rains the chiefs are still administering the Zunde ramambo scheme but not in Gutu District. The main reasons for that shift according to me is poverty and droughts that we are constantly experiencing these days that have distorted the practical implementation of the Zunde ramambo model of welfare.

In support of this view, FGD3M2 observed that,

Because of poverty and droughts in our area the Zunde ramambo welfare model remains can be conceptualised as a geographically and climatic relative model than considering as relevant to all places. However, it can be noted that the Zunde ramambo concepts has mutated into other forms to suit modernity like the social welfare and NGOs being administered by chiefs through the politicians. This is because even chiefs in our communities are now political figures on government pay roll. Hence, due to poverty and droughts the Zunde ramambo welfare model is being administered by politicians on behalf of the chiefs through the government arms such as social welfare and NGOs.

From what FGDF1 and FGD3M2 explain it evidently indicated that the concept of the Zunde ramambo is still relevant but it has experienced some changes due to administrative shifts that took place in modern societies like the political and NGO administrative welfare systems.

FGD4: The popular view in FGD4 which is almost similar to the shared views in the previous discussion was that the Zunde ramambo welfare model is still relevant as a concept but has been distorted through political differences in the societies and through interference. In this view, FGD4M1 notes that,

The introduction of the multiparty political systems after independence has destroyed the unity of purpose in our formerly cultural fabricated societies. People's minds are now saturated with their political movements and beliefs to the extent that any project that calls for the unity of purpose from the society will be choked with political differences and interference. To be more explicit, those who belong to MDC political party will sabotage the project because it is being run with the chiefs who are more inclined to ZANU-PF political party. Thus, the Zunde ramambo welfare model which is more relevant in the societies where people are united cannot be more vibrant and successful in these present communities like Gutu District that has been divided on political grounds.

In corroboration of this view, FGD4F1 pointed out that in the 2008 post-electoral conflicts between the MDC and ZANU-PF supporters in the re-run presidential elections, the chiefs were used by the ZANU-PF party to torture people who belonged

to the opposition party. This post-election conflict has created enmity in Gutu District to the extent that the chiefs no longer have the respect that they formerly had. Thus, any development project that is being administered by chiefs encounters resistance because of the previous atrocities that they inflicted on people on political grounds.

The participants indicated that the Zunde ramambo is still relevant but affected by greediness and corruption that is rampant in the local communities. The participants also indicated that the Zunde ramambo is relevant but constrained by the multiple demands of OVC. Poverty and drought affect the crops and livestock in the rural communities of Zimbabwe. Further to this, the participants indicated that the Zunde ramambo welfare model is relevant and could be improved if it were not for the political environment that destroyed the autonomy of the traditional leadership in the local rural communities of Zimbabwe. The chiefs, headmen and village heads are now incumbent on government's political party representatives that have caused discord and sabotage of programmes in the Gutu District.

6.1.6 The Nature of OVC Assistance from Various Stakeholders in the Gutu District

This theme sought to establish the nature of assistance that the care-givers are given by various stakeholders in support of OVC in Gutu District. These OVC stakeholders include but are not limited to NGOs (BHASO, Capernaum Trust, Action Fam, and Dutchcare), Government line ministries (Education, Social Welfare, Health, Registry, National Aids Council) and FBOs (ZCC, UDASIZA, EFZ, CRS) in the Gutu District.

FGD1: The care-givers in FGD1 indicated the NGOs as OVC stakeholders' assistance as the most popular in Gutu District. Whilst the participants acknowledge the other stakeholders' assistance, FGD1 unanimously agreed that NGOs' assistance is the most popular in Gutu District rural communities. FGD1F1 explained that,

> *As care-givers we are very thankful to NGOs such as BHASO, Capernaum Trust, Action Fam and DutchCare for implementing programmes in Gutu District that are assisting OVC in different ways. BHASO has formulated support groups which are offering PSS, counselling and advocacy for OVC support and care, Capernaum Trust is paying school fees for intelligent OVC, and Action Fam, DutchCare and BHASO have implemented the gardening co-operative programme in Gutu District. Although these programmes from NGOs are not fostering sustainable OVC livelihood in our communities but they have*

gone a long way in trying to mitigate OVC challenges in our communities. The reason why such programmes are not sustainable in my view is because as families we need food, shelter, clothes and health more than other services we are getting from the other stakeholders.

In corroboration of the above, FGD1F2 commended NGOs that had complemented the efforts of extended families in OVC care and support in Gutu District. She indicated that before the expulsion of most of the international NGOs the OVC had enough support from this stakeholder group. Children were being given clothes, food packs, school fees, uniforms and books. On the other hand, the findings indicated that the current local NGOs focus on empowerment citing lack of funding to assist OVC with food packs and clothing. Findings in FGD1 indicated that the government and FBOs are also popular stakeholders supporting OVCs in Gutu District. However, FGD2M2 remarked that, although, FGD1 agree that NGO assistance is the most popular, there are also other important players assisting OVC in Gutu District.

FGD2: While FGD1 indicated the NGOs assistance as the most popular OVC assistance, the FGD2 indicated that government assistance was the most popular. FGDM1 remarked that,

The government through its government line ministries such as social welfare, education and ministry of health are offering OVC assistance in the form of school fees through BEAM, food packs to the most critical OVC as disability and free medication to other OVC. However, the main challenge with the government assistance is lack of consistency. It can be found today and tomorrow you may not get it.

In support of the above, FGD2F2 added that support of OVCs is always part of the government budgets but the problem is political infiltration, bureaucracy and corruption in the government structures that results in OVC failing to access their benefits. She explained that,

For instance, here in Gutu cases of the government workers diverting money, food packs and other things that are meant to be given to disadvantaged people in Gutu District are rampant.

FGD3: The shared view from FGD3 on OVC assistance from the stakeholders in Gutu District was that FBOs provide strong support. The findings indicated that whilst the assistance that comes from the church is not publicised in Gutu District, the churches

are becoming more popular in OVC assistance than other stakeholders. The findings indicated that it is possible for churches to support OVC because they are always with them every Sunday if not every day. Thus, they see their challenges and problems at close range unlike the government and NGOs. FGD3F1 observes that,

> *In our church after every two months our Pastor facilitates giving of the OVC inform of food hand-outs, clothes, blankets and school fees to the well-wishers. Our church doesn't only end with OVC; we also give the widows in Church. However, the main challenge is the magnitude of the assistance one will take home because widows and OVC are increasing in number on daily basis. Whilst we appreciate the effort that the church is showing every time but there is no sustainability in what we get from the church.*

In support of this view, FGD3M2 explained that the prevalence of the mission schools and hospitals in Gutu District is evidence that the church is assisting not only OVC but the communities at large in Gutu District. He further indicated that the issue of mission schools and hospitals owned by the Roman Catholic and Dutch Reformed Churches can be regarded as support at macro level. At micro level, FGDF3 explained that,

> *In our Baptist church, there are several boys and girls who were sent with the church to Hubvumwe Vocational Training Centre to pursue some vocational courses so that they can help themselves thereafter. However, the church selected just a few out of many OVC who are just loitering without anything to do.*

Whilst assistance and help seems to be extensive from different stakeholders the question that continues to challenge is why there is no sustainability of OVC livelihoods in Gutu District.

FGD4: It appears that all the stakeholders' OVC assistance is over, but the FDG4 uniquely acknowledges the assistance rendered to OVC by individuals or the business community in Gutu District. FGD4F1 acknowledged that for the past two years a well-wisher from the business community from Gutu Mpandawana Growth Point was assisting their family with school fees, food, clothes and to build a house where they are living. The findings from the care-givers' confirmed that MRX helped a number of families in his personal capacity, as FGD4M1 asserts,

> *I was staying in ramshackle buildings until we met MRX at our church when he came to fellowship with us and introduced his personal ministry of help and giving. After he had finished sharing the word of God he announced if there were widows and OVC in the church and quite a number of us stood up. He*

asked his wife to write down the names of care-givers and their dependents. Two weeks down the line he came back at our church with a truck full of groceries and clothes and shared them to almost everyone he had taken down his/her name. As if that was enough, he identified people that were in need of shelter and built for each of us a three-bedroomed house. If we had others like him, our OVCs' livelihood will be greatly improved.

The findings further indicated that there are several of these business people who offer such assistance privately to different OVC and widows in the community, especially from the churches. The other group of individuals that offers assistance to OVC and widows in Gutu communities are politicians especially during the time when they are campaigning for elections. The findings indicated that assistance from the politicians is once-off campaign support that is not sustainable but they can help with something fundamental. Related to this FGD4F3 notes that,

During the 2013 harmonised election campaigns in our communities, most of the widows and OVC benefitted from the different political candidates who wanted to be voted for. Unfortunately, this support was just a once-off thing; they drilled boreholes for the communities, donated free seeds, food packs and clothes to just mention but a few.

Whilst such assistance from the political party leaders can be found, the findings indicated that it results in most of the vulnerable community members being exploited and abused differently by these political activists.

. The participants indicated that they receive assistance from NGOs in the form of PSS, gardening and school fees. They also receive support from the government through its different arms in the form of school fees, health education, food and birth registration. They also indicated that FBOs assist them in different ways like school fees, alms-giving or donations of different items, counselling and shelter, among other things. Finally, they indicated the assistance they receive from the politicians who usually appear when they want to be voted for and disappear when they are voted for.

Despite the indication of such stakeholder assistance, the participants indicated that sustainability is still lacking in OVC care and support in the Gutu District due to lack of harmony among stakeholders, political interference resulting in the termination of NGO contracts in Zimbabwe, and the overburdened socio-economic status of the country.

6.1.7 Remedial Mechanisms of OVC Challenges in the Gutu District

The question around this theme sought to establish the care-givers' perceptions and views on what could be done to mitigate the burden of OVC in the Gutu District. These possible responses will be corroborated with what the OVC and key informants have suggested should be done under the same theme in the chapter on data analysis.

FGD1: The popular view that was suggested as a remedial mechanism to OVC challenges from the FGD1 was free education and medication for OVCs under the age of 18. The findings indicated much emphasis on such policies that benefit the disadvantaged in the communities. It was indicated that education and medication are fundamental rights of any human being, and more importantly to an OVC who cannot easily access these if the government does not facilitate access by enforcing its policies. FGDF2 proposed that,

> *As a care-giver, I am proposing that the educational and medical policies in Zimbabwe should enforce free education and medication for OVC under the age of 18. We are informed that soon after independence, free education and medication was implemented and our country attained the highest literacy rate in Africa but maybe due to economic challenges things have changed. Our children are being expelled from school for not paying school fees and there is no free medication for our children.*

In corroboration of this view, FGD1M1 added that it was not an issue of poverty because the country had resources that need to be extracted and used for development purposes. To substantiate his point, he explained that, 'for instance in Manicaland, we have diamonds in Chiadzwa area that is being exploited for other purposes yet the OVC and disadvantaged people in that area are in poverty. They are not going to school. I therefore support free education and medication for OVC'. Whilst other ideas were deliberated in FGD1 about the possible remedial mechanisms for OVC challenges, free education and medication were the most popular view in this group discussion.

FGD2: The findings in FGD2 indicated that the relationship between the NGOs and the government must be cemented especially with the international NGOs whose contracts were recently terminated on political grounds. `FGD2F1 stated that,

The main problem that is destroying the relationship between the international NGOs and the government in Zimbabwe is that community leaders are emphasising more on the politics of the land than humanitarian security and development. This is not only on the side of the national politics alone, but even the international community that have imposed sanctions on the country for political reasons have further widened the rift between the government and the NGOs thereby worsening the condition of OVC. Thus, lack of a harmonious relationship between the government and the civil society in Zimbabwe has worsened the lives of people at grassroots level.

In support of the above, FGD2F3 observed that the local rural communities have been divided by politics to the extent that even the closest relatives hate each other and do not agree. She further indicated that there was a time when even the churches were meddling in politics and whatever activity they were doing was under political surveillance. To substantiate this, she explained,

I think the ghost of 2008 post-elections and inter-political party conflicts in Gutu District is still haunting the relationship of the government and the NGOs because there are serious divisions at grassroots level.

FGD2 proposed the reunification of the NGOs, government and the civil society groups that had been torn apart by politically motivated conflicts in Zimbabwe as a mitigation measure for OVC challenges. The findings advocated for the establishment of a truth and reconciliation commission throughout the country to restore relationships in the community.

FGD3: The popular view in remedial mechanisms for OVC challenges suggested by FGD3 was funding of projects and resources provision from the government and NGOs. This was predicated on the idea that if people are given resources and funding for co-operative businesses and projects they can be self-sustaining without depending on alms-giving and support from other organisations and government. In this view, according to FGD3F1,

Our main problem is the dependency syndrome that was created by NGOs and by the government soon after independence. Up to today people are only looking forward to be given and not to work on their own. However, as care-givers we want to work for ourselves but we don't have money and resources to kick-start the projects as individuals, families and co-operatives within our communities.

This was supported by FGD3M2, noting that if people are to be empowered with adequate resources to run projects this would help to support OVC rather than waiting for the government and NGOs that sometimes promise but do not deliver. He explained that,

> *Do you still remember in 2008 when the government through social welfare had to implement the NAP for OVC programme in a consortium with NGOs and other stakeholders in Gutu District? So much was promised on people but almost nothing was fulfilled citing the funding challenges and resources to run the programme.*

Findings from FGD3 have shown that there is lack of financial support in the community-based projects that are meant to support the disadvantaged in Gutu District. Thus, the appeal from the care-givers is that if they can be adequately funded, they can achieve a sustainable livelihood for their OVC rather than depending on alms from the church, NGOs and government.

FGD4: Whilst many remedial mechanisms in mitigating OVC challenges were suggested in FGD4, the participants indicated the revival of food hand-outs from NGOs and social welfare to mitigate OVC challenges. It was noted that all other support is on a long-term basis but food hand-outs are an immediate solution to hunger and can give energy for one to work towards the long-term solutions, as explained by FGD4M1,

> *Ever since international NGOs' contracts were terminated paving the way to the local NGOs, we are no longer receiving food hand-outs but assistance in the form of empowerment. It is good to be empowered but if you are hungry that empowerment is half-baked. So, I do propose food hand-outs first so that the educational programmes can be attended to properly.*

In support of the above, FGD4F2 commented that food hand-outs came to an end when the international NGOs distributed food with political party symbols that resembled that of the opposition parties. The incumbent party accused them of politicising food hand-outs in campaigning for the opposition political parties. Findings also revealed that OVCs are dying of malnutrition diseases because of a lack of healthy food. As a result, all other assistance should be considered after the food hand-outs have been distributed to people. The participants suggested free education and medication, harmonisation of stakeholders' relationships, the funding of their home-based care programmes that are the sources of income, and the revival of food hand-outs from the

NGOs and the government. Since the international NGOs' contracts operating in Zimbabwe were terminated in 2007 on political grounds, the issuing of food hand-outs is now very scarce and this has made the lives of OVC more difficult.

6.2 NATURE OF OVC CARE AND SUPPORT AND COPING STRATEGIES (OVC FGDs)

The findings from the FGD for OVCs were presented in the same sequence as the questions were conducted during the sessions. The questions were converted into themes and data were presented within the categories and scope of those themes. Similar to FGDs for care-givers, tables were used to illustrate the popular views that emerged from the FGD in every theme discussed in the study.

6.2.1 The Concept of OVC in the Gutu District

This theme sought to establish the understanding of the OVC concept from the OVC themselves. This understanding was sought both from the care-givers and OVC for triangulation of the participants' views. The findings associated with the OVC understanding of the OVC concept would assist the study in establishing the nature of OVC care and support and the intensity of the OVC challenges in the Gutu District.

FGD5: The popular views from the OVC was that an orphan is a child under the age of 18 who has lost one or both parents through death, while a vulnerable child was regarded as a child under the age of 18 with one or both parents or without a parent but living in extreme poverty. FGD5B3 explained that,

> *Whilst orphans used to be known by not having all the parents but nowadays even those with a single parent are also called orphans and a vulnerable child can be an orphan or a child with both parents but whose parents cannot afford to provide him/her with the basic necessities of life.*

In support of the above, FGD5G3 added that vulnerability can be found in a child under the age of 18 with or without parents and the definition of an orphan is primarily defined by the death of one or both parents. She explained that, "once one lost a parent or parents while below the age of 18 it ushers one into vulnerability context both physically and psychologically".

The second view in the understanding of OVC was associated with the double orphaned children under the age of 18 only while the single orphans should be regarded as vulnerable children. However, FGD5B4 noted that this does not mean that the single orphaned are not orphans but in terms of parental care and support they are better positioned than the double orphaned children. In view of the vulnerable children, FGD5B4 explained that,

> *Vulnerable children are children under the age of 18 with chronically ill or disabled parents to the extent that they cannot afford to provide the basic needs for their children or it can be the children under the age of 18 who are chronically ill or disabled.*

In corroboration of the above, FGD5G5 emphasized that the relationship between vulnerable children and orphans is that orphanhood is another category of vulnerability. The findings have shown that vulnerable children include orphans, children with parents living in extreme poverty, children with chronic illness, children with parents who are chronically ill and children who are in marriage at a very young age.

The third view in the understanding of orphans by OVCs was associated with children under the age of 18 who lost both parents and living as a child headed household without an elderly person taking care of them. It was further remarked by FGD5G5 that, "the absence of parents and elderly people to take care of the orphans is the premises of what an orphan is. All the other characteristics and features that define an orphan will be there to reinforce the absence of the parents and elderly people to look after an orphan". The participants predominantly indicated that an orphan is a child under the age of 18 who has lost one or both of his/her parents through death whereas a vulnerable child is a child with either one or both parents alive but living in extreme poverty, chronically ill or inherently careless in taking care of their children. Whilst these were the most popular concepts of OVC, it was also indicated that sometimes OVC can be understood beyond the age-based definitions especially in the more rural and traditional communities but based on poverty, disability and the death of parents or a guardian.

6.2.2 Characteristics and Features of OVC in the Gutu District

The characteristics and features of OVC was gathered from the care-givers and for triangulation and corroboration purposes, the views for OVC are necessary to validate the gravity of the burden of OVC in Gutu District.

FGD5: The findings on the characteristics of OVC from FGD5 indicated a lack of the basic needs such as food, shelter, education, clothing and psychosocial support as a popular view from the participants. FGD5G1 remarked that,

> *Whilst there are other features/characteristics of OVC, lack of basic necessities for survival that include food, shelter, clothing and school fees are very critical to OVC. As an OVC sometimes you cannot afford the required meals of food per day, which result in the challenge of malnutrition. Further to this, OVC can be seen living in ramshackle or shabby houses and not changing the same clothing for days.*

In corroboration, FGD5B4 pointed out that OVC in the community are popularly identified by not going to school either because of lack of school fees, food, uniforms or parental guidance from home. FGD5B4 explained that,

> *Lack of basic necessities for life due to extreme poverty we are experiencing and negligence from the community and relatives is the trigger point for all the other features and characteristics of OVC. For instance, if there is no food; you don't go to school even if school fees is fully paid for. Likewise, if you don't have clothing especially uniform, you don't go to school and participate in other activities. If I am to count the days I am not going to school because of lack of these basic needs, they are too many. Teachers are just being kind not to cancel my name in the register because of my status.*

The second common view indicated by OVC in FGD5 was that OVC are seen living alone as child-headed households without older people taking care of them. FGD5G3 agreed that OVC makes a lot of wrong decisions about life such as child prostitution, taking drugs, early marriage and even going to stay in the streets because of lack of parental guidance. Findings from the OVC in support of this view indicated that child-headed households as a characteristic of OVC is mainly caused by the broken extended family structures that used to absorb orphans. To substantiate this view, FGD5B4 explained,

> *I am living with my young brothers and sisters as a child-headed household because when our parents died our close relatives rejected us, citing the differences they had with our father. This led us to choose this kind of life. So,*

for me child-headed household is another feature that shows that somebody is an orphan or a vulnerable child.

In support of this view, FGD5G6 pointed out that OVC who are living as a child-headed household are more visible and exposed to the challenges associated with OVC because they do not have an older person to look after them, as she explained,

Even if you want to pretend as if you are not an orphan but as long as you are a child-headed it can be easily noticed because the vulnerability context and features of a child-headed family are too broad.

The third view from FGD5 was that emotional challenges are also features that indicate that someone is an OVC. OVC tend to be unhappy, cry a lot and are taken up by their problems. As a result, they experience many emotional challenges, as FGD5B1 explained,

As an OVC you are always emotionally challenged because the responsibilities you are forced to undertake with circumstances at your disposal are too heavy to carry. Sometimes if you have been absorbed into extended family or being cared for with a close relative, treatment you receive from these care-givers emotionally disturbs you. Some express their vindictiveness and hatred of your deceased parents, all the wrongs that your parents did you will pay for them through labour, abuse and verbal attack. I still remember, one day I was told with my Aunt that I was to die the same way my father died.

In support of the above view, FGD5G3 concurred that emotional challenges are some of the key experiences of OVCsin Gutu District, and explained that,

If I remember the way my deceased parents' wealth was shared and squandered as an inheritance among my fathers' relatives, it makes me emotionally disturbed. That's the reason why we chose to stay alone as a child-headed household while they are there. They proved to us that they are heartless. In addition to that, as orphans whenever we encounter challenges as human beings we are forced to think that if our parents were alive it would be much better.

The fourth shared view in the characteristics of OVCs from FGD5 was living in the streets, taking drugs, child prostitution, and begging for food. In this regard, FGD5F6 indicated that the streets children are pushed to live that life because they have been abandoned by parents, relatives and the community. Thus, their behaviours are a true reflection of the characteristics and features of OVC in Gutu District. The findings indicated that street children are involved in child trafficking, child prostitution, taking

drugs and begging for food in the streets. The participants indicated that OVC are identified by the lack of fundamental needs of life, living as child-headed households, always being in an emotionally challenged state, or living in the streets and early marriage and work. The participants indicated that these and many other characteristics are common in the OVC living in the rural communities like Gutu District because they do not have any reliable source of income.

6.2.3 The Needs and Interests of OVC in the Gutu District

This theme sought to establish the diverse needs and interests of the OVC from their own perspective. This in turn would enable the study to gather enough evidence on whether the OVC phenomenon negatively influences the socio-economic status of care-givers in the Gutu District. The findings from this theme were meant to empirically show the nature of OVC care and support that the OVC themselves envisage as being necessary for their sustainable livelihood from the stakeholders within their communities.

FGD5: The findings from FGD5 indicated that the main need for OVC in their view was a sustainable supply and provision of food. FGD5G1 explained that,

> *I think of all the needs and interests that we have as OVC; food is the most critical need. All other needs are also important but they come secondary to food. As OVC we can think of going to school after we have eaten food. Without a sustainable provision and supply of food even if school fees are paid for and even if one lives in a well-furnished and decorated house, life will continue to challenge. To tell you the truth some of us were not going to school because we don't have school fees because BEAM and Capernaum Trust are assisting us with fees but going to school without food is difficult. We will rather go to work and sell vegetables to get food than going to school.*

In support of this view, FGD5B1 commented that while it is difficult to compare the value of needs and interests as OVC, he argued that food, education, shelter, medication, clothing and psychosocial support are a necessity but that food is the most important need. He explained that, 'whilst all the other needs are fundamental to us, food is the most fundamental because it is life. Education, good shelter and clothing is more of luxury when one is full'.

In corroboration of the above, FGD5B1 asserted that,

> *I support that food is the most fundamental need to us as OVC here in Gutu District. Ever since the NGOs started their empowerment and development approach without the provision of food packs, we are more vulnerable and instead of going to school we are spending more time working in other people's gardens for food. I for sure chose to go to school thrice a week and the other two days plus weekend I go to work for food.*

The second most popular view from FGD5 regarding the needs and interests of OVC was shelter. The findings indicated that when one has food then a proper shelter is need. FGD5B2 commented that,

> *After one has enough food he/she needs a decent shelter to reside in. If one is given food and doesn't have a decent shelter, he or she will continue to lead a miserable and vulnerable life just as a street kid. There are so many good Samaritans that are giving street kids food out there but what makes a street kid more miserable is not that they don't have food but they don't have shelter. According to my own view, while I support that food can be rated as a fundamental need to OVC it can be equally rated with shelter and/or shelter to be rated second to food as a basic need.*

FGD5F3 added that food and shelter are difficult to separate as fundamental needs for OVC because when one is given food he/she still needs to be living somewhere and where he/she lives has a bearing on one's sustainable livelihood.

The third popular view in the order of needs and interests of OVC was indicated as clothing since the integrity of an individual is in clothing. Thus, the OVC pointed that if one has food and shelter one then needs to be properly dressed. Lack of proper clothing was noted as one of the features of OVC. In this context FGD5F4 said that,

> *It is easy to tell that this is an OVC or not by the way he/she is dressing. Most of us we take more than a week or more before changing the clothes. To make matters worse, even school uniforms if one must put it on for the entire week. In fact, most of us, we go to school barefooted and without jerseys even in very cold weather. So, I really support the order that food is the most fundamental, followed by shelter and clothing...*

In support of the above need, FGDB3 commented that this need, once one is met invites the other. Thus, the needs are never fully met, but nonetheless food, shelter and clothing are the most fundamental in the lives of OVC. FGDB3 observed that, "I appreciate those very much well-wishers who are specialising in giving us food and paying school fees but I think their assistance to us as long as they want us to lead a happy life there

must be the provision of clothing which is one of the areas of our needs that is overlooked by most of our helpers".

The fourth most fundamental need for OVC was indicated as health or medication. There was some contestation from the participants, some citing education, but it was unanimously agreed that education should come at a later stage after health because health is life. In this regard, FGD5F3 observed,

> *Health is very important and fundamental to OVC especially in the case of those who are chronically ill and those who are on different treatments before we talk of the unforeseeable ailments. The need of health/medication can cause a reshuffle of this order of OVC need and interest because one cannot consider shelter and clothing to be more fundamental than health*.

In support of this view, FGD5B2 commented that the present-day environment with outbreaks of different diseases demands that people are proactive rather than reactive but because of poverty health is not taken as important and fundamental. However, the findings indicated that health should be embedded in all activities. For instance, FGD5B2 emphasized that the supply of food must be done with health in mind, and shelter and clothing must be conducive for the health of OVC.

The fifth fundamental need and interest of OVC indicated by the findings was education, which FGD5G1 noted as being at the periphery of the most fundamental needs that include food, shelter, clothing and health. However, without compromising the importance of education, FGD5G1 observed that,

> *I think I can concentrate better at school when I have a sustainable supply and provision of food, good shelter, appropriate clothing and health. So, it is therefore my proposal that paying of school fees must be considered last after these other needs are met. Sometimes, you feel like if the BEAM and Capernaum Trust knew our situation at home they would not pay fees without providing us with food, clothing and shelter because we will be forced be absent from school even if our fees are paid up.*

In corroboration of this view FGD5B4 commented that some people considered education a luxury because they lacked the fundamental needs, and explained that,

> *I had to drop from going to school so that I can concentrate on working for food for my young brothers and sisters not because fees were not paid up. BEAM continued to pay for my school even if I was no longer going to school. My receipts as a confirmation for fees payment were being sent home. I wish if I*

had food and that I would continue with education but I considered it luxury without food at home.

The sixth fundamental need and interest for OVC was indicated as psychosocial support. This need includes several other needs such as counselling, parental guidance, psychological needs, identity and socialization. Whilst the participants indicated there are more phrases that could have been used to classify PSS, it contextually agreed that it means psychological, social and other physical needs that were not mentioned in the hierarchy. According to FGD5G6,

> *Since there are so many challenges that emotionally affect the OVC, there is need for the provision of counselling, cultural orientation or identity and socialisation, which stand out to be lacking in most of the OVC because it requires professionalism and appropriate approaches that will not aggravate the emotional challenges of the victims.*

In corroborating this view, FGD5B3 commented that some care-givers do not listen to the concerns of OVC. They did not allow time to socialise with peers, calling it laziness, and wanted people to always be at work. He added that one reason why orphans don't have birth certificates was because when care-givers were asked to facilitate these it was viewed as being too demanding. As a result, that affected OVC socially, physically and psychologically. The OVC indicated that they prioritise food, shelter, clothing, health, education and PSS. However, they indicated that PSS is considered last in the order of the value they attach to their most important and basic needs.

6.2.4 Traditional Leaders' Assistance in OVC Care & Support in Gutu District

This theme sought to establish the perceptions of OVC regarding the assistance of traditional leaders in OVC care and support. This theme was used to understand the perceptions and views of OVC regarding the involvement of the chiefs and the headmen in their welfare as OVC in Gutu District.

FGD5: Whilst most of the participants were not explicit on what the benefits from the traditional leaders were, indirectly or directly they have shown that the traditional leaders are involved in the welfare of OVC. The popular view regarding the assistance from the traditional leaders was registration with the social welfare and BEAM for food

and school fees. In this regard FGDG1 remarked that the chiefs, headmen and village head's assistance on OVC is that one cannot go direct to social welfare or be registered with any NGOs in his village without his recommendation. In support of this view, FGD5B2 commented that,

> *For me to be registered as a beneficiary under BEAM for school fees we were asked to bring the recommendations from our village heads that we are truly orphans before we get registered. It's not only about BEAM even with the NGOs, registration starts at village level, then ward and district respectively.*

In support of this view, FGD5G2 remarked that, if one is not known by the traditional leaders within their hierarchy of authority, it is impossible to access help from the social welfare and the NGOs operating within their communities. FGD5G2 further remarked that,

> *I was denied BEAM registration in Gutu District by the village head because parentally my birth registration reflects that I come from Mutoko but I had to come to Gutu to stay with my mother's sisters because I had no one to take care of me from my father's relatives. When I wanted to be registered as a beneficiary for BEAM I was referred to my original place of registration. As I speak now, I am not registered with BEAM for school fees.*

The second popular view on the assistance rendered to OVC by traditional leaders in Gutu District was identification of OVC in their villages or communities. Findings indicated that the traditional leaders at village and ward level identify OVC in their communities and help the organisations to classify them in their vulnerability contexts and classes. In support of this view, FGD5F4 said that,

> *There are child village and ward committees that are presided over by the chiefs, headmen, and village heads and councillors depending on the level at which that identification process is being done. The only worrying challenge of this process is political infiltration, where every programme is being politicised to the extent that if the organizations are not inclined to the traditional leaders' political party, even their help and assistance is not allowed to benefit the children in the communities.*

The third popular view regarding the assistance rendered by traditional leaders to OVC was the distribution of free seed packages from the government in the name of Zunde ramambo. Findings from the OVC indicated that in Gutu District Zunde ramambo is perceived as being free seeds given to widows, OVC, chronically ill patients and people

living with d isability, and not seen as in a granary or piece of land that is co-operatively planted and harvested with community. In this view, FGD5B3 emphasised that,

> *Every year we are called as OVC and our care-givers to receive free seeds to plant in our fields. But the main challenge is the persistence of drought in our area and some of us may be given seeds but draught power becomes a challenge. However, in seed distribution, it is always the traditional leaders who are at the forefront. At these meetings, they make sure that we start by singing our national anthem, followed by chanting and shouting ZANU-PF political party slogans.*

In support of this view, FGD5G1 noted that these seeds sometimes come while people do not have food at home, and explained that,

> *Our grandmother instructed us to wash and clean those seeds to remove the chemicals and boil those seeds and eat. So, we do that more often because if you put everything in the ground there is nothing much to harvest.*

The fourth popular views of traditional leaders was in the facilitation of birth certificate registration of those OVC, double orphaned or single orphaned, but who need a witness to testify that the child belongs to a specific village or community. It is the chief, headmen or village head who either go in person to the registrar's office to testify as a witness or write a testimonial letter to the registrar confirming that the OVC belonged to that community and the nature of his/her vulnerability. FGD5G5 explained that,

> *My mother's sister tried several times to register us for birth certificates and the registrar said he wanted us to come with three witnesses and one of them being the headman or village head but it took time for us to convince the village head and headman. They would request money for transport and food. To us it was like almost paying them to assist us in getting identity.*

This view was corroborated by FGD5B1, who explained that the traditional leaders, who are the high-profile people who must be empathetic, do not assist timeously, and some people fail to sit for examinations because of the lack of birth registrations.

The fifth aspect of assistance from the traditional leaders to OVC is food provision and empowerment. FGD5B2 noted that chiefs believe that everything that is done in their area is being done on their behalf. Thus, food hand-outs from the NGOs is considered to be from the traditional leaders because they are regarded as part of the process. Likewise, the government takes the position that what is done is being done on its behalf

within its communities. It was therefore indicated that the traditional leaders, while having challenges in practice, are sporadically involved in areas of OVC care and support such as facilitation of registration of OVC with the NGOs, identification of OVC in their areas of jurisdiction, distribution of the Zunde ramambo seed on behalf of the government, birth registration of OVC, and food provision.

6.2.5 Relevance of Extended Families in OVC Care and Support in Gutu District

This theme sought to establish whether the primary OVC safety net in communities is still intact, operational and relevant in the present-day society. The question around this theme sought to hear the views and perceptions of OVC in the care and support they get from extended families in the Gutu District.

FGD5: The popular view regarding the relevance of extended families in OVC care and support in communities was that it is still relevant as evidenced by many OVC who are being absorbed into their extended family structures. This view was supported by the large number of OVCs who participated in this FGD. Supporting the relevance of extended families, FGD5G1 observed that,

> *I don't think we can be truthful to ourselves if we can say extended family is no longer relevant because most of us here are being taken care of by our relatives. Of course, challenges may be there but the reality is that we are facing those challenges under the guardianship of our relatives. I for sure want to believe that the life of an orphan or disabled person will never been well. I think it has always been like that. I suggest that more lessons should only be taught to our care-givers so that they may accept the fate of our situation and not treat us as if we have consciously chosen to be OVC.*

While it was appreciated that extended families absorb their deceased relatives' orphans, and while there has been a shift from the traditional position, it remains relevant and will remain a part of the community. Substantiating his view, FGD5B1 explained,

> *That which makes the extended families' OVC and support somehow obsolete is the demand of our present societies. Long ago, education, health, clothing and even shelter were not emphasized as much as in our societies today. So, I think that lack of resources and poverty are influencing the extended families to lose values. I can't claim that I am happy with the support I received from*

my care-givers but at least they have absorbed us and if we are to count the number of child-headed households in Gutu District.

Related to the first popular view above is the second popular view, which indicated that extended families are still relevant but affected by current demands. This view held that previously Shona societies used to live communally but this kind of a lifestyle has been changed by modernity and technology, and individualism has entered African societies. FGD5G4 commented that,

The coming in of modernity did not totally remove the traditional structure but has diluted it. That's why today we are still the guardians of the extended family but if we compare how an orphan was treated in the extended family, it's now totally different. In the old days, people were not as greedy as today's people. People would share what they had but not in our current communities.

The third related view on the relevance of extended family in OVC care and support was that extended family is still relevant but marred by poverty. Findings indicated that extended family had always taken care of OVC, but the main challenge at present is poverty, as explained by FGD5G3,

Our forefathers depended on agriculture, they would be able to feed their families through that and life was not as expensive as it is today. Even though formal employment was there but it was not the economic hub of people. Livestock and subsistence farming was sustaining them. Today's societies are over relying with money that is very difficult to find where the ancient societies that were relying on their farming products and livestock. Hence, these communities were generous compared to todays' communities. There was no competition in the ancient societies and thus, people of those days were more benevolent than the present.

Related to the above comment was the view of FGD5B3 who observed that poverty had caused divisions and competition within the Shona communities in general and families in particular. Brothers and sisters of the same blood and family may be in conflict, as FGD5B3 explained,

I am always insulted by the allegations that my parents were levelled with the family. The whole family was caused to believe that my father was an arrogant person and today when they want to insult me they say like father like son. What it implies to me is that divisions due to socio-economic classes in our families have incapacitated extended family as primary safety net of OVC in our societies.

The fourth shared view which is contrary to all the views above was that extended family in OVC care and support is an outdated and obsolete approach. The participants cited reasons to do with divisions, hatred, exploitation of OVC, sexual abuse and poverty that has undermined societies. In support of this view, FGD5G6 remarked that, "in order to achieve a sustainable livelihood for OVCs, it needs the government to fully intervene, NGOs to intervene and the business sector to also come in with their resources not focussing on extended family that doesn't have resources and capacity". The participants unanimously indicated that the extended family is still relevant and effective as most of them were absorbed by the extended families. However, the participants indicated that the extended family faces challenges that include the increasing demand of needs of OVC; poverty due to the socio-economic challenges of the country; modernity; family disunity and divisions; and lack of adequate support from the different stakeholders such as NGOs, government, FBOs and business people.

6.2.6 Nature of Assistance from Various Stakeholders in Gutu District

This theme sought to establish the assistance rendered by stakeholders other than care-givers in Gutu District. Data gathered through this theme will inform the hybrid or integrated model for OVC care and support if there isany concrete assistance from those stakeholders. A typical example of these OVC stakeholders includes (BHASO; Capernaum Trust; Action Fam and DutchCare), Government line ministries (Education, Social Welfare, Health, Registry and National Aids Council) and FBOs (ZCC, UDASIZA, EFZ and CRS) in the Gutu District.

FGD5: The main view is that assistance that the OVC in Gutu District receive comes from the NGOs. Findings indicate that although most of these NGOs, especially the international ones are no longer operational but the local ones that include BHASO, Action Fam, DutchCare and RUDO have done a lot to mitigate OVC challenges in communities. FGD5B1 remarked that,

> *NGOs operating in our villages are trying their best to implement programmes that help to mitigate our challenges. For instance, BHASO, Action and DutchCare have implemented their gardening programme, where they provided fencing facility and vegetable seeds for the people. In addition to that BHASO went an extra mile by formulating support groups where PSS as a programme is being implemented. The main challenge with the local NGOs nowadays is*

> *funding and they are no longer providing foodstuffs as they used to do. The Capernaum Trust is providing school fees for some of us but the main challenge with its fees facility focuses on those children who are bright only, that is the rest will be left out.*

In support of this popular view, FGD5G1 commented that, 'whilst NGOs are doing very well in supporting us with their programme I think if they can add more programmes that focus on food, shelter and clothing since Capernaum Trust and BEAM are providing school fees. Some of us are not going to school not because fees are not paid but because they don't have food, clothing and shelter'. Related to this comment, FGD5G3 explained that, 'my school fees are all paid up with BEAM but we exchange to go to school with my young brothers because our doors at home have no locks'.

The second popular view on assistance indicated by the OVC was school fees from BEAM, a government programme administered by the social welfare and education department. It was indicated that the health department offers free medication to some OVC who are registered for that facility through social welfare. FGD5G1 stated that,

> *According to the order of assistance we get from the stakeholders, I agree that the government through its ministries comes second to NGOs. The reason for this is government assistance is not easy to access; there are a lot of channels to be followed than NGOs. However, the government assistance on school fees through BEAM is assisting OVC despite its lack of consistence.*

In support of the above, FGD5B3 concurred that, 'the government programmes are very good if it is your chance to benefit. For instance, I benefited from BEAM for two years but as of now I have been deleted on the pretext that there are other more vulnerable children that have cropped up more than me. But truly speaking, I am also equally vulnerable because I have nowhere to get school fees'.

The third popular view of assistance was indicated as coming from the FBOs represented in Gutu District. The findings indicated that it is difficult to compare the magnitude of what is being provided by different stakeholders because with regard to churches they are doing a lot daily in support of OVC. FGD5B2 indicated that the churches provide food packs, clothes and sometimes school fees. He further remarked that, "at our church, our Pastor usually distributes food, clothes and visits our homes praying for us". Related to this view, FGD5B4 indicated that in our church some OVC

have been sent to do vocational courses at Hubvumwe Training Centre so that they have skills to work for themselves.

The fourth most popular view on assistance was the individuals or business people in Gutu District. However, the findings indicated that their assistance is not consistent, as explained by FGD5G2,

> *Some of our assistance comes from the business people in Gutu District. As for me, the whole of last year my school fees were paid by Mr X who is a business man. It was not only me; even others at our school were also assisted with this man. He did not only end there he bought us school uniforms.*

This view of assistance was supported by FGDG6 who indicated that she also benefitted from such assistance from different well-wishers in Gutu District. However, the main challenge associated with this assistance was that it is not consistent and sustainable. The OVC participants indicated that they are actively assisted by NGOs, government, FBOs, politicians and business people. However, the assistance they receive varies with the nature of the problem they have and what the stakeholder can afford. For instance, from the NGOs they are predominantly assisted with PSS, gardening, counselling and empowerment programmes. The government assists with school fees bursaries such as BEAM and the SIG programmes. The FBOs assist OVC with various programmes that include, but are not limited to, counselling, vocational training, school fees, children's homes and alms-giving or donations. However, despite the prevalence of the assistance offered by various stakeholders, the OVC indicated that the assistance is not sustainable because of disharmony among the stakeholders.

6.2.7 Possible Remedial Mechanisms for OVC Challenges in Gutu District

The question around this theme sought to establish the views and perceptions of the OVC on what could be done to mitigate the burden of OVC in the Gutu District. These possible remedial actions will be corroborated with what the care-givers and key informants' perceptions and views are on the same theme in the data analysis chapter.

FGD5: The popular view from the OVCs about the remedial mechanisms to mitigate OVC challenges in Gutu District was that the government should provide free

education to OVC up to secondary school and medication until they reach the age of 18. This view was proposed by FGD5G1,

> *I propose that the government should allow OVC to acquire free education and medication until they reach the age of 18. Remedially, the government should allow them to learn and acquire free medication from the public hospitals. BEAM as a government programme that assists the disadvantaged children with school fees is failing; it is not consistent and sustainable.*

In support of this view, FGD5B1 noted, 'I don't think the government will lose much if they can afford us free education and medication as OVCs. If it can't afford to do that, I propose that the government should beg for more international NGOs to intervene with assistance in the country'.

The second popular view on OVC remedial mechanisms indicated that the government and NGOs must create or source funding for community projects that empower the care-givers. FGD5B3 commented that,

> *Our care-givers are hard workers. What they lack is funding to engage in big projects as co-operatives or individuals, so that they can establish sources of income that are sustainable in caring and supporting their OVC. The main challenge is that the government does not provide any capital for community projects and NGOs have also adopted the same approach.*

This idea was supported by FGD5G3 who emphasised that, 'if the government and NGOs would only convert our gardening projects into irrigation that would go a long way in broadening the income base of our care-givers'.

The third view in the remedial mechanisms for OVC challenges indicated the fostering of government and NGO relationships. The idea behind this proposition was that since the government does not have the resources to help the OVC and their care-givers, they should enhance their relationships with NGOs so that their weaknesses can be mitigated. FGD5G2 remarked that, 'the enmity between NGOs and the government at grassroots level caused the government to terminate some of the NGOs' contracts on the grounds that they were meddling with the politics of the land'. Related to this sentiment, FGD5G5 noted that it is now common knowledge in communities that most of the programmes started by both the government and NGOs fail due to poor relationships between the two.

The fourth view proposed was the OVC stakeholder collaborating better in Gutu District. The findings indicated that there is friction between the traditional leaders, FBOs, NGOs and the government line ministries. FGD5G5 explained that,

> *If harmony was there between the stakeholders in our communities, OVC would be having confidence to open up our challenges to leaders but now it is difficult to open up. For instance, some of us are victims of abuse from the teachers and other community leaders.*

The fifth view which was brought up by OVC as a remedial mechanism was appealing for food hand-outs by the stakeholders rather than focussing on empowerment. Whilst the participants were not castigating the empowerment programmes, it was indicated that some of the empowerment programmes are long term and do not address their immediate needs such as food. FGD5B4 remarked that, 'whilst empowerment through PSS, training and educational programmes is important these are long term to address our immediate needs such as food. So, we appeal for food hand-outs first and empowerment later'. The participants indicated that the remedial mechanisms suggested by the OVC in addressing their challenges in the Gutu District, including but not limited to free education; funding of their community-based income projects; harmonization of the stakeholders' relationships; and reviving of food hand-outs from the NGOs rather than more emphasis on empowerment programmes for hungry children and care-givers.

6.3 INTEGRATION OF COMMUNITY-BASED OVC COPING STRATEGIES (KEY INFORMANTS)

In-depth information about the community-based OVC coping strategies was gathered through in-depth interviews conducted with key informants in the Gutu District. The key informants include the government line ministries (education, social welfare, health, and National Aids Council, and Registrar departments), FBOs (ZCC, EFZ, UDACIZA and CBZ), NGOs (BHASO and Capernaum Trust) and Traditional leaders (Chief, Headman and Village Head). Data were presented in themes that were developed in tandem with the questions used to solicit data from the informants through in-depth interviews.

6.3.1 Community-Based Programmes for OVC Care and Support in Gutu District

This theme sought to establish what the informants within their area of expert are doing at community level in OVC care and support. Thus, all the 10 informants' responses related to this question were presented accordingly in this segment of data presentation.

Informant 1: INT.M1: The findings from the first informant coded as INT.M1 when asked about the community-based programmes they are undertaking to mitigate OVC challenges indicated that they have the Child Protection Committees (CPC), Community-Based Selection Committees (CBSC), Basic Education Assistance Model (BEAM), School Improvement Grant (SIG) and Non-Governmental Organizations (NGOs). The findings indicated that these programmes' functions are complementary to each other in their endeavour to mitigate the OVC challenges in the Gutu District. In this regard, INT.M1 remarked that,

> *As a government department, our programmes do not operate in isolation of what other government departments and the community are doing. We are complementing each other as we endeavour to implement the government policies within the areas of our jurisdiction. What I mean is that, we work together with various stakeholders such as traditional leaders, other government ministries, FBOs and NGOs in the implementation of the government policies related to OVC. This we do without interfering with other stakeholder programmes but rather we try our level best to complement what they are doing. Thus, our focus as a department is to see that a child has attained education as a fundamental right regardless of poverty, orphanhood and disability.*

Further to that, INT.M1 postulates that as a department they implement the government educational policies so that education becomes accessible to everyone in the community regardless of status. This informant also asserts that for people to help the OVC, structures that help to identify them at grassroots level must be in place.

The participants presented the programmes offered by the education department in its endeavour to mitigate OVC challenges in the Gutu District, including Child Protection Committees; Community-based selecting committees; BEAM; SIG; and NGOs. Whilst the programmes for OVC in the department are well organized on paper, INT.M1

indicated that there are challenges in practically implementing them because of lack of funding from the government. Thus, paying school fees for all the OVC registered for BEAM and SIG is difficult. Further to this, NGOs are no longer concentrating on cash and food hand-outs except for Capernaum Trust that is selective about its beneficiaries. The findings indicated that political involvement in these programmes has engendered mistrust, corruption and nepotism that constantly distort their functions.

Informant 2: INT.M2: The findings from informant 2 coded as INT.M2 indicated that they are the co-ordinating and implementing department of the charity and welfare policies of the government in the Gutu District. While there many programmes for social welfare in Zimbabwe, the second informant indicated that the department has shifted from a remedial or welfarist approach to a proactive child protection approach. The findings revealed that OVC used to be brought to social welfare for remedial purposes but the social welfare policy called NAP for OVC focuses on a proactive child protection approach, where a child is supported within his/her community of origin. INT.M2 remarked that,

> *The programmes that are done by social welfare mostly in human development are in humanitarian welfare. In child care and support, in the social welfare department there is now a department section for protection called Child Protection Services. This social welfare department focuses on child protection. Formerly social welfare in Zimbabwe was focussing on welfarism. However, in the recent times, social welfare has moved from the welfarist approach into child protection which means they are no longer that remedial but trying to be proactive. Now they want to ensure that things that cause problems or disturbances to children in their daily living are removed or proactively dealt with. That's why there is a thrust from welfare approach to protection, the child protection approach shifted from focusing on a child who is brought to welfare, now the thrust is that children must live in the community. Thus, instead of the social welfare to focus on the children brought to them, they encourage children to be helped whilst they are in their communities. In line with this view, the government will intervene here and there whilst the children are being assisted within the communities of their origins.*

In substantiation of his view, INT.M2 revealed that, while child protection is the main thrust of the social welfare department in child care and support, realistically that is not the case. The social welfare department is the OVC programme co-ordinating department on behalf of the government. According to INT.M2, all the OVC programmes being implemented by NGOs, government departments (education,

registry, NAC and health), FBOs and Traditional Leaders are being co-ordinated with the social welfare department. Tables 6.43, 6.44, 6.45, 6.46 illustrate some of the OVC community-based programmes co-ordinated by the social welfare through the NAP for OVC government policy. In his view, the main challenge they face in co-ordinating these programmes is lack of resources, unity of stakeholders and political antagonism in the Gutu District.

Informant 3: INT.F1: The findings from informant 3 coded as INT.F1 indicated that they are a government department that cascades from the national level to the district level. Their area of focus is mitigating the challenges of OVCs in the area of the HIV/AIDS pandemic through the implementation of government policies such as the Zimbabwe National Strategic Planning (ZINASP). Thus, INT.F1 further indicated that in corroboration with what other stakeholders are doing in Gutu District all programmes revolve around the implementation of the ZINASP. She explained that,

> *As National Aids Council (NAC), we are a government arm of the parasternal of the ministry of health. We have activities that have been stipulated in our strategic planning document {ZINASP} such as prevention, which focuses on HIV/AIDS prevention. This programme comes in line with our theme for zero infections, zero discrimination and zero HIV/AIDS related deaths. When it comes to children, we implement the strategy for mitigation, treatment and cure. Under mitigation, treatment and care, we want them to have psychosocial support especially the OVC, so we work with the organisations that provide such services such as BHASO in Gutu District.*

NAC also has as a key focus to support the implementers of the programmes and not the implementation of the programmes. Rather, they co-ordinate all the programmes that must do with prevention, treatment and cure of HIV/AIDS to ensure that children infected or affected and in poverty have been assisted by the responsible stakeholders.

INT.F1 indicated that her organisation is not involved in the implementation process of these programmes but in co-ordinating the implementers of the programmes which includes NGOs, FBOs, Traditional Leaders and/or government that focuses on mitigating the challenges encountered by HIV/AIDS victims in the Gutu District. The findings indicated the lack of unity among the stakeholders, resources and political inabilities in the country as major challenges. Further to this the NAC department

indicated that HIV/AIDS remains a major challenge despite the prevalence of ARVs because of the socio-economic challenges of the country in the past three decades. Some children are born infected with HIV/AIDS, stigma and discrimination based on the pandemic remains prevalent, and child prostitution is increasing rampant because of poverty in Zimbabwe.

Informant 4: INT.F2: These findings indicated that in their endeavour to mitigate OVC challenges they are implementing their community-based OVC programmes in the Gutu District which include birth certificate registration of the OVC and death registration of the deceased's parents. The findings also indicated that as a department they do thorough investigations to ensure that a child is registered and identified within his/her family of origin or under the guardian who is looking after them. INT.F2 explained that,

> *Birth certificates are critical documents for citizenship identity of a child and to be able to access other benefits in the country such as education and even employment. It is not easy for one to get employment without birth certificates, because the employer would always want to know where that person comes from. Without birth registration, it means that child will not be able to sit for school examinations and accessing government benefits. Without the death certificates registration of the deceased's parents it means the double orphans and single orphans will not be able to be issued with birth certificates*.

To substantiate the efficacy of their departmental programmes on child development processes in the community, INT.F2 indicated that the most difficult process is the background information required by the registry for OVC to be issued with birth certificates. It was explained that,

> *For us to register an OVC we need death certificates for both parents if one is a double orphan and death certificate for the deceased parent if single orphaned. Without these documents, we require the child to come in the company of three witnesses to testify on the background information about this child. In addition to these witnesses there should be a chief/headman/village head to testify that he knows the child and his deceased parents. The main challenge we have discovered from the registrar is that there is no unity in the families because in the absence of the deceased's death certificates the relatives do not want to come to testify about the child, hence most of the OVC are not registered in the rural communities of Gutu District. To those children who have been abandoned, the people who bring them to the social welfare should furnish the social welfare with enough information as to where they got that child from or the circumstances that led to the abandonment of that child or disappearance*

of the responsible parents so that their birth certificate registration can be facilitated through the recommendation of the social welfare department.

While this informant indicated their diligence in making sure that no OVC is given a birth certificate without the provision of adequate information about his/her background, the process is too complex to be grasped by an ordinary person in the rural communities of Gutu District. Thus, most of the OVC in the rural communities are failing to sit for their examinations and undertake other development activities where birth certificate registration is required. The findings confirmed that there are no educational campaigns undertaken thus far in Gutu District to educate the communities about the processes of acquiring birth certificates for OVC within their respective categories.

Informant 5: INT.M3: As indicated previously, Gutu District of Zimbabwe has various churches that are represented with different ecumenical bodies that include UDACIZA, EFZ, ZCC and CBZ. In the process of gathering information within their respective organisations, they were coded differently as INT.M3W, INT.M3X, INT.M3Y and INT.M3Z to represent the ecumenical bodies. The findings from the ecumenical bodies indicated that they have different OVC programmes they are independently implemented or implemented in consortium with other stakeholders in Gutu District. Typical examples of these programmes include, but are not limited to, alms-giving (cash or kind), gardening, piggery, cattle fattening, children's homes, bursaries and minister's fraternity.

However, interviewees such as INT.M3W remarked that,

Despite our attempt as church organisations to assist the OVC within our capabilities OVC challenges are multifaceted to the extent that there are some of their needs that we cannot afford even if we want. I still remember raising school fees for some of the OVC in our church but could not sit for the final examinations because they did not have birth certification. Birth certificates registration can only be processed with the relatives and those relatives are not willing and united to assist, hence it becomes difficult for the churches to holistically assist OVC and widows.

In a similar view, INT.M3Y indicated that the socio-economic situation in the country has become a major setback to the churches' endeavours to assist the OVC in their communities. Churches do their best but without the government and other stakeholders

such as NGO intervention the challenges of OVC in Gutu District will continue to strain the care-givers. As illustrated in the table above, the FBOs operating in Gutu District OVC programmes provide a range of services and support while experiencing challenges such as lack of unity among the religious organizations, societal divisions on political grounds and socio-economic challenges in the country.

Informant 6: INT.F3: The findings from informant 6 coded as INT.F3 indicated that in their endeavour to mitigate the OVC challenges within their communities they are implementing medical and health related programmes in the rural communities of Gutu District. As a health department, they implement these programmes on behalf of the government in conjunction with the NGOs who specialise in those programmes especially the HIV/AIDS service organisations and other government arms such as NAC. INT.F3 explained that,

> *As a health and medical department our community programmes for OVC focus on the health and treatment of OVC and care-givers living with HIV/AIDS. In the implementation process of our programmes, we work with the community health workers who are in each and every community, NAC, NGOs and we have built satellite clinics in the communities to make sure that some of the health and medical problems are attended within the communities. Thus, our community-based programmes include satellite clinics, HIV/AIDS Prevention, HIV/AIDS Treatment and Care, Voluntary Counselling and Testing, Child Immunisation and Vaccination and health awareness campaigns in case of the outbreak of diseases such as cholera.*

In this regard, INT.F3 noted that because of the socio-economic challenges in Zimbabwe, some of the programmes are not being implemented and if these are to be implemented they do not have maximum funding to ensure that they have reached or benefitted everyone in the rural communities. Sometimes the health workers may fail to find suitable and appropriate transport to reach remote places where the need for the programmes is greatest. However, despite the prevalence of the socio-economic challenges that have ensnared the country, the health department is implementing programmes that include establishing satellite clinics in the remote rural areas; HIV/AIDS prevention and treatment; voluntary counselling and testing; child immunisation; health awareness campaigns; and food and nutrition programmes. The informant indicated that some of these programmes are never implemented due to lack

of resources and hence the extended family nets and NGOs usually take up the programmes on behalf of the economically crippled government.

Informant 7: INT.M4: This informant represented the NGOs operating in Gutu District and indicated that NGO programmes are co-ordinated with the government through the social welfare department. NGOs are regarded as implementing agencies of government programmes in Zimbabwe, as INT.M4 explained,

> *As NGOs operating in Gutu District we have OVC programmes that we are running as a consortium with the social welfare and other programmes that we implement independently as NGOs but under the supervision of the government arm of social welfare within their co-ordinated governance framework. Mainly all our OVC programmes as NGOs seek to assist the government in implementing the NAP for OVC policy as implementing agencies. Thus, our community-based programmes include Psychosocial Support (PSS), gardening, school fees/ bursaries, HIV/AIDS Prevention, Behaviour Change, Food Packs, Borehole Drilling and educational Empowerment Programmes*.

The programmes implemented in mitigation of OVC challenges include but are not limited to, PSS, gardening, school fees and bursaries, HIV/AIDS prevention and education programmes, behaviour change and food programmes. When further interrogated about the effectiveness of the programme, the informant indicated that the programmes fail due to various reasons that are beyond the control of the NGOs themselves but are inherently based on the socio-economic and political situation prevailing in the country. These factors include lack of resources for the implementation of programmes; most of the donors withdrawing their funding citing the incumbent government over involvement in the programmes; and lack of good governance in the country.

Informant 8: INT.M5: The findings from informant 8 coded as INT.M5 indicated that in their programmes for OVC, although they are working for the government, their tasks and duties in OVC care and support are mainly traditional and culturally oriented. INT.M5 explained that,

> *As a paramount chief of this vast area I don't work alone. I work with my sub-chiefs and headmen who represent their small areas within Gutu District. We are one big family but we have people of different clans and totems who have joined us. These will never be chiefs, sub-chiefs and headmen but they can be village heads. As traditional leaders, we are the owners of the land in Gutu*

District and when the government wants this land to allocate people, they ought to seek permission first from us. In other words, we have the right to give people the land for farming and build their homesteads. With regard to OVC, as the custodians of this whole area, we work together with the government in allowing the NGOs to implement their charity work in our area; we also help these organisations to identify OVC in our area. On behalf of the government, we also distribute seeds to the people in the name of Zunde ramambo.

With regard to the Zunde ramambo programme, INT.M5 explainedthat the Zunde ramambo is a piece of land that was given to each and every chief cascading down to the sub-chiefs, headmen and village heads. These would mobilize the members within their communities to come together and plough, plant and harvest that field. The harvest was to be put in the central granary at chiefs', sub-chiefs', headmen and village heads' homesteads waiting to be given to widows, orphans and strangers within their areas of jurisdiction. However, when the informant was asked whether the Zunde ramambo is still operational and relevant, he indicated that it is still operational but not in the same manner or vigour with which it used to operate long ago, and explained that,

Zunde ramambo was affected by droughts and famine that regularly affected our harvests. It is no longer conducted at the chiefs' homesteads and fields but as the chiefs through our government, we are distributing seeds to the disadvantaged in our communities through our sub-chiefs, headmen and village heads. The Zunde ramambo was also affected by the modern governance systems that oversee the welfare of people that was not there in the ancient times. The current modern governance system has introduced social welfare that seems to have taken over the Zunde ramambo concept of looking after the disadvantaged. We work with other stakeholders in the society in identifying and recommending these OVCs to the social welfare and NGOs for assistance. By so doing, I think our involvement in one way or the other constitutes the Zunde ramambo concept that has been transformed by modernism.

As indicated by INT.M5, the chiefs are involved in the identification of OVC at community level, land allocation to the OVC within the communities, distributing the Zunde ramambo seeds to the disadvantaged and working with NGOs and other stakeholders in the implementation of government programmes for OVC at community level.

Informant 9: INT.M6: INT.M6 indicated that in their department they are a democratically elected representative of the area that oversees the development

programme and their implementation within their wards or delimited areas. INT.M6 explained that,

> *We co-ordinate all the development programmes that are being implemented by various stakeholders at grassroots level. These programmes include those that are being implemented by the government line ministries, the councillors are involved, NGOs, churches and in the Zunde ramambo programmes the councillors are involved. We also act as the development watchdogs of the government at grassroots level. We report to the District Administration Officer about development progress at grassroots level. Thus, about OVC we welcome the government social welfare programmes and NGOs and work together with them in our areas of jurisdiction.*

This informant indicated that their main challenges are political differences at grassroots level since they are democratically elected representing their political parties. In executing their duties, they face resistance from other parties. The findings indicated that opposition party councillors experience resistance from the village head, chiefs and the District Administration Officers because they are politically appointed and not democratically elected. They therefore ensure that anything that may give credit to an opposition political incumbent must be opposed.

Informant 10: INT.M7: INT.M7 indicated that they work with the government but representing the lower level in the hierarchy of traditional leadership (chiefs). He indicated that because of the increase in the number of people that culminated in the establishment of villages as sub-communities of the paramount chiefs, they connect the grassroots with the chiefs in Gutu District communities. Within his portfolio of responsibilities is the distribution of Zunde ramambo seeds on behalf of the paramount chief, working with NGOs on the implementation of their OVC care and support programmes, recommending land allocations to the chiefs and allocating land with delegated powers from the chiefs. He further indicated that they are also responsible for conflict resolution activities through the traditional courts. INT.M7 explained that,

> *As a headman, I carry out delegated duties within my area of jurisdiction from the paramount chief and report back the outcomes. Using my discretion, I also recommend OVC in my area to be registered for birth certificates if the relatives are not available to give enough testimonials about their identity. We are also custodians of culture and tradition in our land. As headmen, we make sure that our children are brought up in an environment that does not compromise their cultural and traditional identities. That is why even the government does not allow a child to be taken to orphanage centres when relatives are there.*

When further questioned, he explained that as traditional leaders they administer the ritual ceremonies associated with rainfall *(mukwerera)* and plead with ancestors *(midzimu)* or God *(musikavanhu)* in times of misfortune such as drought, disease and death in communities, as explained,

> *In our culture, we don't believe that HIV/AIDS, droughts and deaths come when we are in right standing with our ancestors and God. These are caused by this generation's abandonment of our culture and traditions. We used to brew beer and do rituals for our ancestors to thank them for the harvest and asking them for the rains and fortunes for our children but all these now have been buried in the dustbin of dead history. Droughts, diseases and deaths in our culture and tradition are a result of a curse from our ancestors. Thus, in the old days, we would call the elders of the land and traditional leaders to come together and consult the spirit mediums to tell us what the ancestors were saying about the situation. Now that we are no longer recognising them, people are dying and diseases are coming one after another, and droughts are continuously rocking the land resulting in the unprecedented levels of OVC in our land. This is all caused by this generation's abandonment of indigenous culture and traditions.*

The findings from INT.M7 indicated that their main duties in the community apart from working closely with the government are to administer the ritual ceremonies and to connect the living with their ancestors. However, because of cultural dilution, such activities are rarely done and if they are to be done, this generation is not able to follow the rules and procedures that are recommended in such culture and traditions.

6.3.2 Community-Based Programmes and Zunde Ramambo in OVC Care and Support

This theme was intended to draw in-depth information from the key informants about the interrelatedness of their programmes with the *Zunde ramambo* in OVC care and support. Its main focus was to establish how the contemporary and traditional OVC coping strategies in general and in particular with the *Zunde ramambo* work in harmony in Gutu District in achieving sustainable livelihoods for OVC. In this section only popular views from the key informants were presented and supported with the informants' direct comments.

The most popular view on the relationship between the community-based programmes implemented by government line ministries and the traditional strategies (indicated that in theory the two are interrelated but in practice there is littleharmony. The findings indicated that the interrelatedness of the traditional and the contemporary coping strategies follows the co-ordinated approach stipulated by the government in its policies. INT.M1 explained that,

> *Our community-based OVC programmes and Zunde ramambo are interrelated both in theory and practice and the evidence of this is the existence of the Child Protection Committees (CPC) and Community-Based Selection Committees (CBSC) established in representation of each of the villages around every school. These communities link the traditional approaches such as the Zunde ramambo and extended families mainly co-ordinated by the chiefs, headmen and village with the government policies that we implement as government arms. The chiefs, headmen, village heads and their councillors are also part of our CPCs and CBSCs. In the process of establishing these committees we first consult the traditional leaders in our communities. These committees will inform the social welfare's BEAM, SIG and NGO programmes of the beneficiaries of their programmes. However, our main challenge is in the implementation process because of lack of resources, political and cultural differences and the increase of the demand of OVC in our communities*.

In support of this view, INT.F1 indicated that there are government arms or parastatals that work with the ministry of health specialising in dealing with the HIV/AIDS epidemic in the Gutu District. As a government arm, their programmes are informed by the government policies such as ZINASP and NAP for OVC, which advocate for the multi-sectoral approach in dealing with the pandemic. When co-ordinating the stakeholders implementing HIV/AIDS-related programmes, their department involve the grassroots through the traditional leaders. In doing so, the extended families and the *Zunde ramambo* are also encouraged in OVC care and support. However, INT.F1 highlighted that the major challenge in interrelating the traditional structures and their programmes is the lack of resources and political differences at community level. In this regard, INT.F1 explained that,

> *In as much as our policies for OVC care and support are well articulated, there is need for the resources especially money to implement the policies on the ground. For instance, this whole year as NAC we have done few things in the implementation of our programmes through our stakeholders. Further to this, our communities are in politically acrimonious relationships to the extent that there is no unity and acceptance of the traditional leadership programmes such as Zunde ramambo and extended families. However, the government through*

our department recognises the existence of extended families and Zunde ramambo as important safety net programmes for OVC.

Similarly, INT.M2 indicated that as the co-ordinating government arm of all charity work at community level, they are obliged to work with the traditional leaders and incorporate their programmes into other work. In his view, the main hindrance to this harmonious relationship lies in politically acrimonious relationships between the two governance frameworks, the traditional and the contemporary. In theory, the *Zunde ramambo* is being discussed but in practice it does not exist. The findings indicated that the traditional leaders are now government workers and tend to operate as civil servants, which was not previously the case. Government structures and NGOs are operational despite lacking resources to implement their programmes. INT.M2 clarified that,

The Zunde ramambo concept from a traditional understanding is no longer in existence. But I can subscribe to the idea that it has evolved and developed into modern concepts such as NGOs and social welfare programmes. The reason for this is the traditional Zunde was agrarian oriented before industry and technology developed to its current state. Rainfall is becoming erratic due to climatic changes and droughts are regularly experienced. Thus, in my understanding Zunde ramambo was social welfare, NGOs and churches concept at its early stages.

The interrelatedness of the contemporary and traditional strategies was further corroborated by INT.F2, INT.M3, INT.M4 and INT.M6 who agreed that their policies have incorporated traditional leadership. These interviewees also identified the ideas of globalization and modern technology as having contributed to the weakening of the *Zunde ramambo* programmes in the Shona communities.

The second popular view which was strongly emphasised by the traditional leaders, namely INT.M5 and INT.M7, was that *Zunde ramambo* today is now more a government programme since the traditional leadership is located under the incumbent government. The findings indicated that the chiefs' power is not independent from that of government since the government confirms traditional leaders and hence traditional leadership is an extension of the government. INT.M5 explained that,

The traditional leaders and the government are no longer parallel governments as it was formerly portrayed – it is a theory to say that but practically chiefs and the contemporary government is now one thing. This is evidenced by the inclusion of chiefs in parliament representing the incumbent government.

> *Chiefs are now representing the incumbent political parties in their communities by wearing political regalia and chanting political party slogans. Thus, the interrelatedness of the Zunde ramambo programme through the distribution of seeds to the poor and the community-based programmes implemented by the government arms is mainly a political relationship than development. There is nothing like farming and cattle rearing as Zunde ramambo in Gutu District but the distribution of the government seeds to the poor in the name of Zunde ramambo. So, what it means is the traditional leaders are now part of the mainstream incumbent government politics.*

Supporting this view, INT.M7 notes that the interrelatedness of the *Zunde ramambo* and the contemporary stakeholders in OVC care and support is embedded in the fact that it is the government co-ordinating those programmes. He indicated that, as traditional leaders in Zimbabwe, at the practical level there is grassroots leadership of the government and in theory they are a parallel government regulated by the Traditional Leadership Act. However, as traditional leaderswithout autonomy as they previously had before the modern government, they are being consulted and instructed by the incumbent government. Thus, the two main views as presented above complement each other in that the traditional leadership through the *Zunde ramambo* and the contemporary programmes for OVC are interrelated on political rather than humanitarian grounds.

6.3.3 ZimAsset and OVC Care and Support in Gutu District

While there are other socio-economic policies that regulate the different aspects of humanitarian security and development, the ZimAsset is the most recent socio-economic policy implemented by the incumbent government of Zimbabwe. It is therefore the policy that informs the OVC policies such as the NAP for OVC, Indigenization Policy and ZINASP. The ZimAsset gives a scope and framework through which the prevailing policies of the land should be implemented within their respective areas of focus. This theme sought to establish how ZimAsset incorporates the OVC care and support programmes and data gathered under this theme were presented in the form of the popular views of the informants and supported by their direct observations.

The popular views from government interviewees indicated that, although the ZimAsset policy does not directly mention OVC they are indirectly included in the scope of its vision statement: "*Towards an Empowered Society and a Growing Economy"* and mission statement: "*To provide an Enabling Environment for Sustainable Economic Empowerment and Social Transformation to the people of Zimbabwe".* INT.M1 explained that,

> *In our department as a government arm, the ZimAsset is the blueprint that guides all our prevailing policies in educating and supporting our children. It incorporates the indigenisation and citizenship educational policy concepts. Again, as educational department we are part of the social services department and we provide services to the community in the form of education for sustainable development. We view education as a right and not a privilege to our children and hence, our vision in line with the ZimAsset is to make sure that every child regardless of background, status and poverty has attained at least the minimum education level in the country. In support of the ZimAsset, we encourage that all the children must go to school because we believe that the future of our country lies in them. In so doing, we build schools nearest to their communities; we work with NGOs such as Capernaum Trust for their school fees; and our own government BEAM and SIG programmes to assist them in paying their school fees. We accept that their major setbacks caused by the socio-economic depletion of our economy in our endeavour to implement these programmes and see them materialising.*

Further to the above, INT.M1 indicated that the main purposes of the ZimAsset, Indigenous and Citizenship education was to ensure that all the resources are in the hands of indigenous people so that the people of Zimbabwe are empowered to educate their own children rather than looking for education opportunities outside the country. This interviewee cited examples of land redistribution, where land was given to indigenous people but where challenges like droughts and climate change undermine the positive outcome of the policy in achieving sustainable livelihoods. INT.M1 observed that,

> *In implementing the ZimAsset and Indigenous Policy, we thought it will empower the care-givers or parents of the OVC to the extent that they will be able to independently look after themselves and their own children. However, it shows that the opposite is true. The challenges of OVC despite these policies are still at an unprecedented level due to multiple socio-economic challenges that the country is facing.*

Similarly, INT.M2 and INT.F1 observed that in theory, the vision and mission of ZimAsset has included the need for community empowerment and transformation but

practically there is nothing that the policy has done in relation to OVC care and support. INT.M2 emphasised that,

> *I have many years working for the social welfare department of Zimbabwe and I have witnessed several policies coming in and going out without any tangible outcome in helping out OVC in particular and disadvantaged in general. For instance, NAP for OVC and BEAM programmes are very good programmes and policies but there is a problem in implementation. In the same manner that all these other previous blue prints have failed, ZimAsset is doomed to fail. There is a lot of politicking and corruption in the implementation process to the extent that the main core-purpose to be achieved by the policy is submerged.*

In support of this sentiment, INT.F1 indicated the major setback is in relation to the resources allocated to their programmes to support the policies. She pointed to the practical situation of treatment of the HIV/AIDS infected care-givers and OVC who are walking long distances for medication yet the policy directly stipulates that the satellites clinics must have all the necessary medication to supply the whole community. In her view, whilst the ZimAsset's vision and mission statement have significantly incorporated the aspect of community development and transformation, it is predominantly in theory rather than in practice.

In the government's endeavour to empower people through land reform, INT.M5 commented that the government created many rural environments and exposed people to more poverty than they experienced before the land reform programme. In his view as a traditional leader, INT.M5 noted that,

> *Indigenisation through land reform was good as a policy but has exposed many people to poverty especially the widows and OVC. The places where they were relocated there is no clinics, schools and roads constructed for them. In some areas, there are no water reservoirs which worsen the condition of people who are already in a difficult environment due to the socio-economic challenges. In my own view, I think our policies are failing because they are made for political reasons rather than for humanitarian and development purposes. As a result, the process of implementation creates an acrimonious relationship between the different political parties.*

The second popular view, which was emphasized mainly by the NGOs coded as INT.M4, the FBOs coded as INT.M3 and the councillor coded as INT.M6, incorporates the OVC care and support but on political grounds and not on developmental grounds as purported by its vision and mission. INT.M4 remarked that,

It was through the indigenous policy and land redistribution programmes that many multinational companies are leaving the country and it was through the co-ordinated governance system that sees the international NGOs' contracts terminated in Zimbabwe leaving people dying of hunger. For instance, very few international NGOs are operating in Zimbabwe and they are no longer distributing food hand-outs but only educational programmes that are long term than short term assistance that matters most to people who are hungry like in Zimbabwe. Donors have withdrawn their funding because of some of these policies like the ZimAsset. Hence, according to my own view, ZimAsset is a very good blueprint but its motive was political and is being implemented on political grounds.

Similarly, INT.M3 observed that even as religious organizations, the ZimAsset as a policy is envisaged to be implemented through supporting OVC and community engagement. However, the findings from INT.M3 indicated that whatever the church has done as a philanthropic gesture to the community; the incumbent government manipulates it in the name of ZimAsset, which ultimately defeats the whole purpose of the role of the church in the society. In corroboration of the above, INT.M6 indicated that, whilst ZimAsset was meant to bring people together after elections, it is indirectly used to further divide the society. For instance, wherever the chiefs and the political leaders are involved in community engagement programmes in the name of ZimAsset, they wear political party regalia, and political party songs and slogans are heard. Thus, according to these three outspoken informants, although the ZimAsset is in support of OVC through its vision and mission, in practice it was coined for political reasons more than community development and transformation.

6.3.4 Contemporary OVC Strategies and Extended Families in OVC Care in Gutu District

The contemporary OVC strategies refer to the OVC programmes being implemented by government line ministries, FBOs and NGOs. This theme sought to establish the relationship between these OVC strategies with the extended family as a traditional strategy in the Gutu District. Data was presented as the popular views from the informants and subsequently supported with their direct observations.

The popular view from the informants indicated that whilst the contemporary coping strategies were meant to support the noble work that the extended families were doing

as traditional safety nets for OVC, they must a greater extent destroyed the social structures and helped to sustain the overburdened traditional structures in OVC care and support. For instance, INT.M1 observed that,

> *It is a fact that the extended families are no longer able to sustain OVC challenges on their own. They need to be integrated with the modern strategies that include the government, churches and NGOs. However, the coming in of these stakeholders has emasculated the utility of the extended families directly or indirectly in OVC care and support. Directly, the social fabric of society was destroyed by the curriculum of our education that emphasised much on the western type of living than our own. The other reason for the dilution of the utility of extended families from our point of view as educationists is the dispersion of families to different places through employment. People are no longer living at one place like what they used to do long ago. When one graduates from the university, he/she will go to work in an urban area, buying a house there and never to come back to the rural home. So apart from the curricula that were western oriented, family disintegration due to various factors contributes to ineffectiveness of extended families.*

Similarly, INT.M2 explained that from the social welfare department, they try to find the closest relatives of the OVC within the community where they are living and usually discover that they might be there but not in unity with each other. He indicated that some of the relatives have been relocated to a distant place through land redistribution. Some have crossed the borders seeking opportunities and established their home there and to take on their deceased relatives' OVC becomes a complex process is too complex. In his final remarks INT.M2 stated that,

> *The socio-economic difficulties that the country of Zimbabwe has experienced for the past three decades have caused the extended families support system to diminish. Nobody wants to take responsibility over children of his/her deceased relatives whilst he/she is struggling to look after his own. The economic situation is now difficult in Zimbabwe. To those extended families that have absorbed their deceased relatives' OVC it is not because their socio-economic situations are well but it is a sacrifice. Hence, in such a scenario as this there is need for contemporary assistance to strengthen the extended families. So, in my experience, we find some extended families refusing to absorb their relatives' OVC because of the socio-economic situation at their disposal.*

In a similar view, INT.F2 indicated that although the extended family is still the predominant safety net for OVC in Gutu District, the number of OVC who do not have birth certificates shows that their co-operation with the government is not adequate.INT.F2 observed that the legislative process for the acquisition of birth

certificates for OVC is too complex for them to be able to acquire birth registration for their deceased relatives' OVC. It also seems that there is not enough community education about the legislative processes of acquiring birth registration for the OVC. This being the case, there is a missing link between contemporary programmes and the communities.

6.3.5 Challenges in Implementing OVC Care and Support Programs in Gutu District

This theme sought to establish the challenges that the key informants encounter in implementing OVC coping strategies in the Gutu District. The data was presented in the form of popular views and supported with primary information.

The findings indicated a lack of adequate resources as the most common challenge in the implementation of their programmes in OVC care and support in the Gutu District. INT.M1 reiterated that in their endeavour to implement the government's socio-economic blueprints that guide them in OVC care and support such as BEAM and SIG they are hindered by lack of resources. He further emphasised that Zimbabwe is well known for propounding well-articulated policies in theory but handicapped with regard to the implementation thereof due to lack of resources, as explained by INT.M1,

> *As education department, it is always our wish that every child regardless of status must go to school through the assistance of our main programmes such as BEAM, SIG and/or NGOs but lack of resources deflates our inspiration. Sometimes even if we manage to provide school fees children will not attend school because of lack of other needs such as birth registration, disability, food, shelter and psychosocial support. So, it is our appeal to other OVC stakeholders to not duplicate what we would have done but providing other basic necessities so that our children will not be affected from finishing school.*

In corroboration of the above, INT.M2 explained that national budgets for social services are affected by the poor international relationships and the private sector that used to assist the social welfare department with cash or donations. Thus, to implement the national programmes such as NAP for OVC becomes a challenge. The findings indicated that instead of the government assisting the OVC it waits for NGOs to intervene and then claim that it was government that provided the service through the co-ordinated governance policy. Lack of resources as the major obstacle to the

implementation of government policies was expressed by INT.M3, INT.M7, INT.M5 and INT.F3 who explained that the country's socio-economic status has manifested itself in a lack of funding for its programmes. INT.M5 explained that,

> *Greediness and corruption from the top leadership has caused this to happen. The country has resources such as minerals but they are underutilized and other mines such as the asbestos mine (Shabani and Mashaba) were closed long way back, diamonds in Chiadzwa mine in Manicaland only benefited just a few government elites until it is more accessible. In fact, the politics of our land predominantly are depriving the grassroots of their benefits, stealing and manipulating things to their own benefit. As traditional leaders, we feel this is being caused by our ancestors who are chastising us for failing to uphold the traditional and cultural principles. Thus, we don't see the resources that are at our disposal and if we see them they are only benefiting a few at the expense of the majority poor people like OVC, widows and the physically challenged people.*

This was supported by INT. M5 who noted that the wealth of the country is in the hands of a few while the communities suffer. The rich are becoming richer and the poor are becoming poorer than previously. He further indicated that there is no middle class in Zimbabwe, it is only the rich and the poor and the poor are the majority of the country. The second shared view in the challenges associated with the implementation of policies in OVC care and support was political differences in the communities of Gutu District. INT.M7 remarked that,

> *Long ago politics was there but not at a large scale like nowadays where a brother and a brother hate each other to the extent that even if one dies the living will not take care of his orphans. The Chiefdom politics would not divide the society like today's politics that is full of sabotage. In our communities, this is what is happening today. Opposition parties don't accept the policies of the incumbent government as developmentally oriented but political. Similarly, the incumbent party also politicise their policies at the expense of development. Thus, political differences have divided the societies to the extent that the concept of communalism and Ubuntu has been eroded and buried in the dustbin of oblivion*.

Similarly, INT.M4 commented that it was politics that orchestrated the termination of the contracts of NGOs and made other NGOs voluntarily withdraw their services in the Gutu District for fear of their lives. In this regard, the findings indicated that the NGOs were labelled as agencies that campaigned for the opposition parties in Zimbabwe. Hence their contracts were terminated and now there is no civil society to challenge the

government on the way they treat citizens or exercise power in ruling the country. INT.M6 observed that,

> *Politics is now being used everywhere even in the implementation of policies which are meant for development of our communities. For instance, last month we were informed that there was an OVC stakeholders meeting where one of the ministers from the government would come to address. To my surprise as a councillor of the opposition party, the ZANU-PF members attended that meeting wearing their political regalia while chanting liberation songs and eulogizing political party leadership at a meeting which was meant for development. Thus, all the development policies like indigenous, ZimAsset, Citizenship Education, NAP for OVC and ZINASP, when it comes to implementation are politicised to the extent that the opposition party members will withdraw their participation or sometimes sabotage some community programmes that are run by the community leaders.*

While supporting the political differences and acrimony as an obstruction to policy implementation in Gutu District, INT.F3, INT.F2 and INT.M3 agreed that there is also lack of involvement of the communities in policy formulation processes. The findings indicated that most of the policies are implemented by the incumbent government without consultation with citizens, and such policies fail to achieve their intended objectives in development.

6.3.6 The Relevance of Kings' Granary and Extended Family in OVC in Gutu District

This theme sought to establish the utility of the traditional welfare-oriented models like *Zunde ramambo* and extended families. Data was presented in the form of common views of the interviewees and supported by direct information where necessary.

The findings indicated that both the Kings' granary and extended families as models of OVC care and support are relevant but cannot sustain the OVC on their own, as they need to be supported by NGOs, government, churches and the private sector. In this regard INT.M2 noted that although practically it seems that the Kings' granary is no longer relevant the concept is still in existence and operational as part of broader support. The findings indicated that the extended family is still relevant as OVC are absorbed into their extended families. It was indicated that the prevalence of OVC strained the capacity of extended families to achieve sustainable livelihoods. Most of

the informants concurred that the kings' granary is still relevant and in existence as a concept as well as extended families but are overburdened by the multiple demands and increasing numbers of OVC. INT.M1 remarked that,

> *Kings' granary is the contemporary social welfare model at its primitive stage. Everything has its beginnings. This is the same with the kings' granary, which was agrarian oriented in its primitive stages but as time progressed it developed into other forms such as the government, NGOs and the churches. Although some people may say it is now an obsolete welfare approach, it is not. The agrarian aspect of the kings' granary was affected by several factors that made it to evolve into other forms that are appropriate to the governance system of the time. Such factors include population growth, change of governance systems due to modernism, climatic changes and droughts. Similarly, the extended families are also having challenges in coping with the demands of OVC but it is still relevant and operational.*

INT.M2, INT.M4, INT.M6 and INT.M3 shared the view that the kings' granary and extended families are still relevant, although constrained by the multiple challenges of OVC. INT.M2 commented that the kings' granary worked as a welfare model during its time because the population was smaller and manageable. INT.M4 observed that traditional governance has been incorporated into the modern contemporary governance systems and the kings' granary concept has evolved into other modern forms. INT.M6 added that,

> *No matter what the contemporary organisations are doing in caring for and supporting OVC, they cannot outweigh what the extended families are doing. The NGOs and the government may give food, money, fees or even if they are to build shelter for OVC but the fact is that extended families are the ones that carry more burdens of OVC daily.*

In corroboration of the above, INT.M3 noted that the traditional coping strategies need to be supported with the modern approaches. For instance, the government, NGOs and churches must augment what the extended families do to support OVC. Extended families may not have resources but they are the direct caretakers of OVC who ensure that children have eaten, go to school, and are hospitalised and comforted.

6.3.7 The Possible Remedial Mechanisms for OVC Challenges in Gutu District

This theme sought to establish the perceptions with regard to what should be done as remedial mechanisms to address the burden of OVC in the Gutu District. Data was

presented in the form of the most common views supported with direct observations where necessary.

The most common view that emerged as the remedial mechanism for OVC challenges in the Gutu District was creating a unity of purpose among the OVC stakeholders. The findings indicated that the unity of the stakeholders is presently seen more in principle than in practice. The government policies advocate for multi-sectoral approaches and co-ordinated governance systems which depict unity of purpose among the stakeholders in OVC care and support. However, the findings indicated that these concepts of unity are more political rhetoric than reality. The unity of purpose among the stakeholders will complement each other in caring for and supporting OVC.

INT.M1 remarked that failure to separate development issues and politics has divided the OVC stakeholders within the local rural communities of Gutu District, and explained that,

> *If only OVC stakeholders were united in our communities, mitigating the OVC challenges was going to be slightly better. However, as it stands now our society is divided due to political differences and unresolved conflicts that have protracted for many years. For instance, in Gutu District, political motivated violence after the 2008 elections that caused a lot of atrocities to the general populace is still haunting the community and the relationships of people are still yet to be mended.*

INT.M2, INT.F1 and INT.M4 agreed that while the government is advocating for the empowerment of indigenous people, it should consider the importance of interdependence of countries and individuals. In this case, no country can survive with the other. It is therefore important for Zimbabwe country to restore its former relationships with other countries so that NGOs, donors and investors in those countries can be engaged.

The second common remedial mechanism was funding the community-based projects run by the community such as gardening, chicken rearing and piggery. INT.M5 and INT.M6 agreed with this view of the government or other stakeholders funding and assisting the community people with resources to expand their projects to the point where they cancommercially sell the products and make a living. INT.F1 indicated that

as much as they want to visit people in the remote areas of Gutu District to implement their programmes, they are being hindered by lack of resources.

6.4 CONCLUSION

The data presented in this section was obtained from the FGDs and the key informants. In the understanding of the OVC concept, the findings indicated that an orphan must be a child under the age of 18 who had lost both parents or one parent through death, whereas a vulnerable child is a child under the age of 18 with both parents living or where one parent has died, and who is living in extreme poverty, experiencing chronic illness, or where his/her parents are sick and married children. The findings from the care-givers' FGDs indicated that despite the submergence of the traditional OVC coping strategies such as *Zunde ramambo* (Kings' granary) and extended families through increasing modernism, they are still relevant and operational, although at a lower sporadic scale than previously. The cause of the traditional coping strategies being subverted was alleged to be the multifaceted demands of OVC emanating from the HIV/AIDS pandemic that has exacerbated the OVC phenomenon in Africa in general and Zimbabwe.

Other factors include modernism, changes in governance approaches and political advancement that have superseded humanitarian security issues. While all the trajectories in OVC care and support were acknowledged, the findings also indicated that despite the assistance rendered to OVC by various stakeholders, there is misalignment in the relationships among them that is loosely underpinned by political correctness with the incumbent government. These findings were corroborated by the informants who have shown that despite their efforts as individual departments and organisations or as a consortium, they are affected by lack of resources, political differences in the communities and cultural disharmony between the indigenous and the modern lifestyles. The next chapter will present the analysis, discussion and reflection on the theoretical implications of these findings in relation to the existing literature and the theories reviewed in chapters 2 and 3 of this study.

CHAPTER 7
ANALYSIS AND META-THEORETICAL CONSIDERATIONS

7.0 INTRODUCTION

Notwithstanding the prevalence of community-based OVC coping strategies in the Gutu District of Zimbabwe since the 1980s, maintaining sustainable livelihoods and providing care and support for OVC is one of the biggest challenges in Zimbabwe as the growing numbers overwhelm available resources. HIV/AIDS, exacerbated by high poverty levels, is one of the main contributors to OVC numbers in Gutu District. Understanding the magnitude of the problem and the socio-demographic characteristics of OVC provides a foundation for building programmes of appropriate design, size and scope. The Gutu context is characterised by the rapid collapse of social security due to the socio-economic and political instability that has affected the country for the past three decades (Muronda, 2006).

The study's literature review was informed by the basic human needs theory (Maslow, 1943; Max-Neef, 1991) and Ubuntu philosophy (Mbigi, 1995; Samkange, 1980; Mbiti, 1976) (see Chapter 2). These two sets of theories were reviewed to understand the underpinnings of community-based OVC coping strategies within the context of this study. Conceptually, the historical cultural hermeneutics of Okere was reviewed as an epistemological tool to address the gap between the contemporary and traditional OVC coping strategies (Okere, 1983) (see Chapter 3). The review of historical hermeneutics was an attempt to provide a philosophical basis for the concepts and observations that the study aimed to examine. Based on Okere's work that seeks to bridge traditional and contemporary strategies (i.e. traditionalism, medievalism and modernism), the author proposed an integrated model of OVC care and support that seeks to address the failures of the contemporary and traditional coping strategies in Zimbabwe. Specifically, the question to be answered was as follows: Why have prevailing contemporary and traditional OVC coping strategies pursued and adopted separately failed to achieve sustainable livelihoods for OVCs in Zimbabwe?

In attempting to address the above question, the study was guided by the following objectives: (i) to explore the nature of OVC care and support systems; (ii) to assess how traditional and contemporary coping strategies separately address OVC challenges; and (iii) to examine how traditional and contemporary OVC coping strategies can be integrated to foster sustainable livelihoods for OVC in the rural local community in the Gutu District. Existing literature established that the government has enacted many policies and legislative Acts in support of the rights of children in general and OVC (see Tables 2.5 & 2.6 in Chapter 2). Furthermore, the government in its quest to protect and provide security for children has ratified the regional and international conventions and policies including the United Nations Conventions of the Rights of the Child (UNCRC) of 1989 (see Table 2.4 in Chapter 2). Literature reveals that in the period 1990 to the 2000s, there were more than 200 NGOs assisting with the well-being of OVC in Zimbabwe. Despite all these efforts, sustainable livelihoods for OVC in Zimbabwe have not been achieved. Empirically, the findings have established that the livelihood of OVC and care-givers has continued to deteriorate despite the efforts made by the government and its stakeholders in mitigating their challenges. The recent succession wars within the incumbent government (ZANU-PF) have contributed to corruption, abuse of the poor, and misappropriation of resources for political expediency.

In the foregoing chapters (Chapters 5 & 6) findings from various informants were presented. This chapter analyses, interprets and presents the meta-theoretical considerations of the study based on the cultural hermeneutics theory. Thematic analysis by Braun and Clarke (2006) was used to present, analyse and interpret the findings of the study. The thematic approach was preferred because it is theoretically flexible in analysing qualitative data gathered through Focus Group Discussions (FDGs), in-depth interviews, historical narratives and semi-structured interviews. Thus, for a logical arrangement of facts and ideas, the main objectives were used as the premise to support the four thematic issues extracted from the findings. The findings were analysed and interpreted in the following order: firstly, the main theme extracted from the socio-economic experiences of care-givers and OVC (demographic profiles). Secondly, the main theme on the nature of OVC care and support systems in Zimbabwe

was presented. Thirdly, the theme from the contemporary and traditional coping strategies in addressing OVC challenges in Zimbabwe was discussed. Lastly, the main theme extracted from the feasibility of integrating the traditional and contemporary OVC coping strategies for a sustainable livelihood in Zimbabwe were discussed. In closing the chapter, a critical analysis of the meta-theoretical considerations through Okere's cultural hermeneutical heritage theory within an open systems development paradigm is presented as the basis to produce new knowledge.

7.1 SOCIO-ECONOMIC EXPERIENCES OF CARE-GIVERS IN OVC CARE AND SUPPORT

There were extensive findings associated with the socio-economic experiences of the care-givers. Within these findings, issues of inheritance in the Gutu District were a major recurring theme from both care-givers and OVC, followed by the disintegration of the family unit. Other experiences that emerged include the abandonment of children or wives, unfounded allegations, exploitation, forced marriage and sexual violence against widows and girl children. It was of importance to note that the inheritance issues within the OVC care and support narrative contrasts with the advent and prevalence of women's and children's inheritance rights laws enshrined in the women's international rights conventions, children's rights conventions and the national constitutions (see Table 2.4 in Chapter 2). This finding is supported by Shanalingigwa (2009) and Levine and Levine (1991) who suggest that there is a tension between western cultures and indigenous traditions. In their view, even if African countries attempt to transform the lives of their citizens based on international law, they will continue to espouse their traditional cultures and norms. Although women's and children's rights are articulated in law the reality is that in practice tradition takes precedence in rural communities.

The respect given to traditional inheritance practices is premised on the community's resistance to accept the metabletic philosophical underpinnings. Metabletics as a philosophy and theory of change (Mook, 2009; 2013) enhances the processes of openness thereby accepting novel ideas in development. With reference to cultural hermeneutics, this metabletic transformation of human existentialism does not

necessarily mean the abandonment of an entire societal heritage. However, this type of change, according to the study, connotes a process of conceptual metamophosis of traditional practices (traditionalism) from a rudimentary into an advanced one that embraces contemporary practices. That being the case, the process of conceptual metamorphosis can only comes into being through diplomatic integration of both the traditional and contemporary coping strategies.

7.1.1 Theme 1: Inheritance Issues in Families

The concept and practice of inheritance within the Shona culture and tradition plays a central role in their socio-economic cohesion that cannot be underestimated despite the prevalence of modern laws in the distribution of the deceased person's estate. According to Rose (2008), the concept of inheritance refers to the process of taking over the ownership or use of the person's property when he or she dies. In Zimbabwe, the inheritance process is regulated according to the customary (traditional) law and the general law of Zimbabwe (contemporary). The function of the two parallel dimensions of laws was stipulated in the Administration of Estates Amendment Act No. 6 of 1997 (GoZ, 2006). The GoZ (2006) stipulated that when the deceased left a will, general laws always apply, and when the deceased has not left a will, either the customary law or the general law may apply. Rose (2008), GoZ (2006) and Machingura (2012) highlight that in the absence of a will, customary law, which varies between ethnic groups, is administered by chiefs and will be applied if the deceased person was married according to customary law and lived a customary way of life. The GoZ (2006) further indicated that under the customary law, the estate is shared among the spouse or spouses and the children, regardless of whether a marriage was registered or not.

Furthermore, Rose (2008) and GoZ (2006) emphasise that the family of the deceased draws up an estate distribution plan which must provide for all persons who were cared for by the deceased and the general laws will be applied if a person had contracted a civil marriage and lived a more modern westernized way of life. With reference to the findings, the demographic profiles of the care-givers and OVC indicate that it was predominantly the customary law approach that was used in the distribution of inheritance rather than the general laws of Zimbabwe. This implies that most of the

marriages in the rural communities of Gutu District of Zimbabwe were undertaken in customary law rather than the general modern laws. Consequently, the existence of tensions regarding inheritance as a major finding of the socio-economic experience of care-givers and OVC in the Gutu District is an unexpected outcome because of the disjuncture between dual laws (customary and general) in the country. Being cognizant of this disjuncture, vindicates the adoption of Okere's cultural hermeneutics that seeks to create a fine balance between the recognition and implementation of the relevant compatible elements of both the traditional and contemporary laws in inheritance issues.

Further to this disjuncture the ignorance of inheritance laws and rights of women and children at grassroots level has also aggravated OVC challenges related to inheritance issues. There is a convergence of views between the findings from the care-givers, OVC focus groups and the key informants that the traditional governance structures have been eclipsed by the contemporary governance systems. Thus, instead of the traditional leaders executing their autonomous justice regarding human affairs, their approaches are compromised through their status in the contemporary local governance system. This lies not only in the execution of inheritance matters but even in welfare approaches where the *Zunde ramambo* (Kings granary) is largely compromised and the culture and traditions of the land currently submerged by modernism. Concerns about inheritance were corroborated by FGD1F1 who explained that all their cattle, goats and other property that my husband left was taken by force with his relatives in the auspice of sharing the inheritance of their deceased relative (See Table 5.21 in Chapter 5).

Although there were other informants who shared the same sentiments, FGD1F1 expressed her views strongly in the discussion about the issue of property grabbing by the deceased husband's relatives despite her inheritance rights as spouse and mother of the children. On the other hand, FGD2M2, a male counterpart, also indicated that when his wife died he was forced to pay bride wealth or *lobola* for his deceased wife. Furthermore, the property that he bought together with his wife was confiscated and shared customarily amongst her relatives and just a few items were given to his children, as he explained that the main challenge came at burial when his in-laws

demanded for payment of the bride-wealth (lobola) before they allowed him to bury their daughter because he had not finished paying the bride-wealth (See Table 5.21 in Chapter 5).

Within this framework, Chizororo (2008) argues that despite the existence of the general laws to support people in the unwarranted confiscation of their property through inheritance, the fear of avenging spirits (*ngozi*) forces them to comply. In the Shona culture, the property and clothes of married women are to be shared among her children and sisters. If her husband's family refuses to part with them, it conjures the avenging spirits that will kill people within that family. As a result, this fear makes the Shona people comply with their customary way of doing things than to the general laws and the modified customary laws. Similarly, FGD5G1, an OVC, indicated that when her parents died her father's elder brother assumed guardianship, took advantage of his status and confiscated all the property left by her deceased parents. FGD5G1 explained that when their parents died, they left some livestock that included cattle, goats and chickens. Some were taken and shared as inheritance with our parents' relatives (see Table 5.29 in Chapter 5).

This anomaly can be directly linked to the existing literature (Sachikonye, 2004; Matutu, 2014) who argue that whilst Zimbabwe is well known for crafting well-articulated frameworks and legislative laws, their legal frameworks lack the grassroots input and understanding that ultimately it does not benefit the lives of the citizens. Similarly, in the existence of inheritance laws (contemporary and customary), the community is still being affected by tensions around inheritance and confiscation by ruthless relatives. It may be construed that the inheritance challenges are related to other socio-economic experiences of the care-givers and OVC in the Gutu District. A typical example of these would be a lack of school fees, food, shelter and living in poverty. The study established that the deprivation of inheritance of care-givers and OVC underpins disunity within the extended families and communities at large. This view was reiterated by FGD5B4, that the most difficult experience he had was when his father's inheritance was shared by people who later rejected him after they had squandered his father's wealth (See Table 5.29 in Chapter 5).

A convergence of the literature and the findings indicate that despite the existence of the traditional laws and the general laws that seek to protect the rights of both the children and women within their communities, there is still an imbalance between the two that should be clarified. Rose (2008:11) indicates that the two headmen and chiefs in one of the rural communities in Zimbabwe confirmed the inconsistency between the general laws and customary laws;

> *They were struggling to reconcile the general law with customary practice in their communities. One of the chiefs said that members of his community had been trying to protect orphans before the law was passed. But he also argued that the law needs to be balanced with customary practice. In his view, the law should be implemented differently in rural areas as opposed to urban areas to account for the needs of extended family members. He also suggested that the law should be amended to provide more guidance to local leaders about how to implement the law under various circumstances such as polygamous marriages, numerous dependents in extended families, and different types of property.*

Consequently, drawing on the literature and the findings discussed above, it appears that the non-sustainability of the community-based OVC coping strategies is not caused by the absence of the strategies but by the inconsistencies between the traditional and contemporary strategies as indicated by the findings in the preceding chapters (Chapters 5 & 6) and literature review chapters (Chapters 2 & 3) of the study. The discord lies not only in the customary laws and the general laws as indicated by Rose (2008), but also in the stakeholders' programmes that are being implemented at grassroots level. They are well defined in principle but are not harmonious in practice and do not benefit the target group. If the contemporary and traditional approaches were in harmony, the issues of inheritance would not be a challenge as explained further below.

Firstly, Zimbabwe ratified the United Nations Convention on the Rights of the Child in 1990 and subsequently signed it in 1992. The country is also a signatory to the African Charter on the Rights and Welfare of the Child (see Tables 2.4 & 2.6 in Chapter 2). Both protocols recognise children as rights bearers and define their rights on paper, although they do not maintain their right to inheritance. This study has established that these laws may be functional in the urban areas but in the rural areas people remain unaware of such legislation. While some informants confirmed awareness of their rights, they deliberately espoused their traditions more than the general laws for cultural

reasons, notwithstanding the failure of the traditions to sustainably resolve their inheritance challenges.

Secondly, several laws in Zimbabwe are important in the children's property and inheritance rights, with one of the most important being the Administration of Estates Amendment Act No. 6 of 1997 (GoZ, 2006). This applies when a deceased person leaves a will, although it recognises that a customary heir is entitled to treatment articles. Thirdly, Zimbabwe has promulgated other Acts that are relevant to children's inheritance including the Deceased Estates Succession Act (1873, as amended 2001); the Deceased Persons' Family Maintenance Act (1978, as amended 2001); the Births and Deaths Registration Act (1992, as amended 1998); the Children's Rights Act (1971, as amended 2002); the Children's Protection and Adoption Act (1996, as amended 2013); and the Guardianship Minors Act (1961, as amended 2002) (Rose, 2008; GoZ, 2006). While all these laws are well articulated, some informants indicated lack of knowledge about their existence, while others viewed them as being unhelpful and in contradiction of theirindigenous cultural tenets.

Lastly, the existing literature recognises the policy that reinforces children's rights laws such as NAP for OVC of 2004. This policy ratifies the dual legal systems (customary and modern) and regional laws that were enacted to protect children. However, despite the quality and the longevity of the existence of these laws the study established that the worst child maltreatment in the community exacerbates the poverty and vulnerability of the OVC when there are disputes around inheritance. The study has attributed this to disharmony between the traditional and the contemporary structures due to various reasons such as modernism over traditionalism, and politics taking primacy over humanitarian security. By implication this means that traditional structures are no longer respected due to existential behavioural changes of human beings. Linking the deprivation of OVC access to their inheritance is depriving them of their basic needs that are fundamental for survival. What the stakeholders provide should supplement the inheritance left by the deceased parents of the OVC. As a precautionary measure, a theory that integrates the philosophies that sustain the rival community-based OVC coping strategies (such as traditionalism, medievalism and

modernism) must be reconciled through the cultural hermeneutics of Okere. According to Matshabaphala (2001), this integration process may be more feasible when implemented within an open system paradigm than a closed one. To this end, it can be reasonably argued that, if the compatible relevant elements entrenched in both the traditional customary laws and the general contemporary laws are complementarily integrated, this will produce a new model to mitigate the perennial challenges of inheritance issues of OVC in Zimbabwe.

7.2 NATURE OF OVC CARE AND SUPPORT SYSTEMS IN ZIMBABWE

Regarding the nature of OVC care and support in Zimbabwe, information from care-givers, OVC FGDs and the narrative interviews indicated that the disproportionality in the provision of the basic needs of OVC was an area of concern. The disproportion in the provisions of OVC emerged as the major theme where the interviewees explained that the provision of OVC needs must not be compartmentalised and sporadically supplied if sustainability is to be ensured. The holistic approach means the provision of the five basic human needs, namely food, shelter, education, health and psychosocial support, as a single package (Tiger, 2006; REPSSI, 2000; Reneke-Bernard; 2005) (see Figure 2.4 in Chapter 2). According to the informants, the fivebasic needs of OVC were considered as one need and the provision of a part of them induces the need for others. As a result, the disproportion in the provision of the basic needs as a major theme resonates with the fundamental basic needs approach by Reineke-Bernard (2005) who argues that both the traditional and contemporary OVC coping strategies should holistically provide satisfiers in the form of health, shelter, food and education if these strategies are geared to achieve sustainable livelihood of OVC. These satisfiers of basic human needs, according to Max-Neef (1991), incorporate culture, tradition and norms of the local people. The findings of this study indicate that the local people in Gutu District advocated for the provision of material satisfiers but by implication, material goods alone cannot achieve sustainability of OVC care and support. If any one of these fundamental needs is missing in the package they receive, it affects the other. The disproportion of the provision as a theme and a major area of concern from the informants is therefore analysed and further linked with the existing literature below.

7.2.1 Theme 2: Disproportion in the Provision of OVC Basic Needs

The literature (UNICEF, 2006; Miller, 2011; Murisa, 2010; Max-Neef, 1991) concurs to a large extent that the rise of children's rights in the early 17th and 18th centuries was catalysed by child maltreatment predominantly based on physiological needs such as food, shelter, education, medication and clothing. In time UNICEF (2006) indicated that the psychological needs were also equally valued and added this to the physiological needs mentioned above. All the needs (physiological and psychological) were mentioned by Reyneke-Benard (2005) (see Figure 2.4 in Chapter 2) as being fundamental to human existence. The physiological needs were therefore endorsed by this study as the five fundamental needs because of the value attached to them when compared to psychological needs. The informants placed more value on the five main needs and less value on the psychosocial needs (see Table 6.39 in Chapter 6).

In Chapter 6, the OVC listed their interests and needs in order of importance as follows; food, shelter, clothing, health, education and psychosocial support. When asked to substantiate this order and the reason for listing psychological needs last, they indicated that in most cases once the physiological needs are met through the provision of the 'big five' fundamental needs, the psychological needs would have been covered as well except in some exceptional cases. The study by Shanalingigwa (2009) indicates a cross-sectional analysis from the existing literature of what constituted child maltreatment, although culturally contested (see Table 3.9 in Chapter 3). Shanalingigwa's child maltreatment analysis helped the researcher in viewing the disproportion in the provision of basic needs in different cultural and philosophical contexts of child upbringing (in both theory and practice).

In this thematic, both the care-givers and OVC informants agreed that in addition to their own home-based coping strategies that include crops/livestock, self-employment and some wages (see Tables 5.28 & 5.29 in Chapter 5) they are also being assisted by NGOs, government, FBOs, politicians/business people and traditional leaders. Regarding the extent of the assistance they receive from the stakeholders, NGOs are ranked first and the traditional leadership at the lowest level (see Chapter 6). This ranking reflects the subjugation of the traditional systems in rendering assistance by the

contemporary system, not only in OVC care and support but also in other humanitarian security aspects. This aligns with what the existing literature from the studies by Mbigi (1995), Mararike (2004) and Letseka (2012) revealed, which reflected that African societies depending on western aid has polarised and reduced the voice of the indigenous communities. According to Chimhanzi (2010), *Ubuntu* philosophy has been reduced to theoretical rhetoric and is not as widely or deeply practiced as would be expected, given the strength of the rhetoric. The researcher argues that what constitutes the unsustainability of prevailing coping strategies is the failure to practically translate the *Ubuntu* philosophy in the crafting and implementation of sustainable strategies. Thus, the findings of this study predominantly indicated there is a need to blend the traditional approaches and the contemporary coping strategies to develop a hybrid model that is indispensable in fostering sustainable livelihoods for OVC in Gutu District**.**

Whilst the community-based coping strategies have been in existence in both theory and practice, the informants indicated that the provisions of the 'big five' needs of OVC are disproportionate and inconsistent to the extent that they depend on their own home-based coping strategies that are not sustainable. The majority of informants indicated that instead of the stakeholders focussing on the provision of the 'big five' needs, they resort to the provision of psychosocial needs. Table 6.31 in Chapter 6 illustrates the findings from the care-givers about the OVC in the Gutu District living in extreme poverty (see Table 6.31 in Chapter 6). From the findings, it can be noted that the main challenge as they perceive the situation is not the absence of assistance but rather the inconsistency, inadequacy, disproportionality and erratic supply of basic needs that are fundamental to their survival. In support of this view, FGD1F1 noted that, their problems are not there because of the absence of organizations that are trying to assist them and their children to make a living but the termination of international NGOs' contracts in their area on political grounds created these challenges (FGD1F1 Widow: FGDs Informant, Chapter 6).

Similarly, FGD2M2 remarked that when stakeholders assist OVC, they should start with the most important priorities and then the lesser priorities. According to FGD2M2,

the OVC care and support in Zimbabwe that is provided through its policies such as NAP for OVC for 2014 and ZINASP for 2006-2010 encourages assistance to OVC in all aspects of human life but because of limited funding for local NGOs, government and FBOs, they now focus on empowerment at the expense of physical needs. The informants are advocating for an approach that is informed by Maslow's hierarchy of needs which states that human needs begin with the physiological and move to the psychological (Maslow, 1971; 1943) and not *vice versa*. Williamson (2000) argues that the lack of fundamental needs of children such as food, clothes, shelter and education being met is the foundation for exploitation, sexual abuse, prostitution, drug trafficking and engaging in criminal activities. Whilst some of the manifestations of the absence of the basic needs such as prostitution, poverty and drug trafficking are psychological, they are also the manifestation of the lack of the 'big five' of OVC. FGD1F1 explained that as care-givers they are very thankful to NGOs such as BHASO, Capernaum Trust, Action Fam and DutchCare for implementing programmes in Gutu District that are assisting OVC in different ways. BHASO has formulated support groups which are offering PSS, counselling and advocacy for OVC support and care, Capernaum Trust is paying school fees for intelligent OVC, and Action Fam, DutchCare and BHASO have implemented the gardening co-operative programme in Gutu District. She also indicated that although these programmes from NGOs are not fostering sustainable OVC livelihoods in our communities but they have gone a long way in trying to mitigate OVC challenges in our communities (FGD1F1, Widow, FGDs Informant, and Chapter 6).

This informant suggests that the prevailing OVC coping strategies from different stakeholders are doing the best they can but overlook the main concerns of the beneficiaries. Evidence from both literature (Max-Neef, 1991; Maslow, 1971; Reyneke-Bernard, 2005) and findings converge in the shared view that what the OVC and care-givers need most are physiological needs before the psychological. Meeting psychological needs which is predominantly offered by the NGOs and government in the Gutu District is not helpful without the physical needs first being met. Whilst the psychological needs are important, what becomes an impediment to survival of OVC is when they are made a priority at the expense of the physiological needs. A closer

examination reveals that physiological needs are lacking among care-givers and the community because of the socio-economic status of the country and hence needs immediate attention before the psychological needs. It can also imply that in the presence of the basic physiological needs, the care-givers are well able to offer psychological support to OVC. Thus, stress, emotional problems, thinking of the deceased parents, prostitution and exploitation of OVC are precipitated by poverty, which manifests itself in the serious lack of basic physiological needs being met. It is a reality that there are no perfect approaches to achieving sustainable livelihoods, yet a comprehensive and consolidated approach based on the best elements of both traditional and contemporary approaches would appear to offer the best possible approach. It is also important to take note that what causes this disjuncture in the provision of needs in the context of this study is the philosophical differences that inform the coping strategies (traditionalism, medievalism, modernism). A new model that integrates both philosophies through Okere's cultural hermeneutics was proposed to address discrepancies in OVC care and support.

7.3 CONTEMPORARY AND TRADITIONAL OVC COPING STRATEGIES

The study attempted to establish the reason for prevailing contemporary and traditional coping strategies in OVC care that failing to attain sustainable livelihoods in the Gutu District. This objective sought to identify and critically analyse the existing community-based coping strategies for OVC to diplomatically mediate their rival elements as suggested by Okere (1983). Okere (1983) argues that communities should no longer be orchestrating disunity based on rival socio-economic and political ideologies but should rather endeavour to diplomatically mediate them for sustainable development. This segment of analysis focuses on analysing the contemporary and traditional OVC coping strategies based on the empirical views of informants. Table 7.1 below illustrates the stakeholders' community-based strategies and programmes for OVC care and support and their limitations in achieving sustainable livelihoods for OVC in the Gutu District. The table below is a collaboration of different views of the OVC stakeholders presented in chapters 5 and 6 respectively.

Table 7.1: Analysis of Stakeholders' Community-Based Strategies & Deficiencies in OVC Care and Support in Gutu District.

Stakeholder(s)	Community-Based Strategies	Community-Based Programmes	Deficiencies in OVC Care and Support
Government -Education -Social-Welfare -NAC -Health Department -Registration Department -Councillors	-OVC Policies -Legislative Acts -Regulating Stakeholders participating in OVC Care and Support -Resource Mobilization -Co-ordinating stakeholder programmes -Implementing development policies -Humanitarian and state securities.	**#School Fees** -Basic Education Assistance Module-BEAM -School Improvement Grant- SIG **#Security & Protection** -Community-Based Child Protection Committees **#Identification of OVC** -Community-based Selection Committees **#Law Enforcement** -Policies -Legislative Acts **#Birth Registration** -Issuing of Birth Certificates **#Charity** -Food hand-outs -Clothing and Shelter **#Treatment and Care** -Free Medication -Health education	1. Lack of unity in government. 2. Elite Mass Approach in policy-making 3. Corruption in the government structures 4. Bureaucratic governance structures and systems 5. Placing more emphasis on politics than humanitarian development and security. 6. Politicisation of national policies atthe expense of development 7. Lack of international relations with other countries 9. Lack of Resources and political meddling in development and humanitarian issues

		-Counselling -HIV testing **#HIV/AIDS Education** -Advocacy -Behaviour Change Education -Prevention and Cure	
NGOs -BHASO -Capernaum Trust -Action Fam -Dutch Care -RUDO	-Implementing development policies -Humanitarian Relief Service providers. -Education -Psychosocial Support -Co-operatives -Advocacy -Workshops -Home-Based Care -Orphanages -Vocational Training -Rehabilitation	- School Fees - Psychosocial Support - Gardening - Food hand-outs - Support Groups - Advocacy - Empowerment - Counselling - Workshops - Vocational Training -Co-operatives	1. Lack of funding and resources to implement their programmes 2. Disharmony with the incumbent government on political grounds 3. Politicization of humanitarian and relief work 4. Clash of cultural ethos (western and Indigenous cultures). 5. Fear of victimization on political grounds 6. Working ethos with the incumbent government clashes more often.

			7. Families and the communities are divided on political and religious grounds.
FBOs -EFZ -ZCC -UDACIZA -CBZ	-Spiritual and Moral Guidance. -Children's Ministry Services -Conferences -Orphanages -Vocational Training -Charity work - Advocacy -Education -Psychosocial Support -Fundraising	- School fees - Counselling - Advocacy -Food Hand-Outs / Alms -Referrals to orphanages, NGOs and Welfare Department -Clothing -Vocational Training Services -Fundraising	1. Disunity and hatred amongst the FBOs organizations 2. Different doctrinal beliefs, constitutions and governance approaches 3. Socio-Economic Challenges in the country 4. Fear of political victimization because everything in the country is politically censored. 5. Acrimonious relationships in the community on political grounds 6. Divisions of families in the communities due to religious and political affiliations 7. Lack of resources and political involvement in church activities.
Traditional Leaders	-Cultural custodians of the communities	-Distribution of Land -Farming & Gardening -Conflict Resolution	1. Lack of autonomy of executing their traditional governance systems

-Chiefs -Headmen -Village Heads	-Zunde ramambo (Kings' Granary) -Extended Family Management. -Customary Law -Traditional Courts - Birth Registration -Charity and Referrals to NGOs/Government - Land Distribution -Policy implementation -Policy formulation	-Presiding over inheritance issues in families and settling of disputes - Management of Extended Families -Birth-Registration Acquisition processes -Presiding over the Zunde ramambo Scheme -Executing Customary Law	2. Poor working relationship with the incumbent government because of the political environment of the country. 3. Poor working relationships with other stakeholders on grounds of beliefs, culture and working ideologies such as churches and NGOs. 4. Their programmes such as Zunde ramambo have been taken over by the government and they have been reduced to government workers. 5. Lack of resources to help the OVC when rains are erratic and sometimes there is no rain at all. 6. Poverty has become a major impediment to their working ethos as traditional leaders. 7. Cultural distortions due to modernism, churches and NGOs that are coming into the

			country without appropriate working orientation.
Care-Givers -Widows -Single -Married -Divorcees -CHHs	-Psychosocial Support - Education -Empowerment -Birth Registration -Care and Support -Health -Co-operatives	-Counselling -Provision of Food, Shelter, Clothes and School fees -Acquisition of Birth Certificates - Medication -Gardening -Stockwell	1. Lack of resources to support their children 2. Poverty through the country is currently increasing 3. Disharmony between the government and other stakeholders such as NGOs and Churches on political grounds 4. Divisions in the society and families on religious and political grounds 5. Cultural erosions and distortions that have diluted the love within extended families and the community in general. 6. Lack of knowledge in the contents of the law that supports women's and children in inheritance.

Politicians -Individuals -Political Parties -Member of Parliaments -Councillors	-Implementing development policies -Policy formulation -Advocacy -Charity Work -Fundraising		1. Their support only comes when they want to be voted into power. 2. Lack of resources and political meddling makes the beneficiaries' fear victimization. 3. Empty promises and lies are common. 4. More emphasis is put on political interests than on humanitarian and development issues.

Source: Author (Fieldwork, 2015)

Illustrated in the table above is the shared views of the informants in the prevailing stakeholders' community-based OVC coping strategies and programmes and their inability to attain sustainable livelihoods. Stakeholders include but are not limited to the government, NGOs, FBOs, traditional leaders, care-givers and politicians. From the FGDs, narrative interviews and in-depth interviews, these informants indicated the stipulated strategies, programmes and their shortcomings in achieving sustainable livelihoods for OVC in Gutu District.The researcher identified the recurring themes which informed the interpretation and analysis section. The thematic areas of concern include lack of resources and political meddling; cultural erosion in community/family; and disunity in the Gutu District.

In view of these findings it was established that contemporary coping strategies are being implemented by almost all the stakeholders except traditional leaders. Whilst the government advocates for indigenous knowledge systems in theory, while practically they are upholding the contemporary approaches. This finding of the study therefore converges with the hypothetical problem that underlies this study, which envisages that the unsustainability of OVC livelihood despite of the prevailing coping strategies is because current strategies have submerged indigenous knowledge systems.

7.3.1 Theme 3: Lack of Resources and Political Meddling

The literature reviews in chapter 2 of this study revealed that the culture, philosophy and politics of any given ocuntry have influence in the way the occupants of that country govern their resources (Mbigi, 1995; Broodryk, 2006). Within this framework, the idea of interrelatedness in *Ubuntu* was expressed by Ramose (1999:33) in Zulu, "*umuntu ngumuntu ngabantu/ Motho ke motho kabatho*", which is directly translated to mean, "a man is a man because of others." According to Kaseke (1998), the deterioration of the resources in Zimbabwe was attributed to the socialist ideology based on the indigenous philosophy of Ubuntu that fosters free education and free medical care that is currently manifesting in lack of resources. Lack of resources and political interference as an impediment in achieving sustainable livelihoods of OVC became a key recurring theme in this study (See Table 7.49). It is important to note that lack of resources is associated with both the contemporary and traditional OVC coping

strategies. The contemporary strategies are predominantly represented by the government, NGOs, FBOs and politicians.

7.3.1.1 Government Departments and OVC Care

The government as an OVC stakeholder is comprised of government line ministries that implement its vision at different levels. These include, but are not limited to education, health, social welfare, National Aids Council and registry. These government line ministries implement the incumbent government's policies and legislative Acts in OVC care and support at grassroots level. Challenges encountered by government include, firstly, in socio-economic policies the main reason is predominantly that the government policies are politically manipulated thereby promoting acrimonious relationships between the stakeholders, sabotage and corruption. Even though Zimbabwe is endowed with both natural and human resources that can be translated into the needs and services needed for sustainable livelihood of OVC, it is rated in the ten poorest African countries now.

Zimbabwe has the highest literacy rate in Africa with more than 5,000 graduates each year, yet its economy is rated among the worst in Africa. The ratio between educated, poor and unemployment in Zimbabwe invites more questions than answers as to whether education is a positive indicator of development or retrogression. Guzura and Chigora (2011) argues that for the past two decades Zimbabwe has been commended for its political and ideological firmness against neo-colonialism to the detriment of its socio-economic life which leads to negative international relationships. In this context, Matutu (2014) observes that the government of Zimbabwe promulgated policies to maximize its natural resources such as land, mining and tourism. In this view, the indigenous and the recent ZimAsset policies were enacted precisely to maximize the beneficiation of natural resources of the country for indigenous people. This according to the literature was meant to empower local communities more than the international community and as a fulfilment of the promises made during the liberation struggle. Ideologically, the GoZ (2013: 8) indicated that Zimbabwe acknowledges persisting economic challenges as reflected in the Zim Asset framework,

> *Zimbabwe experienced a deteriorating economic and social environment since 2000 caused by illegal economic sanctions imposed by Western countries. This resulted in a deep economic and social crisis characterized by a hyperinflationary environment and low industrial capacity utilization, leading to the overall decline in Gross Domestic Product (GDP) by 50% in 2008. After the landslide victory by the ZANU-PF Party on the 31st July 2013 harmonized elections, the Party was given the mandate to govern the country for a five-year term. To guide national development for five years, Government has crafted a new economic blueprint known as Zimbabwe Agenda for Sustainable Socio-Economic Transformation.*

In the same way that other socio-economic policies like STERP the indigenization policy and citizenship education failed, the ZimAsset is also doomed to fail without fulfilling its mandate if stern measures are not taken before its expiry in 2018. It is further aggravating and accelerating the rate at which the socio-economic livelihood status of the general populace and the OVC in particular is deteriorating. This in the collaborative stakeholder table of analysis manifests itself in what the findings indicated as lack of unity in government, corruption and political gerrymandering (see Table 7.50). Because these policies are being implemented as a political party manifesto they tend to fail. Typical examples of these approaches are the accelerated land reform of 2002, confiscation of mines and white-owned businesses and properties, Operation Murambatsvina and the war veteran grants of 1997. Thus, instead of the resources benefiting the disadvantaged like OVC, they are benefiting the few elite groups who occupy mansions, drive expensive cars and travel internationally.

The current government policies inclined towards OVC care and support such as NAP for OVC, ZOCP and ZINASP are being constricted due to lack of resources, political interference, and lack of accountability and transparency in the political and community leadership. INT.M6, one of the informants when asked about the challenges associated with the implementation of their community-based OVC coping strategies explained that politics is now being used everywhere even in the implementation of policies which are meant for development. For instance, last month, we were informed that there was an OVC stakeholders meeting where one of the ministers from the government will come to address. He also indicated that as a counsellor of the opposition party, the ZANU-PF members attended that meeting wearing their political regalia while chanting liberation songs and eulogizing political party leadership at a meeting which

was meant for development. Thus, all the development policies like indigenous, ZimAsset, Citizenship Education, NAP for OVC and ZINASP, when it comes to implementation, they are politicized to the extent that the opposition party members will withdraw their participation or sometimes sabotage some community programmes that are run by the community leaders (see Key Informant INT.M6 in Chapter 6).

INT.F1, a female informant during the interview session responding to the question of the challenges associated with the implementation of their strategies, explained that Since the policies for OVC care and support are well articulated, there is need for the resources especially money to implementation. She also lamented that for the whole year as NAC they did very few things in the implementation of the programmes through our stakeholders (see informant INT.F1 in Chapter 6).

The evidence of findings indicated in chapters 5 & 6 of this study concur with the existing literature in support of the view that lack of resources due to political interference in Zimbabwe has contributed to the deterioration of the OVC livelihoods in Zimbabwe. Bratton and Masunungure (2010) argues that the underlying causes behind the lack of resources that undermined provision of social security in Zimbabwe were misappropriation of resources in the post-independence era and corruption. This view was confirmed by INT.M2, he has many years working for the social welfare department of Zimbabwe and he has witnessed several policies coming in and going out without any tangible outcome in helping out OVC in particular and disadvantaged in general. He further comented that NAP for OVC and BEAM programmes are very good programmes and policies but where the error is in Zimbabwean policies are not in formulation but implementation. In the same manner that all these other previous blueprints have failed, ZimAsset is doomed to fail.

Correspondingly, the existing literature through the studies by the Anti-Corruption Trust of Southern Africa (2012:7) indicated that, “Zimbabwe is rated by the 2011 Transparency International (TI) Corruption Perception Index (CPI) among the most corrupt nations in the world. In Zimbabwe, politicians perceive politics as an opportunity for amassing wealth instead of helping people. The leadership itself

engages in acts of corruption and condones such acts on the part of their associates, relatives and friends". This is all done in the presence of the laws and policies that should protect the vulnerable in society. The literature and the findings concur that lack of resources in the implementation of community-based programmes for OVC is not because the country is too poor to be able to support the disadvantaged but rather because the political leadership does not provide the best example for accountability, transparency and integrity (ACT-Southern Africa, 2012). This analysis is a true reflection of what the informants indicated as deficiencies of the government or contemporary OVC approaches in the stakeholder analysis in Table 7.49 above.

Secondly, on the socio-economic legislative Acts on OVC security and protection in Zimbabwe it can be argued that whilst Zimbabwe has ratified the use of both the general law and the customary law on the welfare of OVC as postulated by Rose (2008) and GoZ (2006) they are not implemented to the benefit of OVC. Instead, the care-givers and OVC advocate more for the availability of resources than laws that govern their lives. The government, NGOs and politicians are advocating for human rights, ratifying and enacting more laws that according to the informants does not provide food and school fees and build homes. Reyneke-Bernard (2005) concurs that most of the contemporary stakeholders' input does not transform the lives of the children.

The findings indicated that there is a discordant relationship between the government and the traditional leaders who are the executors of customary law. Whilst the government has ownership of all the resources in the country, the traditional leaders, despite the powers vested in them as executors of traditional laws, have no power over important natural resources in their control. The ministers, Member of Parliament and councillors (political) leaders have more power than the chiefs over the resources. This is mainly caused by the over-centralization of the governance system that puts everything under the control of the government (Ringson, 2014) as INT.M5 explains that greediness and corruption from the top leadership has caused this to happen. The country has resources such as minerals but they are underutilized and other mines such as the asbestos mine (Shabani and Mashaba) were closed a long way back, diamonds in Chiadzwa mine in Manicaland only benefited just a few government elites until it is

more accessible. He went on to say that the politics of their land are predominantly depriving the grassroots of their benefits, stealing and manipulating things to their own benefit. As traditional leaders, we feel this is being caused by their ancestors who are chastising them for failing to uphold the traditional and cultural principles. Thus, we don't see the resources that are at our disposal and if we see them they are only benefiting a few at the expense of the majority poor people like OVC, widows and the physically challenged people (see informant INT.M5 in Chapter 6).

7.3.1.2 Non-Governmental Organisations and OVC Care

NGOs are one of the major stakeholders in OVC care and support. The findings reveal that in Gutu District the NGOs are using different community-based OVC coping strategies and programmes to care for and support OVC. The community-based NGO strategies and programmes are stipulated in the table above and this analysis will focus on lack of resources and political interference as the major recurring theme. The informants indicated that despite good programmes and strategies to help the care-givers and OVC, they are affected by the lack of resources on implementation. Ringson (2014) argues that in 2007 most of the international NGO contracts were terminated by the ZANU-PF government which alleged that they were interfering in the politics of the land in favour of the opposition party. This culminated in the enactment of the co-ordinated governance framework policy that gave the incumbent government the power to scrutinise every NGO and also to have access to and control of their funds. The withdrawal of funding from both the local NGOs and international NGOs by international donors was precipitated by the formation of the co-ordinated governance approach. As a result, the local NGOs such as BHASO, DutchCare, Capernaum Trust, RUDO and Action Fam resorted to empowerment programmes that are not costly in implementation (see Table 7.50). As shown in Table 7.29, the main reasons that contributed to lack of resources in the NGOs operating in Zimbabwe include disharmony between NGOs and incumbent government; politicization of humanitarian and relief work; and fear of victimization on political grounds. It was also discovered that the number of NGOs operating in Gutu District was reduced from ten to two because of lack of funding. Some have abandoned their programme hanging as FGD1F1 explained that as care-givers they are very thankful to NGOs such as BHASO,

Capernaum Trust, Action Fam and DutchCare for implementing programmes in Gutu District that are assisting OVCs in different ways. BHASO has formulated support groups, which are offering PSS, counselling and advocacy for OVC support and care, Capernaum Trust is paying school fees for intelligent OVC, and Action Fam, DutchCare and BHASO have implemented the gardening co-operative programme in Gutu District. She further pointed out that although these programmes from NGOs are not fostering sustainable OVC livelihoods in our communities but they have gone a long way in trying to mitigate OVC challenges in our communities. The reason why such programmes are not sustainable in my view is because as families we need food, shelter, clothes and health more than other services we are getting from the other stakeholders (see FGD1F1, Widowed Care-givers in Chapter 6).

This was corroborated by FGD2F1 added that the main problem that is destroying the relationship between the international NGOs and the government in Zimbabwe is that community leaders are emphasising more on the politics of the land than humanitarian security and development. She also pinted out that this was not only on the side of the national politics alone, even the international community that have sanctioned the country for political reasons have further widened the rift of relationship between the government and the NGOs that can help OVCs with tangible services. Thus, lack of a harmonious relationship between the government and the civil society in Zimbabwe has made the leaders to be very far from the real life that is being lived with people at grassroots level (see FGD2F1, Married Care-givers in Chapter 6).

In real terms, what is reflected by the views of the informants regarding the OVC strategies and programmes implemented by NGOs is that although they have the potential of achieving sustainable livelihoods, the politics of the land has become an impediment to their achievements. This view is aligned with that of Anderson (1994) in the existing literature who argues that NGOs can both potentially harm and build the nations in their endeavour to execute their humanitarian services. Thus, the incumbent government is suspicious towards the contribution made by NGOs and this ultimately creates an acrimonious relationship between the two stakeholders. It can therefore be concluded that the government and the NGOs, theoretically working collaboratively, in

practice are not doing so. The literature and the empirical findings indicate that the discordance in relationships between the stakeholders is the result of different development and political ideologies.

7.3.1.3 Faith Based Organizations and OVC Care

The FBOs are a major stakeholder in OVC care and support. Mugumbate and Chigondo (2013) indicate that in Zimbabwe churches have been instrumental in the delivery of health, education and food relief services. They further indicated that some churches and their leadership also helped in the political liberation of the country whilst other churches support the improvement of human rights. Statistically, Mugumbate and Chigodo (2013:105) estimates that more than 80% of Zimbabweans are church members and more than 70% of schools and hospitals are owned by churches and not the government, meaning to say the church is a very critical constituency in initiating administering OVC care programmes**.** These religious organizations fall under the umbrella of different registered ecumenical bodies namely the Evangelical Fellowship of Zimbabwe (EFZ), Zimbabwe Council of Churches (ZCC), Catholic Bishops of Zimbabwe (CBZ) and United Development of Apostolic Churches in Zimbabwe (UDACIZA). The leadership representatives of these ecumenical groups were interviewed and indicated that they have different strategies and programmes to support and care for OVC and the disadvantaged (see Table 7.49).

Tangible evidence in literature of what religious organizations are doing in assisting the disadvantaged from their proceeds include the recent donation of R1.2 million to Parerinyatwa General Hospital by Prophet W. Magaya of Prophetic, Healing and Deliverance Ministries (*Herald*, 13/06 2015). The state media further indicated that Prophet E. Makandiwa of the United Families International Ministries donated groceries and blankets to prisoners at Chikurubi prison in the capital city of Harare in Zimbabwe (*Daily News*, 12/07/2015). Some religious organisations such as the Roman Catholic Church, the Dutch Reformed Church and the Apostolic Faith Mission have schools, hospitals and orphanagesin different parts of the country and also in the Gutu District. The informants were aware of good work being undertaken. However, there was concern that most of this charity and relief work is being done in the urban areas

and not in rural communities where there are many vulnerable people. The work is often undertaken to gain influence with the political powers of the country and not for philanthropic reasons, ultimately weakening the law enforcement agencies that need to have oversight of the religious organisations to ensure they do not commit crimes. A typical example is the Synagogue of All-Nations disaster that claimed the lives of 120 people in Nigeria (*Mail & Guardian* 24/06/2014) and the KweKwe crusade disaster that claimed 11 lives associated with the PHD Ministries in Zimbabwe (*Daily News* 20/07/2014). It is alleged that their donations to charity and humanitarian work becomes a ransom for their freedom despite the religious orchestrated crimes they might have committed against humanity.

Further to this, when the informants were asked about the challenges they face in implementing their programmes both the care-givers and key informants indicated lack of resources due to the growing demands of OVC needs, and political interference. This finding congruently converges with the government line ministries, NGOs, traditional leaders, care-givers and politicians to show that it is a thematic issue and area of concern in OVC care and support as explained by FGD5B4 that the most difficult experience he ever had was when his father's inheritance was shared by people in his own eyes and subsequently rejected by people who squandered his father's wealth (see FGD5B4, CHH in Chapter 5).

This informant asserts that whilst the churches are doing their best to support the OVC their support is not sustainable because of the increasing demands of OVC. The NGOs and the churches are affected by political interference, and most of the local NGOs in Zimbabwe belong to church organizations. Bratton and Masunungure (2011) indicate that church leaders were tortured in the post-harmonized elections in 2008 and accused of supporting the opposition party. From then on the relationship between the church and the government has been one of mistrust. The government intelligence is deployed in every church to assess whether they are discussing politics and if one is found to be influential then the government finds a way of destabilizing the organization, as explained by female care-giver, FGD3F1 that in heir church after every two months their Pastor facilitates giving of the OVCs in form of food hand-outs, clothes, blankets

and school fees to the well-wishers. Howeer, she further mentioned that whilst they appreciate the effort that the church is showing every time but there is no sustainability in what we get from the church (see FGD3F1, Care-givers in Chapter 6).

Shared views from different informants and existing literature clearly indicate that lack of resources and political interferences are concerns that impede the achievement of sustainable livelihood of OVC. However, despite the tension between the church and the government, Mugumbate and Chigondo (2013) notes that the church is contributing towards support for the disadvantaged in Zimbabwe.

7.3.1.4 Traditional Leaders and OVC Care

The literature in chapters 2 & 3 notes the historical importance of traditional leadership as custodians of cultural values, norms and traditions within their areas of jurisdiction (Machingura, 2012; Mararike, 2004; Banana, 1997; Gelfand, 1987). These proponents emphasize the responsibilities of the traditional leaders especially chiefs, and patriarchs/fathers of the rural local communities. Machingura (2012) argues that the Kings and Chiefs were valued and respected by their subjects based on their ability to feed them, dispense justice and ensure their well-being. This conceptualization of the chiefs was allegedly usurped by the current presidents and their cabinet ministers in their contemporary leadership styles and reduced the chiefs to ordinary citizens.

As much as the portfolios of the chiefs and kings were recognized based on their supernatural powers to communicate with the gods on behalf of their members, with the feeding abilities of the people, execution of justice and the general welfare of people, it implies that the politicians had ingeniously improvised ways to control them. The lack of resources of the chiefs implies lack of power and weakness of the traditional governance systems. A typical example of these methods was by means of distancing them from resources, giving them gratuities and politically incapacitating them. The informants of this study indicated the failure of the strategies, and the welfare programmes of the chiefs can also be associated with the lack of resources and political interference, among other factors. To interpret the aforementioned theme in the capacity of traditional leaders and their failure to achieve sustainable livelihoods of

OVC through traditional means, there is a need to tabulate the duties and responsibilities of traditional leaders in accordance with the Traditional Leaders Act of 2001. The gap between reality and theory will become the basis of the lack of resources and political interference as an area of concern in traditional leadership of Zimbabwe. Table 7.2 below illustrates the duties of traditional leaders in Zimbabwe according to the Traditional Leaders Act of 2001.

Table 7.2: Duties of Traditional Leaders According to Traditional Leaders Act of 2001

Responsibilities	Description and Linkages to Child Care and Support
Promoting and Upholding Cultural Values	Traditional leaders promote and uphold cultural values among the members of the community under their jurisdiction, particularly the preservation of the extended family and the promotion of traditional family life such as Zunde RaMambo, Ancestral Worship, Women Inheritance and other rituals that matter most in life.
Customary Law and Local Courts	Discharging any function conferred upon in terms of the Customary Law and Local Courts Acts (Chapter 7:05). This aligns with arbitration and adjudicating the inheritance disputes of OVC, exploitation and abuse of children and women within their areas of jurisdiction.
Land and Natural Resources Allocations	Traditional leaders ensure that the communal land is allocated in accordance with the Land Act (Chapter 20:04) and that the requirements of any enactment in force for the use and occupation of communal occupation or resettlement of land are observed, such as accelerating Land Reform of 2002.
Management of Land and Natural Resources	Ensuring that the land and natural resources are used and exploited in terms of the law and Over-grazing; Over-cultivation; the indiscriminate distribution of flora and fauna; and illegal settlements and generally preventing the degradation, abuse or misuse of land and resources in the area.
Leasing and Assisting	The Traditional leaders are responsible for leasing and assisting local development committees established in terms of the Rural

Development Committees	District Councils Act (Chapter 29:12) such as WDCO, VDCO and DDCO in all matters relating to planning and implementation of the local development programmes in the areas of jurisdiction.
Humanitarian Work and Relief Services	The traditional leaders are responsible for the care and support of their subjects who are living in poverty or subjected to any situation that prevents access to the best possible quality of life. They also consider the holistic welfare of their people, including security in anything that threatens their life. Thus, widows, strangers, orphans and people with disabilities at local community level depend on the traditional leaders for survival.
Appointment of Headmen; Village Heads and Development Committees; Reprimanding Deviant Characters	The traditional leaders according to the powers vested in them by the Customary Laws Act of 2001 have powers to appoint headmen, village heads, development committees and messengers who will be working under them in the implementation and execution of their day-to-day responsibilities. In conjunction with the minister from the incumbent government, they are also responsible for the establishment of villages in communal irrigation scheme lands.

Source: Adapted from Traditional Leaders Act (2001: 8-12)

Table 7.2 above provides an overview of the responsibilities and duties of the traditional leaders that have been adapted from the Traditional Leaders Act of 2001 in Zimbabwe. The Act shows that the chiefs, headmen, village heads and their messengers are a parallel government with full and autonomous responsibilities to the contemporary governance systems. Geek (1997), Oliver (1990) and Bourdillion (1990) confirm that all humanitarian needs and relief services were part of the traditional governance system as depicted in the table above.

However, there is presently a disjuncture between theory and practice, between what the Traditional Leaders Act says about the powers vested in traditional leaders and who they are in practice. The traditional leader's responsibilities in Table 7.50 above

indicate that they have power over land and natural resources, which implies that the lack of resources was not supposed to be a challenge because all the mineral fields are within their areas of jurisdiction. A typical example is the Chiadzwa Diamond mine where Chief Chiadzwa and his subjects were unjustifiably removed by the government when diamonds were discovered. Mungure et.al (2009) explains that the minerals were exploited and benefitted the political elites at the expense of the local community people who continue to experience poverty.

Empirically, the informants' collaborative analysis in Table 7.49 indicated that community-based OVC coping strategies related to traditional leaders are failing mainly because of lack of resources and political interference. This area of concern manifests itself in the form of poor working relationships between the traditional leaders and the incumbent government; poor working relationships with other stakeholders such as NGOs and FBOs based on beliefs, culture and working ethos; and the *Zunde ramambo* welfare model that was predominantly a model based on traditional structures was taken over by the government. Similarly, whilst the extended family welfare model is still operational, it is overwhelmed by demands due to the poor economic situation in Zimbabwe, as well as the diluted status of the traditional governance systems. In response to the relevance of traditional leadership and the king's granary welfare model, FGD1F1 explained that whilst Zunde ramambo can be still relevant today because the traditional leaders' structures are still there in their communities its essence has been distorted with modernity. He further mentioned that it was working long ago because communities were united and they were living as family and the King/Chief was regarded with due respect as a father to the community. This is now a different scenario where the Kings/Chiefs are being embroiled in the corruption and greediness of the land. Chiefs/Kings are now being used as political rubber stamps of the political elites; they manipulate the assistance that is meant for the disadvantaged into their pockets (see FGD1F1, Care-givers in Chapter 6).

This informant's view corresponds with the existing literature which suggests that the tenets of *Ubuntu* have been overlooked. The current Shona communities are espousing their traditions and culture in some of the aspects of their lives but their lifestyles have

been diluted with the western lifestyle. This view was illustrated by Hofstede (2011) in his triple models of cultural dimension in power, femininity and masculinity and in governance approaches in African, western and Asian communities in chapter 2 of the theoretical literature review (see Tables 2.4, 2.5 & 2.6). Hofstede advocates for the recognition of the local cultures if businesses are to be vibrant within different cultural contexts. In support of this, FGD3M2 notes that poverty and droughts in our area, the Zunde ramambo welfare model remains can be conceptualised as a geographically and climatic relative model than considering it working in all places. He also indicated that the Zunde ramambo concept has mutated into other forms to suit modernity like the social welfare and NGOs being administered by chiefs through the politicians. This is because even chiefs in our communities are now political figures and they are being paid by the government. Hence, due to poverty and droughts the Zunde ramambo welfare model is being administered by politicians on behalf of the chiefs through the government arms such as social welfare and NGOs (see FGD3M2, Care-givers in Chapter 6).

Whilst the comments are from the FGDs, the researcher sought to triangulate these with the key informants and the traditional leaders themselves. A further informant was asked two questions on their responsibilities in OVC care and on the relevance of the king's granary model. In response INT.M5 explained that as a chief of Gutu District he does not work alone. He mentioned that he works with hi sub-chiefs and headmen who represent their small areas within Gutu District. He mentioned that they are one big family but we have other people of different clans and totems who have joined them. He further pointed out that as Chiefs they have the right to give people the land for farming and build their homesteads. Regarding OVC, as the custodians of this whole area, he entioned that they work together with the government in allowing the NGOs to implement their charity work in our area; they also help these organisations to identify OVC in our area. On behalf of the government, we also distribute seeds to the people in the name of Zunde ramambo (see INT.M5, Informants in Chapter 6).

In the second question regarding the relevance of the king's granary welfare model, he explained that, droughts and famines had affected the harvests thereby negatively

impacting on the Zunde ramambo initiatives for food disbursement to OVC and other disadvantaged memebers of the community. As such the chief/s through the government has undertaken to distribute seeds to the disadvantaged through the community's sub-chiefs, headmen and village heads. The responded also noted that Zunde ramambo was also affected by the modern governance systems that oversee the welfare of people through the introduction of the social welfare and inclusion of NGOs in OVC support. The respondent alluded that the Zunde ramambo involvement, function and purpose in the community was shifted in scope by modernism. (see INT.M5, Informants in Chapter 6).

To this end, it can be argued that the failure of the community-based OVC coping strategies and programmes can be attributed to the political oversight of the incumbent government in humanitarian work and relief services implemented with other stakeholders. Whilst a lack of resources has become a major recurring theme from all the stakeholders, it can also be deduced that the political ideology of the government has deterred investors and incapacitated traditional structures. At both household level and community level, the traditional leaders' responsibilities in Zimbabwe and Gutu District in particular have been socio-economically and politically diluted so that they cannot independently execute their powers in important issues without consultation with government. Chimhanzi (2010) argues that the main challenge that caused *Ubuntu* philosophy to lag behind other philosophies such as Confucianism is that it has been turned into a philosophical rhetoric rather than beingpracticed to benefit people.

7.3.1.5 Care-givers and OVC Care

Care-givers are predominantly comprised of the widows, divorcees, CHHs and extended family married couples in the Gutu District. The care-givers indicated that they assist with government liaison, as well as with NGOs and FBOs and have their thriving community-based programmes for OVC. However, as other stakeholders have indicated, their programmes and strategies are affected by a lack of resources and political interference. Table 7.49 illustrates the community-based strategies undertaken by care-givers in Gutu District that include PSS, Education, Empowerment, birth registration and health for the OVC. In addition, the table also illustrates the community

programmes that are being undertaken by care-givers in their endeavour to mitigate the challenge of OVC to include co-operatives, stokvels, gardening, and provision of food and shelter. The care-givers eindicated that some of the programmes such as gardening, PSS, co-operatives, support groups and school fees are facilitated by NGOs such as BHASO and Capernaum Trust, and by government through social welfare.

The interviews and FGDs findings were aligned on the challenges experienced by care-givers and their stakeholders in achieving sustainable livelihoods for OVC. These include disharmony between OVC stakeholders, lack of knowledge about the general laws, and divisions within the extended families and the communities on political grounds. Lacks of resources and political interference as well as cultural erosion were recurring themes and obstacles. By implication, the evidence corroborates what the studies by Muronda (2009), Mbigi (1995), Mararike (2004) and Machingura (2012) revealed, namely that western models of development dehumanized large black populations by destroying and submerging their social structures. Lack of resources and political interference meddling are rooted in other multifaceted factors that include disharmony between stakeholders, and divisions and acrimonious relationships within the communities based on political grounds. These factors manifest in poor distribution of resources, sabotage and corruption that affect the livelihoods of the disadvantaged communities or people. This assertion was corroborated by FGD3F1:

> *As you can see now men are becoming part of the support groups though is a small number but initially it sounded as if these support groups were for women alone. Thus, it is now difficult to talk about child care and support in our communities and left out HIV/AIDS support groups and care-givers. A support group has become a link of many organizations and the government itself whenever they want to come into our communities to deliberate on OVC issues. However, our main challenge is of resources, political differences in our communities and sustainability of support from our NGOs. We need motivation from the principal NGOs who initiated the programmes but they are always complaining about lack of funding. As a result, lack of funding for our programmes demoralises the community members to rally behind our home-based programmes* (see FGD3F1, Care-givers in Chapter 6).

This care-givers' narrative indicates that political interference and lack of resources from the government and NGOs has contributed to the social structures of black people being destroyed by western models of development. Similarly, FGD4F1 asserts that,

> *There are so many co-operative programmes that were proposed in Gutu District aiming to empower the community at large, OVC and care-givers in particular. Some of them are still on paper because they need resources to kick start. The only one that is operational is gardening through the initiation of local NGOs such BHASO, DutchCare and Action Fam. However, as it is now the programme cannot sustain the needs of OVC because there are too many and multifaceted. Thus, there is a need for other better home-based projects than gardening* (see Care-givers in Chapter 6).

Responses from those interviewed emphasised the need for resources to be increased and political interference to be reduced. The trajectory that underpins the socio-economic and political environment of Zimbabwe has also build a culture of greed, alienation from family, tribe and political party. Politicians only come to assist the disadvantaged near elections and when they are voted into office they then take their resources into urban areas. It can be concluded that the social structures are the building blocks of sustainable development in any given community as Foucault (1984) explains. Any developmental approach that does not respect culture and the local philosophy that binds the people together is unlikely to succeed. This is the reality of Africans and Zimbabweans in particular, whose social structures have been undermined by western influences and this has resulted in lack of resources, political interference and acrimonious relationships within the communities and families.

7.4 INTEGRATION OF CONTEMPORARY AND TRADITIONAL OVC STRATEGIES

The research question interrogated the potential of integrating contemporary and traditional strategies in ensuring the livelihood of OVC. Whilst contemporary and traditional approaches have been pursued as distinct strategies in parallel, this study makes an important contribution to the literature and practice by advocating an integrated approach that combines both strategies to inform how best the challenge of OVC can best be dealt with. The research problem in chapter 1 indicated that since the 2000s to the present time, the local communities have been severely strained because of OVC challenges that are exacerbated by the social problems such as the HIV/AIDS pandemic, chronic poverty, food security, lawlessness and economic malaise which gripped Zimbabwe (Masuka et.al, 2012). It was found that contemporary OVC coping

strategies alone result in the subjugation of indigenous systems by western strategies. Equally, traditional approaches alone are limited due to the complex and multiple demands of OVC that include education, food, shelter and medication which is costly when compared to earlier traditional lifestyles.

Whilst there are other studies that have focused on OVC such as those by Germann (2005), Foster (1997), and Chizororo (2008) which was also conducted in the Zimbabwe context, there remains a paucity of empirical findings on the feasibility of integrating indigenous and contemporary OVC coping strategies. That being the case, there is a need to construct hybrid models that can serve as effective coping strategies for OVC. The works of German (2005) and Foster (1997) were concerned with defining the term 'orphan' using age-based categories and cross-sectional data focused on material and immediate experiences. These studies were based on numerical data to predict orphanhood and vulnerability in the context of HIV/AIDS within the urban context in Zimbabwe.Their findings predicted and determined the intensity of the OVC challenges and interventions based on spatial numerical distribution of the phenomenon. This study, on the other hand, explored perceptions, views and feelings of the local community based on the examination of the traditional coping strategies in the Gutu District of Zimbabwe (see Chapter 1).

Linking this research objective with its preceding objectives, the empirical evidence indicates that harmonisation of traditional and contemporary strategies must be implemented and strengthened. The understanding of the normal transition between dependency, independence and inter-dependence can help to facilitate the integration process of the contemporary and indigenous coping strategies within the framework of cultural hermeneutical heritage of Okere (1983). Okere (1983), Ibuot (2004) and Chimuka (2001) concur that there is heritage embedded in every culture that needs to be merged if sustainable development is to be achieved. In this view, there is no philosophy or culture that is better than the other. According to Ibuot (2004), the equalization scheme model is preferable in creating harmony between the rival cultural views, which complement Okere's cultural hermeneutical heritage on diplomatic mediation of rival global philosophies or cultures. Below is the critical analysis of the

major recurring themes in the remedial mechanisms of contemporary and traditional OVC coping strategies in Zimbabwe.

7.4.1 Theme 4: Harmonization of Cultural Contestations

In this view, the existing literature has shown that there is discord between the traditional and contemporary coping strategies (Rose, 2008; Samkange, 1980; Mbigi, 1995). They suggestthat the traditional structures were submerged by the contemporary structures. For instance, Rose (2008) reveals disharmony between the dual legal systems that the government has adopted. The dual legal system represents the parallel governance systems, the contemporary, traditional, customary and political systems. This corresponds with Muronda (2009) who states that before independence, there were two streams of social security operating in Zimbabwe, namely the legislated formal policy for the white minority and the informal welfare arrangements organized along traditional practices for the majority of the black people.

Samkange (1980) and Mbigi (1995) argue that government in theory adopted systems, the informal and the formal, despite the friction between the two on the basis of their cultural and philosophical orientations. As a result, the informal system (traditional) was gradually affected and heavily polarised, although in theory it is recognised. The tensino between the contemporary is therefore manifesting in the government's programmes failing to achieve their intended goals, deterioration of social security, and sabotage. Cultural contestations were extracted from the findings as the basis of the manifestation of fragmentation between the traditional and the contemporary coping strategies. Cultural in this context may mean governance, philosophy and conflicting ideologies (Clinton, 1978; Hodgson, 2009; Weisberg, 1973). In this case, the underlying cultural contestations between the legislated policy systems and informal lifestyle at the grassroots level manifest in a fragmented governance system. Remedially, the findings therefore indicated that these cultural imbalances must be reconciled or integrated so that the traditional and contemporary OVC coping strategies may be able to achieve sustainable livelihoods for OVCs. In this regard, INT.M1 noted that,

> *Our community-based OVC programmes and Zunde ramambo are interrelated both in theory and practice and the evidence for this are the existence of the Child Protection Committees (CPC) and Community-Based Selection Committees (CBSC) established in representation of each of the villages around every school. These communities link the traditional approaches such as the Zunde ramambo and extended families mainly co-ordinated by the chiefs, headmen and village with the government policies that we implement as government arms. The chiefs, headmen, village heads and their councillors are also part of our CPCs and CBSCs. In the process of establishing these committees we first consult the traditional leaders in our communities. These committees will inform the social welfare's BEAM, SIG and NGO programmes of the beneficiaries of their programmes. However, our main challenge is in the implementation process because of lack of resources, political and cultural differences and the increase of the demand of OVC in our communities* (see INT.M1 Informants in Chapter 6.).

This view was corroborated by traditional leaders who ratified the existence and reality of the dissension between the traditional and the contemporary strategies in the Gutu District, who explained that,

> *In our culture we don't believe that HIV/AIDS, droughts and deaths come when we are in right standing with our ancestors and God. These are caused by this generation, which have abandoned our culture and traditions. We used to brew beer and do rituals for our ancestors to thank them for the harvest and asking them for the rains and fortunes to our children but all these now have been buried in the dustbin of oblivion. Droughts, diseases and deaths in our culture and tradition are a result of a curse from our ancestors. Thus, in the old days, we would call the elders of the land and traditional leaders to come together and consult the spirit mediums to tell us what the ancestors are saying about the situation. Now that we are no longer recognising them, people are dying and diseases are coming one after another, and droughts are continuously rocking the land resulting in the unprecedented levels of OVC in our land. This is all caused with this generation that have abandoned our indigenous culture and traditions* (see INT.M7 Informants in Chapter 6).

In the process of reconciling these views from different individuals and the existing literature, the study concludes that among other empirical issues that suggest lack of sustainable livelihoods in OVC care and support in the Gutu District of Zimbabwe, the diplomatic mediation of these rival cultures and philosophies through Okere's cultural hermeneutics is relevant and applicable for sustainable livelihoods in OVC care and support.

7.5 META-THEORETICAL CONSIDERATIONS OF CULTURAL HERMENEUTICS THEORY

This study was influenced by the intellectual paucity of a holistic/integrated model necessary for mitigating the challenges of OVC care and support in Zimbabwe. The intellectual paucity is vindicated by the existence of three rival philosophical thoughts (modernism, traditionalism and medievalism) competing for intellectual and explanatory supremacy in unravelling the mitigatory measures aimed at counteracting the challenges of OVC care and support in Zimbabwe. Against this backdrop a novel theoretical construct, namely the Coping Strategies Integrated Model (CSIM), was constructed through diplomatic mediation of these three rivalry philosophies. This was done through using a cultural hermeneutics epistemological tool from Okere (1983). In doing so, the theory was constructed by integrating the compatible relevant elements entrenched in these philosophies. Thus, this study recognises that embedded in these philosophies are community-based coping strategies necessary to mitigate societal problems. Essential compatible elements embedded in traditionalism include the spirit of togetherness, collectivism and brotherhood rooted in *Ubuntu* which binds the society together (Mbigi, 1995). These elements are essential in mitigating the OVC challenges in the sense that they create a socio-economic and politically tolerant environment (Max-Neef, 1991). Fundamentally, an unsympathetic socio-economic and political environment militates against effective implementation of community-based coping strategies necessary in circumventing OVC challenges. This idea was supported by Max-Neef (1991) in the basic needs theory that a peaceful environment is one of the satisfiers that make humanitarian and relief operations feasible for OVC care and support. Whilst there are some obsolete elements in traditionalism there still remains an important cultural heritage that is useful when diplomatically integrated with other relevant compatible elements from the other two intervention philosophies.

The relevant compatible elements entrenched in modernism are novel ideas, systems, styles and social trends as an antithesis to the obsolete traditional philosophical thought in mitigating the OVC challenges. However, fundamental to

this CSIM is the idea of blending these novel tenets of modernism with the Zimbabwean social and cultural heritage. This is mainly due to the fact that there are some novel ideas that are not compatible with other cultural contexts. For instance, Shamalingigwa's (2009) cultural relativism is of the view that some children's rights are not applicable and even relevant in other cultural settings. The case in point is corporal punishment being inflicted on children, which in *Ubuntu* and *Confucianism* philosophical thought is viewed as a sign of love and benevolence while in Western culture it is regarded as a gross violation of children's rights.

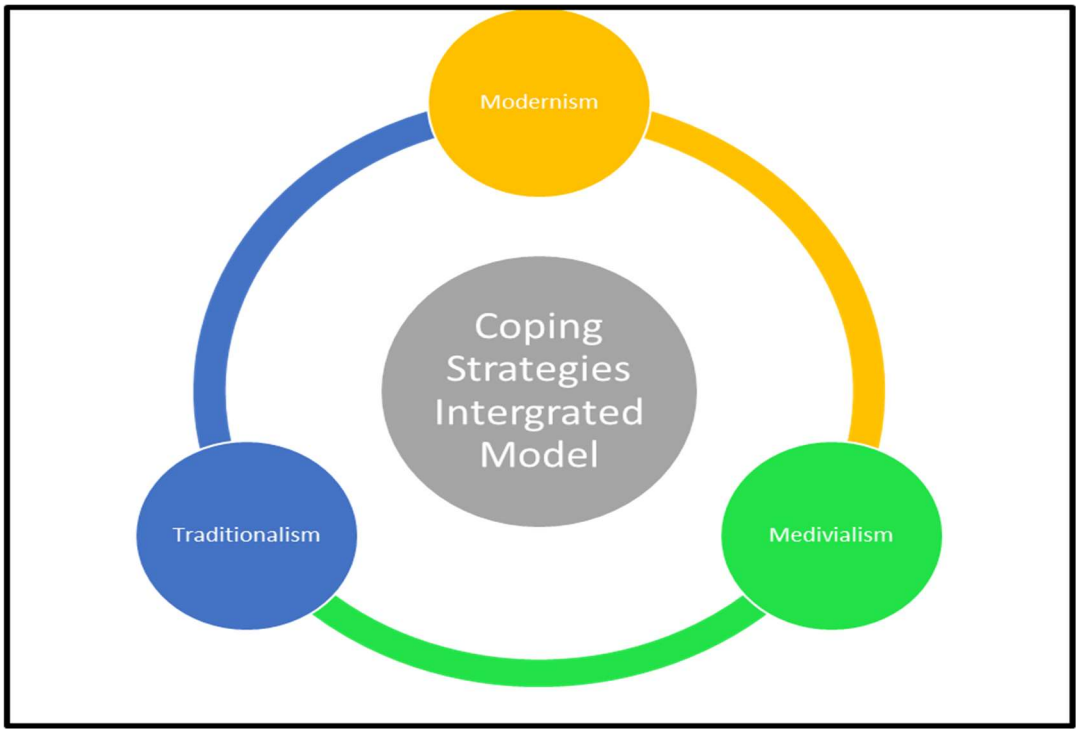
In medievalism the relevant compatible element, as observed by St Francis of Assisi is the idea of charity and giving in an endeavour to fulfil the transcendental Supreme Being's commandments of love. In the context of community-based coping strategies, the aforementioned idea when integrated with other compatible elements of other intervention philosophies can help as a vehicle for uniting the stakeholders. Chigondo (2013) supports this view when he argues that more than 80% of Zimbabweans are church members. By implication the remaining 20% belong to the African Traditional Religions (ATR). This suggests that almost every Zimbabwean, in one way or the other, subscribes to the idea of spirituality as a socio-economic and even political coping strategy. In Zimbabwe, most of the NGOs have a religious or Christian background (Christian Care, Care International, BHASO, and Catholic Relief Services).

In the final analysis, diplomatically integrating the relevant *Ubuntu* principle from traditionalism, charity, love and giving principles from medievalism and novel ideas, strategies, systems and lifestyles from modernism will create a hybrid model known as CSIM. Through the lens of the cultural hermeneutics theory of Okere, the CSIM as a novel theoretical construct can be achieved by employing the open systems development approach. The open systems development approach, according Okere (1983), hermeneutically strikes a balance amongst the rival philosophies to be harmonised thereby creating an integrated philosophical thought that can be used as a coping mechanism. Mutability or change, as an essential

element of the open systems paradigm which becomes one of the building blocks of this newly created model, is relevant in mitigating the challenges facing the OVC community in Zimbabwe. This is largely because a unique model totally different from previous models is required to address challenges amongst disadvantaged groups in the community. Therefore, change and discontinuity as the only constant or permanent realities, that being the case, an integrated model derived from these two open systems' philosophical elements is necessary in addressing holistically the extant societal challenges, in this case the OVC challenges.

Drucker (1994:20) noted in the "age of discontinuity", the need for a unique approach in the form of an integrated model as an antidote to such societal problems as those relating to OVC livelihoods in Zimbabwe. This is against the background of the death of permanence of the closed systems paradigm (traditionalism and medievalism) and the emergence of the transient open systems paradigm (modernism) (Toffler, 1970). Fundamental to this cultural hermeneutics knowledge production tool which informs the construction of CSIM is that the principle of change or mutation is not a programmed aspect that unfolds in a linear manner. Rather it is an unplanned, unexpected aspect of social reality occurring in a systemic and shocking dimension. It is inherently animated with sharp twists and turns in its occurrence. Figure 7.1 below illustrates the process through Okere's cultural hermeneutics as a knowledge production tool to construct a novel integrated model (CSIM) that can be used to mitigate the escalating challenges of OVC in Zimbabwe.

Figure 7. 1: Coping Strategies Integrated Model (CSIM)



Source: Author (Fieldwork)

As shown in the diagram above, CSMI was constructed through the process of blending compatible elements of competing philosophies of traditionalism, medievalism and modernism that manifest through the community-based coping strategies in Gutu District. Illustrated in Figure 7.1 and from the proceedings of this section, CSIM was created by combining the strengths of the three coping philosophies competing for intellectual and explanatory power. As established from the findings, there is widespread lack of congruence in the implementation of the community-based coping strategies by individual stakeholders aligned to a single philosophy (traditionalism, medievalism and modernism). Premised onn this, CSIM emerged from the awareness that diplomatically integrating the strengths of these philosophies is of significance in mitigating the challenges of OVC in Zimbabwe. Further to this adoption of change as one of the essential building blocks of the integrated model, health was seen as mitigating the unique escalating OVC challenges in Zimbabwe. By implication, Okere's hermeneutics theoretically proposes that even if the philosophies, cultures and methods of doing things differ, there is always common ground to bring them together. In this case, *Ubuntu*,

Bildung and Confucianism may differ as literature has purported but their congruency is in the provisions of basic human needs.

The study also established that contemporary and traditional OVC coping strategies, whether in theory or practice, share the same objectives that are premised in the provision of basic needs for OVC. Ideally, the construction of the integrated OVC care and support model involves the combination of various critical elements that this researcher has extracted from different sections of this study. These elements include, but are not limited to, philosophies, cultures, stakeholders, objectives, communities, families and resources. The strengths of CSIM, it is relevant to the context that is marooned with traditionalism, liberalism, medievalism, and modern ideologies. This is because it integrates the compatible elements from the philosophies mentioned above. It also unifies the rival philosophical perceptions in the socio-economic development. It creates a common ground for both the contemporary and traditional OVC coping strategies. Its weakness is premised in the uncomplimentary cultural ideologies that sustain human behaviors and coping strategies. The model can be utilized by all the stakeholders involved in OVC care and support at any given time.

7.6 CONCLUSION

This chapter analysed and interpreted the findings of the study categorically following the order of its objectives and questions. Based on Braun and Clarke's (2006) thematic analysis approach, four main themes were extracted from the data presented in the preceding chapters. The study established the following as the most critical problematic areas in achieving sustainable livelihoods for OVC in Zimbabwe; inheritance issues in families; disintegration of family units; disproportion in the provision of the basic needs of OVC; lack of resources and political interference; and cultural contestations. Remedially, the harmonisation of cultural contestation was established as the basis for achieving sustainable livelihood for OVC in Zimbabwe. Cognisant of Okere's cultural hermeneutical heritage theory, the diplomatic mediation of ideas, cultures and strategies entrenched in traditionalism; medievalism and modernism lead to the

construction of integrated OVC care and support model as a solution to perennial challenges of OVC. The construction of the integrated OVC care and support model through cultural hermeneutics is the main theoretical contribution to knowledge advancement in OVC care and support in Zimbabwe. It is the researcher's contention that the mediation of views is an important tool for constructing effective OVC care and support strategies as it places equal importance on the traditional and cultural contexts of Gutu District and increasingly contemporary and western influences. It is in combining these two paradigms and worldviews that effective solutions can be found. The OVC care and support challenge in the Gutu District and, indeed, elsewhere in Zimbabwe, can be alleviated by opening up to other views.

CHAPTER 8
CONCLUSIONS & CONTRIBUTION TO KNOWLEDGE

8.0 INTRODUCTION

This chapter concludes the findings of the study. The main research question of this study was: Why are the prevailing contemporary and traditional OVC coping strategies adopted separately failing to achieve sustainable livelihoods of OVC in Zimbabwe? This main research question comprised three research objectives. The first objective explored the nature of OVC care and support systems; the second assessed how traditional and contemporary coping strategies address OVC challenges; and the third examined how traditional and contemporary OVC coping strategies should be integrated for sustainable OVC livelihoods in the Gutu District of Zimbabwe. However, the socio-economic experiences of care-givers and OVC were presented first to reveal the background information of the nature of OVC care and support in Zimbabwe. Further to this, the study summarized the chapter contents of the study. The study finally concludes with theoretical contributions and recommendations for further studies.

8.1 CONCLUSIONS AND SUMMARY OF THE STUDY

8.1.1 Demographic Socio-Economic Experiences of Care-givers and OVC

The first section of data presentation presented the findings on the socio-economic experiences of the care-givers and OVC related to their demographic profiles and status. The demographic status in which this data was presented includes marital status, relationship between OVC and care-givers, sources of income and educational status. In this section, the data extracted from the semi-structured interviews were used to establish the demographic profiles of the respondents, while those from the narrative interviews were used to obtain in-depth information of the socio-economic experiences of the respondents related to their status. As a result, the study established copious findings associated with the socio-economic experiences of the care-givers and OVC.

Within these findings, issues of inheritance in the Gutu District of Zimbabwe emerged as a major recurring theme from both care-givers and OVC, followed by the disintegration of the family units. Other experiences that emerged include the abandonment of children or spouse, unfounded allegations, exploitation, forced marriages and sexual violence against the widows and girl children. It is interesting to note that the inheritance issues within the OVC care and support narratives are contradicting the women and children's inheritance rights laws enshrined in the women's international rights conventions, children's rights conventions and the national constitution. In their view, even if African countries try to transform the lives of their citizens based on international laws, they will continue to espouse their traditional cultures and norms. Whilst women's and children's rights are articulated in law (contemporary/modernism), the reality in practice is that tradition takes over in the way people conduct their affairs of life in rural areas. The findings have also established that extended families have continued to endure the pressure and challenges of the unprecedented increase of OVC within their families. This was evidenced by most of the double orphaned children absorbed into their extended families except for a few child-headed households looking after themselves.

The demographic profiles demonstrated that most of the single orphaned children are living with their mothers, while a small number are living with their fathers and grandparents. The findings also indicated that both care-givers and OVCs' source of income is related to livestock and crops, which is an agrarian and traditional approach. The study established that whilst the care-givers were undertaking some income generating projects, they were mainly for subsistence and hand-to-mouth survival. When probed with narrative interviews for their socio-economic experiences on different aspects of life and status, the findings established that both children and widows suffered from inheritance issues, where the deceased relatives took the estates of the deceased and shared these amongst themselves as inheritance. The other major experience is associated with the disintegration and disunity of families due to different factors like poverty, HIV/AIDS, emigration and political instabilities. Premised in these demographic socio-economic experiences, the study further explored the nature of OVC care and support systems to corroborate the experiences of OVC and care-givers.

It was therefore concluded that the stakeholders in one way or the other were actively involved in OVC care and support despite the socio-economic challenges that affected Zimbabwe in the past three decades.

8.1.2 Objective 1: Nature of OVC Care and Support System in Zimbabwe

This objective sought to illuminate further understanding of the nature of OVC care and support systems in Zimbabwe. This study established that various stakeholders, which include but are not limited to, the government and its various departments, NGOs, FBOs, Traditional Leaders (Chiefs, Headmen and village Heads), Politicians and Care-givers were actively involved in OVC care and support in different ways. The government entrenched in its OVC legislative and policy frameworks the provision of school fees through the Basic Education Assistance Module (BEAM) and School Improvement Grant (SIG), Charity and Birth Registration through the social welfare department, security and protection through the establishment of child protection committees in various communities and HIV/AIDS prevention and treatment programmes. The findings further established that NGOs operating in Gutu District predominantly use PSS, gardening, HIV/AIDS Support Groups, Advocacy, School fees and Co-operatives as support systems to mitigate OVC challenges. The study established that the FBOs in Gutu District represented by EFZ, ZCC, UDACIZA and CBZ also participate in OVC care and support through the provision of school fees, counselling services, orphanage centres, food handouts and Vocational Training Centres in the district.

Further to this, the study also established that the traditional leaders participate in OVC care and support by presiding over inheritance issues, land distribution, conflict resolution and administering *Zunde Ramambo*, extended family safety nets and executing customary laws. The politicians and the political parties participate in OVC care and support in the form of charity and implement development programmes within the frameworks of their political manifestos. Similarly, the care-givers themselves, whilst they are recognized as beneficiaries of the aforementioned OVC care and support systems, improvised their own support systems to counter the sporadic support they

receive from other stakeholders. It was also established that the care-givers utilise *Mikando* (stokvels), gardening, co-operatives and other programmes through the help of FBOs and NGOs operating in Gutu District. However, the stakeholders in their endeavours to mitigate OVC challenges are using different intervention philosophies namely, traditionalism, medievalism, modernism and neoliberalism. In some instances, one stakeholder can be found combining two or more philosophies but not in a manner that leverages synergy and integration. Empirically, the study established that government is combining traditionalism and modernism while being inclined more to the former (closed system) than the latter. The FBOs, CBOs and NGOs' intervention philosophies are mixing modernism, medievalism and neoliberalism. Whilst these seem to be more inclined to the open systems approach, in the context of this study, they are not because they are antithetical to the principles of traditionalism. On the other hand, the traditional leaders are mixing medievalism and traditionalism which are antithetical to modernism approaches. From the analysis, this study concludes that stakeholders are not employing the open systems approach which advocates for the inclusion and integration of compatible elements from all the intervention philosophies to holistically meet the basic needs of OVC.

The findings established that, despite the assistance that is rendered to OVC by various stakeholders, there is a poor working relationship among the OVC stakeholders and the government being the most dominant part of all. This therefore gives leverage to the government to politically dictate how other stakeholders are supposed to implement their programmes aimed at improving the livelihoods of OVC. The study concluded that this political polarization is used by the incumbent government either to authenticate the programmes implemented in the communities or to discredit them. The study concludes that politics was used as the basis to terminate the contracts of international NGOs in Zimbabwe in 2008. Evidently, the current political succession battles in ZANU-PF as the ruling party pitting the "G-40" faction allegedly fronted by the First Lady Grace Mugabe against the "Team Lacoste" group allegedly led by Vice-President Emmerson Mnangagwa has also witnessed the shift of attention from service delivery to internal fighting. Events for the past twelve months' point to a party and government trying to reproduce itself amidst serious contradictions. This reproduction

process has created a situation where the party metaphorically speaking is now “busy eating its bowels and intestines” while neglecting service delivery, hence the worsening of the conditions of OVC in the Gutu District. These findings were corroborated by the key informants who have shown that despite the efforts they make as individual departments and organisations or as a consortium, they are affected by lack of resources, political differences in the communities and cultural disharmony between the indigenous and the modern lifestyles. This study has concluded that if these various OVC stakeholders care and support systems are integrated, there are strong chances of proportionately meeting the basic needs of OVC in the Gutu District.

8.1.3 Objective 2: Traditional and Contemporary OVC Coping Strategies

This study established the reasons for the prevailing contemporary and traditional OVC coping strategies failing to achieve sustainable livelihoods in the Gutu District of Zimbabwe. Cognizant of this, the study concluded that despite the implementation of several OVC coping strategies and programmes through different stakeholders (government, NGOs, FBOs, Traditional Leaders and Care-givers) there have never been sustainable livelihoods for OVC achieved. Instead, OVC challenges are escalating. This is contrary to the general expectations of people that under normal circumstances through these interventions the OVC crisis should have been reduced. The main issues of concern that impede the achievement of sustainable livelihoods of OVC from the findings include lack of resources, political interference and cultural erosion within the local community, as well asfamily disintegration due to various socio-economic and political factors that have affected the country. The study further concludes that OVC challenges were aggravated by the stakeholders’ inability to harmoniously work together in providing their services to the OVC in Gutu District. It is the conclusion of this study that the basic needs for OVC could not be holistically provided in an unfriendly environment because of widespread political polarization.

The study further concluded that contemporary coping strategies are being implemented by almost all the stakeholders except for the traditional leaders who are in parallel with the traditional approaches. Pursuant to this, whilst the government

advocates for indigenous knowledge systems in theory, practically they are preaching and upholding modernism in a manner that does not promote synergy. This conclusion converges with the intellectual problem that underlies this study, which argues that the traditional and contemporary OVC coping strategies are not being implemented in a manner that leverages integration. Henceforth, the study concluded that there were significant attempts by the NGOs in conjunction with government to address OVC problems in Zimbabwe. The relationship became distant due to political differences. This was fundamentally because of the asymmetrical relationship which saw the NGO activities regarded as threats by the ZANU-PF government while the NGOs accused the ZANU-PF regime of having a poor human rights record which was punctuated by a culture of impunity that contradicted the elementary values of democracy. The ZANU-PF government viewed the NGOs and other FBOs as conduits of a malevolent regime-change agenda. These differences reduced opportunities for working together between these two institutions. As a result, lack of resources and political interference were a major impediment in collectively meeting the basic needs of OVC by the OVC stakeholders in the Gutu District.

The lack of resources is associated with both the contemporary and traditional OVC coping strategies. The contemporary strategies are predominantly represented by the government, NGOs, FBOs and politicians while the traditional are those programmes informally administered by traditional leaders and some community-based organizations.

The government implements policies and legislative Acts in OVC care and support at grassroots level within a closed system development paradigm that resists change. This study concluded that the political ideologies of the ZANU-PF have embraced the conservative approach and create a system that rejects external development ideas in the name of black economic empowerment. Hence, the analysis of resource gaps and political interference as a thematic issue was analyzed in line with the challenges the government faced in its endeavour to implement its policies and legislative Acts in OVC care and support in Zimbabwe. In the area of socio-economic policies that is illustrated in the government segment in Table 7.49, the policies affected the

sustainability of OVC strategies by lack of resources at the implementation stage. The findings indicated that the main reason for such concern is predominantly that the government policies are politically manipulated thereby promoting acrimonious relationships between the stakeholders, as well as sabotage and corruption. Even though Zimbabwe is endowed with both natural and human resources that can be translated into the required needs and services for sustainable livelihood of OVC, it is rated in the ten poorest African countries. The study therefore empirically contributed to the knowledge gap through the construction of the integrated OVC care and support model by interacting with theories, literature and informants.

8.1.4 Objective 3: Integration of Community-Based OVC Coping Strategies

The research question interrogated the potential of integrating contemporary and traditional strategies in ensuring the livelihood of OVC. Whilst contemporary and traditional approaches have been pursued as distinct strategies in parallel, this study concluded that an integrated approach that combines both strategies can holistically meet the basic needs for OVC in the Gutu District. The research problem in chapter 1 indicated that since the 2000s to the present, the local community has been severely burdened with OVC challenges exacerbated by social problems such as the HIV/AIDS pandemic, chronic poverty, food insecurity, lawlessness, and economic malaise which gripped Zimbabwe. The study concludes that contemporary OVC coping strategies alone result in the marginalisation and possibly subjugation of indigenous systems by western oriented strategies. Traditional approaches alone are limited due to the complex and multiple demands of OVC in the present situation. Multiple demands of OVC include education, food, shelter and medication which is costlier than previously. The cultural hermeneutics within an open systems paradigm was found pertinent in accommodating both the traditional and contemporary OVC coping strategies. The main challenge in achieving integration was that the incumbent government in Zimbabwe uses a closed systems approach when implementing its policies.

Linking this research objective to its preceding objectives, this study concluded that the harmonisation of traditional and contemporary strategies must be strengthened through

diplomatic integration of compatible elements contained in both. The philosophical war between the contemporary and traditional is therefore manifesting in the incumbent government's programmes failing to achieve their intended goals, and the deterioration of social security and sabotage. The study therefore concluded that philosophical antagonism between the contemporary and traditional approaches emanates from cultural contestations, which subsequently manifests in fragile working relationships amongst the OVC stakeholders. In this case, the underlying cultural contestations between the legislated, policy systems and informal lifestyle at the grassroots level manifest in a fragmented governance system that undermines the achievement of sustainable livelihood of OVC.

Remedially, the study concluded that these cultural imbalances must be reconciled or integrated to come with a novelty model dubbed CSIM in study. Thus, by implication, the meta-theoretical construct based on Okere's cultural hermeneutics vindicates this conclusion of constructing the CSIM.

8.2 CHAPTER SUMMARIES

Chapter 1: Research Overview

This thesis intended to examine the sustainability of community-based coping strategies for OVC in the rural communities of Zimbabwe with specific reference to Gutu District. It deploys Basic Human Needs theory and Ubuntu philosophy as theoretical foundations in discussing the challenges of OVC strategies in Gutu District of Zimbabwe. Despite the adoption of contemporary and traditional strategies to cope with orphans and vulnerable children, the post-2000 era witnessed the unprecedented rise of OVC crisis as a result of the socio-economic and political challenges that affected the country. A possible explanation of why the OVC phenomenon continues to rise lies in that contemporary and traditional coping strategies are being pursued in parallel and not in a manner that seeks to leverage synergies. The first chapter therefore, presented an overview into the context of OVC challenges from both the global and the Zimbabwean rural local communities' perspectives. This orientation chapter captures the ontological context of the study, which is premised in the socio-economic and

political challenges of Zimbabwe that affected the livelihood of OVC. Thus, included in this overview chapter is the literature on the development trends of OVC challenges from the global to the local community levels, problem statement, questions, purpose and scope of the study.

Chapter 2: Literature Review and Theoretical Framework

This chapter presented the literature review and the theoretical framework of the study. These theories include Basic Human Needs theory and Ubuntu philosophy and also some complementary philosophies to these theories that were reviewed to theoretically ground this study within its context. These contemporary philosophies include existentialism, phenomenology, metabletics and epistemology. Further to this, contemporary African philosophies, namely ethno-philosophy, nationalistic philosophy, sage philosophy and professional philosophy in relation to the basic needs theory within the context of OVC were reviewed. This was done so as to further illuminate the understanding of the community-based OVC coping strategies beyond superficial realities. There was also a comparison of the global contemporary cultures or traditions of Ubuntu, Confucianism and bildung in relation to the OVC needs and community-based coping strategies. The comparative idea of the contemporary philosophies was reviewed to keep the study focused and respond to the study gap of integrating and hybridizing the traditional and contemporary OVC coping strategies. In support of the comparative ideology in this study, Rigan (1987) argues that 'thinking without comparison is unthinkable'. Thus, the comparisons of global contemporary traditions/cultural approaches become pertinent to the enrichment and validation of the intellectual paucity in integrating the contemporary and traditional OVC coping strategies in Zimbabwe.

Chapter 3: Conceptual Framework

This chapter focused on specific variables or concepts from the foregoing underlying literature review, theories and philosophies articulated in chapter 2. It attempts to build the conceptual framework that formed the basis of the field work. In this chapter, the historical hermeneutics as an epistemological tool was conceptualised as the basis of

the methodology and design of the study. Although the focus was in Okere's cultural hermeneutics, hermeneutics was broadly conceptualised from Schleiermacher (1799-1804); Dilthey (1833-1911); Gadamer (1900-2002); and Ricoeur (1913-2005) respectively. Hermeneutics was broadly conceptualised to anchor Okere's cultural hermeneutics to its foundation, and rationally understand the concept in relation to OVC and basic human needs. Okere's cultural hermeneutics heritage was conceptualised to epistemologically justify the production of new knowledge through an open system approach rather than a closed and traditional development paradigm. Traditionalism, medievalism and modernism philosophies that inform the community-based coping strategies whenever they respond to their existential problems were also captured in this section. It was therefore entrenched in this understanding that the philosophies were used as lenses to authenticate the relevance of engaging cultural hermeneutics in producing new knowledge in an open system development paradigm. Ths rationalises the practicality of integrating the traditional and contemporary OVC coping strategies through diplomatic mediation of rival cultures, ideas and traditions for sustainable development.

Subsequently, the real-life concepts that include but are not limited to the models of childhood development by Piaget (1896-1980) and Erickson (1964) were conceptualised to locate the study within the real-life context and to understand the dynamics of the needs of OVC coping strategies at different stages of their development. Similarly, historical development of children's rights, global cultural contestations on children's maltreatment and rights, nature of OVC care and support and community-based OVC coping strategies were further conceptualized in this section. The integrated concept was linked to Okere's cultural hermeneutics in relation to the basic human needs and OVC challenges. The closed and open systems paradigms in knowledge production were also conceptualized to justify the integration of the contemporary and traditional OVC coping strategies through cultural hermeneutics.

Finally, the barriers and prospects of integrating the traditional and contemporary strategies were reviewed in an attempt to map the feasibility of bridging the gap between the traditional and contemporary OVC coping strategies. This chapter

projected the road map towards the production of new knowledge in meeting OVC needs through cultural hermeneutics within an open systems paradigm in Zimbabwe.

Chapter 4: Methodology and Design

The methodology of the study was presented as informed by phenomenological hermeneutic philosophy that sought to critically examine the structural theories. In this view, the cultural hermeneutics by Okere was employed as an epistemological tool to critically view the possibility of integrating the contemporary and traditional OVC coping strategies. Cultural hermeneutics was found pertinent to this study because of the contemplated gap of the research, which projected the construction of the integrated model or equalization scheme model that consolidates the contemporary and the traditional OVC coping strategies. Accordingly, this projection could only be appropriately dealt with by applying the hermeneutics of Okere that diplomatically mediate the rival philosophies (traditionalism, medievalism, modernism and neo-liberalism) to become one for sustainable development. The case study method was used to ensure that in-depth information needed to respond to the research questions was adequately sourced within the proximity of its context. To this extent, this study is purely qualitative. However, whilst quantitative data were used to establish the preponderance and extent of the phenomenon under study as well as to understand the demographic profile of respondents, this does not warrant the study being referred to as a mixed approach. The study remained purely qualitative, despite the numbers used in the demographic profile of OVC and care-givers. Thus, qualitative data collection methods, namely FGDs, narrative interviews, semi-structured interviews and in-depth interviews were used to collect data. Methodologically, the combination of the aforesaid qualitative data collection methods met the expectations of the researcher in obtaining in-depth information that was required to adequately respond to the research questions.

Chapters 5 & 6: Presentation of Findings

The first section of data presentation presented the findings on the socio-economic experiences of the care-givers and OVC related to their demographic profiles and status. The demographic data includes marital status, relationship between OVC and

care-givers, sources of income and educational status. In this section, the semi-structured interviews were used to establish the demographic profiles of the respondents, while the narrative interviews were used to obtain in-depth information on the socio-economic experiences of the respondents related to their status. Whilst extended families have continued to endure the pressure and challenges of the unprecedented increase of OVC within their families, findings have shown that most of the double orphaned children have been absorbed into their extended families except for a few child-headed households.

The demographic profiles have also demonstrated that most of the single orphaned children are living with their mothers, while a small number are living with their fathers and grandparents. The findings indicate that both care-givers and OVCs' source of income is related to livestock and crops, which is an agrarian approach. When probed through narrative interviews for their socio-economic experiences on different aspects of life and status, the findings indicated that both children and widows suffered greatly through being excluded from their inheritance when relatives of the deceased took the estate/property of the deceased and shared it amongst themselves as their inheritance. The other major experience is associated with the disintegration and disunity of families due to different factors such as poverty, HIV/AIDS, emigration and political instabilities.

The second section presented data from the FGDs and the key informants. In the understanding of OVC concept, the findings indicated that an orphan must be a child under the age of 18 who lost both or one parent through death, while a vulnerable child is a child under the age of 18 with both parents or one deceased but living in extreme poverty, having chronic illness, his/her parents sick and with married children. The findings from the care-givers' FGDs congruently agreed that despite the submergence of the traditional OVC coping strategies such as *Zunde ramambo* (Kings Granary) and extended families by modernism, they are still relevant and operational, though to a lesser extent than previously. The cause behind the submergence of the traditional coping strategies was alleged to be the multifaceted demands of OVC orchestrated by the advent of the HIV/AIDS pandemic that has exacerbated the OVC phenomenon in

Africa in general and Zimbabwe. Other factors to this effect include modernism, changes in governance approaches, and political advancement that have superseded humanitarian security issues.

Whilst all the dynamics in OVC care and support were discovered, the findings indicated that despite the assistance rendered to OVC by various stakeholders, there is misalignment in relationships among them that is loosely centred on political correctness with the incumbent government. This political relationship is used to either authenticate the programmes implemented in the communities or discredit them. The findings indicated that politics was used as the basis to terminate the contracts of international NGOs in Zimbabwe in 2008. These findings were corroborated by the informants who have shown that despite the efforts they are making as individual departments, organisations or as a consortium, they are affected by lack of resources, political differences in the communities and cultural disharmony between the indigenous and the modern lifestyles.

Chapter 7: Analysis & Meta-Theoretical Implications

The analysis and interpretation of the findings of this study were presented following the sequence of the objectives and research questions. Conversant with Braun and Clarke's (2006) thematic analysis approach, four main themes were extracted from the data presented in the preceding chapters. As a result, the study established the following as the most critical problematic areas in achieving sustainable livelihoods for OVC in Zimbabwe: inheritance issues in families; disproportion in the provision of the basic needs of OVC; lack of resources and political interference; and limited harmonization of cultural contestation.

The harmonisation of cultural contestation was established as a remedial mechanism for the achievement of sustainable livelihoods for OVC in Zimbabwe. The intellectual paucity is vindicated by the existence of three rival philosophical schools of thought (modernism, traditionalism and medievalism) fighting for both intellectual and explanatory supremacy in counteracting the challenges of OVC care and support in Zimbabwe. Against this backdrop a novel theoretical construct, namely the Coping

Strategies Integrated Model (CSIM), was constructed through diplomatic mediation of these three rivalry philosophies. This was done through using a cultural hermeneutics epistemological tool by Okere (1983). In doing so, the theory was constructed by integrating the compatible relevant elements entrenched in these philosophies. This study takes cognisance that embedded in these philosophies are community-based coping strategies necessary to mitigate societal problems.

8.3 CONTRIBUTION TO THE ADVANCEMENT OF KNOWLEDGE

In light of the foregoing, it is clear that the OVC challenges in Gutu District demand a dynamic, creative, holistic and dialectical combination of focused and united stakeholders, namely government, local leadership and civil society. The contemporary and the traditional coping strategies can be merged to produce a united integrated model which in the technical sense is the hybridised model, the CSIM. This innovative model combines both the contemporary and traditional OVC care and support strategies that are mutually reinforcing a sense of mission and a practical agenda to alleviate OVC challenges in the Gutu District. Existing OVC programmes in Zimbabwe, although they are philanthropic in nature, should be co-ordinated like business systems with all that goes with the principles of good governance, *inter alia*, efficiency, effectiveness, economy, accountability and transparency. This has a strong bearing on responsibilities, aims, strategies and envisaged outcomes if they are to have any purposeful existential impact on the OVC care and support systems. The challenge of mainstream OVC care and support strategies is that they are uncompromisingly foreign to the Zimbabwean context, and were transplanted from the West with few concessions to Zimbabwean culture, resulting in the impact being culturally alienating. There is thus a need for a fresh approach that starts at the theoretical level and will address the gaps in the existing paradigm being implemented in the Gutu District. Without such an approach, any potential solutions to the OVC challenges will continue to fail.

Premised in the knowledge gap reflected in Chapter 1, this study was vindicated by the paucity of an integration model of traditional and contemporary OVC coping

strategies in the Gutu District of Zimbabwe. This is evidenced by the multiplicity of studies conducted by Foster (1997), Germann (2005) and Chizororo (2008) which indicatesd that there was limited empirical evidence about the practicability of integrating the traditional and contemporary OVC coping strategies in Zimbabwe. Thus, the construction of the novelty CSIM was done against the background of addressing theoretical and philosophical deficits in information. In the theoretical literature review, it was conspicuous that traditionalism, medievalism and modernism have relevant compatible elements that, when blended, will inform a new integrated model suitable for alleviating OVC challenges. This blended model builds on the strengths which are mutually reinforcing each of these three competing philosophies.

This discord between the traditional and contemporary OVC coping strategies emerges from the rival global philosophies which were identified as a knowledge gap that this study sought to address. Further to this, the construction of the integrated OVC care and support model through the diplomatic mediation of rival philosophies, cultures, resources, ideas, stakeholders and strategies conversant with Okere's cultural hermeneutics (Okere, 1983; 2005) was also a contribution of this study. The aforementioned compatible relevant elements, if integrated, would help to mitigate OVC challenges in the Gutu District. An attempt to contribute to the body of knowledge through Okere's hermeneutics was emphasized in the conceptual literature review (see Chapter 3) where it was conceptualized as a methodological tool to integrate the existing OVC strategies in Zimbabwe.

This study, through Okere's cultural hermeneutics theory of synergising competing philosophies within the open systems paradigm of knowledge production, proposes the development of an innovative integrated model (such as CSIM). Based on the failure of traditional and contemporary coping strategies in isolation of each other, as established by the findings, this study suggests that such an integrated model could be well placed to address the identified OVC challenges. This is mainly because the CSIM emerged from blending the strengths entrenched in community-based coping strategies, such as traditionalism, medievalism and modernism.

8.4 RECOMMENDATION FOR FURTHER STUDIES

This study concludes that the OVC challenge is neither unique to Zimbabwe nor a new phenomenon but is as old as humanity. It is also likely that the challenges will continue in various forms. However, the search for a lasting solution is a contested enterprise as the challenges metamorphose over time, as claimed by metabletics philosophy. Indeed, like the HIV/AIDS virus, it changes shape, nature and form wherever and whenever it is in existence. The solutions therefore should be subjected to the test of good fit as different epochs in different contexts require a unique context based on remedial antidotes. It is implied that a metabletic or phenomenological hermeneutics therapy is required to cure this metabletic ageing challenge.

It was further established that family disintegration in the local rural communities of Gutu District is predominantly influenced by the current socio-economic challenges in Zimbabwe. Many young people are in the diaspora, and the resultant social instability has weakened family and community structures. It is likely that the current levels of instability in Zimbabwe will remain for the foreseeable future.

The failure of the current political leadership to undertake succession planning has contributed to destructive succession battles and factionalism in both the ruling party and government which have negatively impacted on the functioning of the state. Discord, despondency, impunity, a culture of entitlement and exclusionary politics are all features of contemporary politics, with the attendant negative outcomes for the country, as seen in a strongly declining economy and deteriorating standards of living. It is against this backdrop that family disintegration and political violence will further exacerbate the OVC plight in Zimbabwe.

Pursuant to this, this study revealed that with the growth of technology, cultural erosion and modernism, traditional leadership and the *Ubuntu* society are weakened by modern influences. This provides a potential thematic area of research about the trajectories that underlie this social phenomenon within the Zimbabwean rural communities. The study

further recommends that research should be undertaken with maternal and paternal trans-border migration child care systems. Linked to this would be further studies to examine the nature of surrogate motherhood and fatherhood and how it feels to be a vulnerable child where the parents are still alive. These proposed research projects would be undertaken within the framework of the rival philosophies of traditionalism, medievalism and modernism.

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APPENDICES

APPENDIX A

University of Witwatersrand (Wits)
Wits School of Governance
Public &Development Management (P&DM)

INFORMATION LEAFLET

Title: Community-based coping strategies for Orphans and Vulnerable Children (OVC) in Zimbabwe

Good morning/afternoon! My name is John Ringson. I am a Zimbabwean student studying for a PhD degree with the University of Witwatersrand (Wits), Graduate School of Public and Development Management (P&DM), South Africa. As part of my studies, I am conducting research on community-based coping strategies for Orphans and Vulnerable Children (OVC) in Gutu District, Zimbabwe. I would like to collect data that will help me to complete my PhD studies and contribute to some extent towards efforts aimed at enhancing coping strategies and welfare of OVC.

The objectives of the research are; (a) to examine the nature of OVC care and support within the local rural communities; (b) to explore the extent at which the traditional and contemporary coping strategies addressed OVC challenges at local rural community level and (c) examine the feasibility of integrating the traditional and contemporary OVC coping strategies to holistically meet their livelihoods.

The research procedure will involve (i) in-depth interviews with the local community leaders; (ii) Interviews/Focus Group discussions (FGD) for both the care-givers and OVCs within the local rural communities, and (iii) documentary review such as OVC policy, strategic planning documents and progress reports at local community level. The research techniques will also include tape (voice) recoding of interviews as well as observations made during FGDs.The interviews will take at least one hour per session.

Although studies on OVCs may touch on sensitive issues, precautions will be taken to ensure that the current study focuses on eliciting information pertaining to coping strategies and avoid as much as possible discussing emotional issues such as loss of parents or other loved ones. Research assistants will be trained to ensure that they know how to collect data ethically. In addition, professional psychologist support will be provided by experienced professional psychologists, namely Dr S. Mandizvidza (Gutu Mission Hospital, Gutu, Zimbabwe, and Tel +263772995322). Legal guardians of minors will be welcome to accompany their minors to the hospital if the need for psychological counselling arises. All pertinent costs to cover travel, accommodation and food incurred during such as trip to the hospital will be provided by the researcher.

You do not have to participate in this study if you do not wish to and there is no prejudice to any existing benefits if there are any. You have a right to withdraw from the research at any time and your information will be removed from the pool of data

collected and destroyed. There is no right or wrong answer. Only authorized persons namely; researcher, supervisor and research assistants will have access to the data collected. Field notes, tapes or transcripts from the research will be stored in safe place and the information will be used for the purpose of this research project only. Again in terms of confidentiality, the researcher cannot hundred per cent guarantee anonymity on FGDs but he can guarantee it hundred per cent in the write up, thesis and or publications. You can ask any questions about the study at any time. After the study has been completed, findings will be made available through reports that will be disseminate through community leaders and will also be placed in the Gutu District community library.

This research is not a prelude to an imminent new OVCcare and support programme in this community. The current study was approved by the Wits Human Ethics Committee (Non-Medical), South Africa, and by the Medical Research Council of Zimbabwe. If you have any questions about this research do not hesitate to contact my supervisor Dr M Matshabapala (Wits School of Governance, St Davids Place, Johannesburg, South Africa, Tel +277117173520), Research Council of Zimbabwe (RCZ) Director Dr P. Ndebele (Cnr Josiah Tongogara/ Mazowe Street Harare, Zimbabwe. Tel: (+263) (04) 791792), Gutu District Administrator Mr Hove (+263772386591), District Social Welfare Co-ordinator, Mr Zimhunga (+263772699660), District Registrar Mr Chingwaru (+263773505366), and myself John Ringson (+27714721969).

Thank You

APPENDIX B

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Ringson

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER H14/10/29**
PROJECT TITLE	Community-based coping strategies for Orphans and Vulnerable Children (OVC) in Zimbabwe
INVESTIGATOR(S)	Mr J Ringson
SCHOOL/DEPARTMENT	Wits School of Governance
DATE CONSIDERED	24 October 2014
DECISION OF THE COMMITTEE	Approved Unconditionally
EXPIRY DATE	03/12/2016

DATE 08/12/2014 **CHAIRPERSON** (Professor T Milani)

cc: Supervisor : Dr MJD Matshabaphala

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10000, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature **Date** ____/____/____

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX C

WITS SCHOOL OF GOVERNANCE
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

REFERENCE: JOHN RINGSON

FROM: MDJ MATSHABAPHALA

DATE: 09 FEBRUARY 2015

Further to the above subject, I do hereby wish to report on my knowledge of John Ringson as follows:

PERSONAL

At a personal level, John comes across as very personable and a man of peerless standing. John is man of very unique qualities. John is a man of upright moral standing and values that are required in the citizens of any civilized nation. John is a man of integrity that is sometimes beyond measure and definition. He combines the imperatives of both character and competence in a unique way for quality leadership and contextual maturity in a multiplicity of situations.

STUDENT

As a student, John comes across as a very enterprising student in his own league. He definitely is of above-average intellectual ratings. John has a sunny disposition towards the plight of other people, as articulated in his research project. As both an intellectual and academic talent, he definitely is destined for great things on the plains of humanity's renewal and the development agenda. There is a great promise in him that he is going to be a great investment for the project of development in Zimbabwe.

www.wits.ac.za/wsg

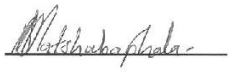
2 St David's Place, Johannesburg 2050, Parktown, South Africa
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+27 11 717 3520 (Telephone)

WITS SCHOOL OF GOVERNANCE
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

RECOMMENDATION

It is against the background of the afore-mentioned that I recommend that John be assisted with the support and the resources that he may require for the prosecution of his research project, so he can acquit himself in his academic pursuits. He definitely will not disappoint. He is a treasure worth investing in and he has the wherewithal and the potential to make immense contributions in his country's development agenda.

Sincerely



Dr MDJ Matshabaphala

Senior Lecturer

Wits School of Governance

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APPENDIX D

WITS SCHOOL OF GOVERNANCE
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Thursday, 27 February, 2015

To Whom it May Concern

RE: PhD Student John Ringson ,Student no: 809699

This serves to confirm that **Mr. John Ringson** student number **809699** is an international full time student and has defended successfully his PhD long proposal before the end of last year. From 2015 he will embark on his field work and dissertation writing. Most of the data collection will been undertaken in Zimbabwe, which will require occasional visits throughout the process. The dissertation writing will be performed in South Africa. We support any help that may arise to assist the student in performing his research activities.

Yours sincerely

Dr Horacio Zandamela
Degree Convenor

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APPENDIX E



BHASO Batanai HIV & AIDS Service Organisation

BHASO

7298 Bugwa Street Rujeko B, Masvingo. Cell: +263 772 405 790, +263 773 237 073
Email: batanai@bhaso.org, Web: www.bhaso.org

10 March 2015

Mr John Ringson
University of Witwatersrand
Johannesburg
South Africa

Dear John

This correspondence serves to notify you that, as an organisation we don't have reservations for you to use community support group members in Gutu District as information rich sources of your study.

We appreciate that the research will also help us in developing appropriate mechanisms for the care and support of OVC in Gutu District in particular and Zimbabwe in general.

Best wishes in your studies.

Yours faithfully

P. Marimi
(Director)

APPENDIX F

University of Witwatersrand (Wits)
School of Governance
Public &Development Management

INFORMED CONSENT FORM FOR ADULTS

Good morning/afternoon, Sir/Madam! My name is John Ringson, a Zimbabwean PhD student at University of Witwatersrand- Wits School of Governance (WSG). As part of my studies I am obliged to carry out a research project. I am therefore kindly asking for your consent to participate in my study. The objectives, purpose and scope of my study are explained in detail in my "information leaflet attached to this form". May you take your time to read through it and if you have any questions you may ask me. The interviews and FGDs will take at least hour per each session. If you are willing to give your consent to participate in this study, I am kindly asking you to fill for me this form

I……..…, have understood information about the study and I agree to participate in the study entitled ***"Community-Based Coping Strategies for Orphans and Vulnerable Children (OVC) in Zimbabwe"***. I have been given an information sheet about the study and the researchers have explained to me what the study is about. I was given time to ask questions. I understand that my participation is voluntary and that I am free to withdraw from the study if I change my mind. I understand that the study is not a prelude to an imminent new OVC care and support programme in this community and that I will not be paid for participating in the study. I have also understood that the information I am giving is for the purposes of this study only and will be treated with confidentiality and anonymity. I also understand that the researcher cannot guarantee hundred per cent confidentiality on FGDs but will hundred per cent guarantee it on the write up, thesis and publications. I therefore, agree to participate in this study based on my understanding of the information provided and explained by the researcher.

Name of Participant: …….

Signature: ……Date: …….

OR

Thumb print: ……. Date: ……

APPENDIX G

University of Witwatersrand (Wits)
School of Governance
Public &Development Management

PROXY CONSENT FORM FOR MINORS

Good morning/afternoon! My name is John Ringson, a Zimbabwean PhD student at University of Witwatersrand- Wits School of Governance (WSG). As part of my PhD studies I am obliged to carry out a research project. I am therefore kindly asking for your proxy consent for your dependent (who is a minor under 18 years old) to participate in my study. The objectives, purpose and scope of my study are explained in detail in the **"**information leaflet" attached to this form. May you take your time to read through it and if you have any questions you may ask me. The interviews and FGDs will take at least one hour per session. If you are willing to allow your minor to participate in this study, I am kindly asking you to fill for me this proxy consent form.

I, ……, have understood information about the study and I agree as the legal guardian to give proxy consent for the participation of, ……, (who is a minor under 18 years old) in the study entitled ***"Community-Based Coping Strategies for Orphans and Vulnerable Children (OVC) in Zimbabwe"***. I have been given an information sheet about the study and the researchers have explained to me what the study is about. I was given time to ask questions. I understand that the participation of my minor is voluntary and that I am free to withdraw my minor from the study if I change my mind. I understand that the study is not a prelude to an imminent new OVC care and support programme in this community and that I will not be paid for participating in the study. I have also understood that the information my minor will be giving is for the purposes of this study only and will be treated with confidentiality and anonymity. I have also understood that the researcher cannot guarantee hundred per cent confidentiality on FGDs but can guarantee it on the write up and thesis publications.

I have also understood that, as a contingent support measure there is provision of psychological counseling services from Dr Mandizvidza, a child psychologist at Gutu District hospital and should my minor should my minor need such counseling due to any emotional challenges caused by this study, I am allowed to allowed to accompany my minor to the hospital for psychological counseling and all costs of travel, accommodation and food incurred during such trip will covered by the researcher. I therefore, give my proxy consent for my dependent minor to participate in this study based my understanding of the information provided and explained by the researcher.

Name of minor invited to participate in the study: ……

Name of legal guardian: ……

Signature of legal guardian: ……

Date: ……

OR

Thumb print of legal guardian: …… Date: …….

APPENDIX H

University of Witwatersrand (Wits)
School of Governance
Public &Development Management

ASSENT FORM FOR THE MINORS

Good morning/afternoon. My name is John Ringson. I am a Zimbabwean studying PhD at University of Witwatersrand- Wits School of Governance (WSG). As part of my studies I would like to carry out a project entitled ***"Community-Based Coping Strategies for Orphans and Vulnerable Children (OVC) in Gutu District".*** I am kindly asking for your assent to participate in my study. The aims of my study are explained in my "information leaflet attached to this form". If you want to participate in my study you can fill for me this form.

I……. Have understood the information about the study and I agree to participate. I understand that it is voluntary to participate. I also understand that I am free to withdraw my assent if I change my mind. I understand that I will not be paid. I understand that my name will not be disclosed in this study. The data collected from me will be only for this study. I also understand that my guardian has allowed me to participate in this study. I have also understood that Dr Mandizviza of Gutu District hospital will assist with psychological counselling if we are unhappy with the questions of this study.

Name of Minor Participant

Signature……

Date…….

Or

Thumb print

……

APPENDIX I

University of Witwatersrand (Wits)
School of Governance
Public &Development Management (P&DM)

Interview/Focus Group Guide for Care-givers

Research question	**Type of data**	**Topic guide**	**Interview guide question**
1. What is the nature of OVC care and support within the local rural communities in Gutu district?	Qualitative	Nature of OVC care and support	1. What in your view is OVC care and support? **(a)** What are the major traditional OVC care and support strategies? **(b)** What are the major contemporary OVC care and support strategies? **(c)** As a care-giver, what major roles do you play in OVC care and support? **(d)** What challenges do you face in implementing your roles in OVC care and support?
2.How do traditional and contemporary coping strategies address the OVC challenges at local community level	Qualitative	Traditional and Contemporary coping strategies	2. What are some of the major challenges faced by OVC at local community level? **(a)** To what extent have the traditional coping strategies address OVC challenges? **(c)**To what extent have the contemporary coping strategies address OVC challenges?
3. How can the traditional and contemporary OVC coping strategies be integrated within	Qualitative	Integrating traditional and contemporary coping strategies	3. Using your own experience, how best can traditional and contemporary OVC coping strategies be integrated/harmonized?

local communities?			**(a)** In your own view, what can be done for OVC care and support to achieve the best in future? **(b)** According to your own view and experience, what are the prospects and challenges of integrating the traditional and contemporary OVC coping strategies?

APPENDIX J

University of Witwatersrand (Wits)
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In-depth Interview Guide for Community leaders (key informants); Care-givers

Demographic Data: Age; Occupation in the community and highest level of education

1. What in your view is OVC care and support?
(a) What are the major traditional OVC care and support strategies?
(b) What are the major contemporary OVC care and support strategies?
(c) As a community leader, what role do you play in OVC care and support?

2. What are some of the major challenges faced by OVC at local community level?
(a) To what extent have the traditional coping strategies address OVC challenges?
(b) To what extent have the contemporary coping strategies address OVC challenges?
Based on your experience, how do the traditional and contemporary OVC coping strategies relate in your community?
(c) Based on your understanding, who are the custodians of traditional and contemporary OVC coping strategies?
(d) What are the strengths and weaknesses of traditional OVC coping strategies independent of the contemporary coping strategies?
(e) What are the strengths and weaknesses of the contemporary OVC coping strategies independent of the traditional coping strategies?

3. Using your own experience, how best can traditional and contemporary OVC coping strategies be integrated/harmonized?
(a) In your own opinion, how do traditional and contemporary OVC coping strategies relate to each other?
(b) In your own view, what can be done for OVC care and support to achieve the best in future?

End

APPENDIX K

University of Witwatersrand (Wits)
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List of Interviews & FGDs

Code	Designation&Description	Place	Date&Time
Informant 1: INT.M1	District Education Officer	Ministry of Education Offices Gutu District	12 December 2014 2pm-3:10pm
Informant 2: INT.M2	District Social Welfare Officer	Gutu District Social Welfare Offices	29 December 2014 09 am -10am
Informant 3: INT.F1	District Health Officer	Gutu District Health Offices	06 March 2015 2pm-3pm
Informant 4: INT.F2	District Registrar Officer	Gutu District Registry Offices	12 March 2015 10am-11am
Informant 5: INT.M3	FBO Leaders W, X & Z	Gutu District Baptist Church & Church of Christ	12 March 2015 1pm-3pm
Informant 6: INT.F3	District National AIDS Council Coordinator	Gutu District National AIDS Council Offices	16 March 2015 10am -11am
Informant 7: INT.M4	NGOs Coordinator in Gutu District	Gutu District BHASO Offices	16 March 2015 2pm-3pm
Informant 8: INT.M5	Traditional Leader (Chief Gutu)	Gutu Mpandawana Growth Point	20 March 2015 9am-10am
Informant 9: INT.M6	Presiding Chairman of Councillors in Gutu District	Gutu District Council Offices	26 August 2015 1pm-2pm
Informant 10: INT.M7	Traditional-Leader (Headman: Chief Gadzingo)	Chief Gadzingo's Homestead in Gadzingo Village in Gutu	20 March 2015 3pm-4pm
FGD1	Community Support Group Members-Care-Givers	Gutu District BHASO Offices (Mpandawana Growth Point) **(Ward 33&34)**	13 March 2015 10am-10:30am
FGD2	Community Support Group Members –Care-Givers	Zvavahera Primary School **(Ward 9)**	18 March 2015 11am-12pm

FGD3	Community Support Group Members –Care-Givers	Dewure Township **(Ward 35)**	23 March 2015 2pm-2:30pm
FGD4	Community Support Group Members-Care-Givers	Bhasera Township **(Ward 39)**	25 March 2015 2pm-2:30pm
FGD5	OVCs in Gutu District	Gutu District BHASO Offices **(Ward 8,9,6,7 &10)**	21 March 2015 10am-11:30 am

APPENDIX L

University of Witwatersrand (Wits)
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List of Semi-Structured and Narrative Interviews

Code	Description	Place	Date &Time
FGD1F1	Care-Giver: Widow	Gutu District BHASO Offices Mpandawana Growth Point **(Ward 33 &34)**	13 March 2015
FGD2M2	Care-Giver: Widower	Zvavahera Primary School **(Ward 9)**	18 March 2015
FGD3F1	Care-Giver: Widow	Dewure Township	13 March 2015
FGD1F2	Care-Giver: Widow	Gutu District BHASO Offices Mpandawana Growth Point **(Ward 33 &34)**	13 March 2015
FGD4F1	Care-Giver: Widow	Bhasera Township **(Ward 39)**	25 March 2015
FGD3M1	Care-Giver: Widower	Dewure Township **(Ward 35)**	23 March 2015
FGD2F2	Care-Giver: Married	Zvavahera Primary School **(Ward 9)**	18 March 2015
FGD2M1	Care-Giver: Married	Zvavahera Primary School **(Ward 9)**	18 March 2015
FGD3F2	Care-Giver: Married	Dewure Township **(Ward 35)**	23 March 2015
FGD2F3	Care-Giver: Married	Gutu District BHASO Offices Mpandawana Growth Point **(Ward 33&34)**	18 March 2015
FGD3F1	Care-Giver: Married	Dewure Township **(Ward 35)**	23 March 2015
FGD4M1	Care-Giver: Married	Bhasera Township **(Ward 39)**	25 March 2015
FGD2F3	Care-Giver: Divorcee	Zvavahera Primary School **(Ward 9)**	18 March 2015
FGD2M2	Care-Giver: Divorcee	Zvavahera Primary School **(Ward 9)**	18 March 2015
FGD3F2	Care-Giver: Divorcee	Dewure Township **(Ward 35)**	23 March 2015

FGD4F2	Care-Giver: Divorcee	Bhasera Township **(Ward 39)**	25 March 2015
FGD3F1	Care-Giver: Divorcee	Dewure Township **(Ward 35)**	23 March 2015
FGD2F1	Care-Giver: Single	Zvavahera Primary School **(Ward 9)**	18 March 2015
FGD2F1	Care-Giver: Single	Zvavahera Primary School **(Ward 9)**	18 March 2015
FGD4M2	Care-Giver: Single	Bhasera Township **(Ward 39)**	25 March 2015
FGD5G1	CHH: OVC	Gutu District BHASO Offices Mpandawana Growth Point **(Ward 33&34)**	21 March 2015
FGD5B2	CHH: OVC	Gutu District BHASO Offices Mpandawana Growth Point **(Ward 33&34)**	21 March 2015
FGD5B4	CHH: OVC	Gutu District BHASO Offices Mpandawana Growth Point (**Ward 33&34)**	21 March 2015

APPENDIX M

University of Witwatersrand (Wits)
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Narrative Interviews Questions for Care-Givers and OVC

Care-givers

1. Can you briefly relate your socio-economic experiences as a widow in OVC care and support?

2. Can you briefly relate your socio-economic experience as a married care-giver in OVC care and support?

3. Can you briefly relate your socio-economic experiences as a divorcee in OVC care and support?

4. Can you briefly relate your socio-economic experiences as a single care-giver in OVC care and support?

5. Can you briefly narrate your socio-economic experiences of OVC care in relation to your educational status as a care-giver?

6. Can you briefly relate your socio-economic experiences related to your sources of income you have identified as a care-giver?

Orphans and Vulnerable Children

7. Can you briefly relate your socio-economic experience as Child-headed household care-giver in OVC care and support?

8. Can you briefly relate your socio-economic challenges related to your educational support as an OVC?

9. Can you briefly relate your socio-economic experiences related to the sources of income you have identified as a CHH?

APPENDIX N

University of Witwatersrand (Wits)
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Focus Group Interview Guide for OVCs

1. What are some of the things you like in your life?
2. What would you like to be when you grow up?
3. What type of care and support have you received?
4. From what source have you received care and support?
a) guardians/parents b) NGOs c) Chiefs/Headman/councillors d) Government
5. To what extent does the care and support you received meet your needs?
6. What do you think should be done to enhance care and support from the community?

End

APPENDIX O

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Coding System for Data Analysis

Code	Description
IIF -Theme 1	Inheritance Uproar in Families
DPBN-Theme 2	Disproportions in the Provisions of Basic Needs
LRPM-Theme 3	Lack of Resources and Political Meddling
HCC-Theme 4	Harmonization of Cultural Contestations