Morbidity and health care seeking behaviour among children who live on the streets in Harare.

By

Nelson Muparamoto, Tsitsi Batsirai Chakanya and Isabel Shamu

Executive Summary

The phenomenon of children living on the streets is perverse in contemporary societies. This policy brief describes health problems, health-seeking behaviour, access to and the utilisation of health care services among children (aged 10-17 years) living on the street in Harare, Zimbabwe. The participants are vulnerable to a wide range of adverse health outcomes including coughs, colds, fevers, diarrhoea, STIs, violence induced injuries among other health challenges. Despite their acknowledged vulnerability due to marginalisation and deprivation, they are not effectively reached by national child protection programmes. Notwithstanding existent barriers that deepen the children living on the streets' exclusion and marginalisation, some participants actively engage in steps that contribute to healthy outcomes demonstrating their agency. There is need for innovative interventions to influence better health outcomes among children living on the street.

Introduction and background

The phenomenon of children living on the streets is perverse in contemporary societies. Globally, the vast numbers of children living and working on the streets in unsupervised and unprotected circumstances provides a classic example of social inequalities and deprivation.[1] [2] While the fluid, evasive and unpredictable lifestyle of children living on the streets often makes it difficult to collect reliable data and population size estimates, there are millions of children who live and work on the street.[3] They suffer from various forms of exclusion such as little or no access to education, healthcare and protection from exploitation. They are exposed to extreme poverty, violence and exploitation and are deprived of basic rights such as a dwelling place, adequate food, adequate clothing and sanitation among other basic needs which accentuates their vulnerability to negative health outcomes. Despite their acknowledged marginality, children living on the street have been under-represented for too long in health research. There are few comprehensive studies on children living and working on the streets in Zimbabwean urban areas.[4] Much of the research on children living on the street is fragmented and not easily accessible. The study attempts to add to knowledge about health seeking behaviour among children living on the street in Harare. Understanding health seeking behaviour among children who live on the street may give insights that can be used to design health interventions and service delivery for children on the streets to ensure their health and well-being.

Methodology

The policy brief was informed by a study[5] that adopted an ethnographic sociology research design with an intention of learning about children living on the street's lived realities. Data was collected through semi–structured interviews, focus group discussions and key informant interviews. Twenty-six (26) participants were recruited using convenience and snowballing techniques through visiting 'hot spots' frequented by children living on the street.

---

1   De Moura (2002)
2   Chama (2008)
3   Amury and Komba (2010)
4   Muradzikwa (2014)
5   The study protocol was approved by Women's University in Africa's internal ethics committee and the Medical Research Council of Zimbabwe

The participants were aged between 10 and 17 years (15.5 mean age), 14 female and 12 male, living independently (without family/responsible adult) on the streets and largely supporting themselves through various activities such as begging, 'scavenging' as well as participating in informal activities among other things. The majority of the participants had attended schooling up to primary level but without sitting for the grade seven national examinations, while a few had attended formal schooling to early forms of secondary education. The reasons of living on the street varied from abuse (sexual, physical and emotional), neglect, (i.e., not being given adequate food) and estrangement from family. Some of the participants had ran-away from orphanages (children's homes) which they equated to jails. For this study, 3 months was considered as lower limit for time spent on the street. 12 participants had been on the street between 3-12 months, whilst 14 participants had been living on the street for more than 12 months. The places of origin of the participants varied i.e., Chipinge, Chitungwiza, Epworth, Gweru, Harare, Kwekwe, Karoi and Rusape.

Findings

There are a wide range of health challenges that were reported by participants such as coughs, colds, fevers, diarrhoea, STIs, violence induced injuries among other health challenges. Below selected negative health outcomes are discussed.

Sexual and reproductive health challenges: The children on the street identified a number of SRHR challenges including STIs, 'unsupportable' pregnancy, spontaneous and induced abortions and lack of access to sanitary wear. STIs were said to be common among children living on the street with participants reported that they either had an STI or knew a friend who had that challenge. Whereas both male and female children living on the street were vulnerable to STIs, the narratives reflected that girls had accentuated vulnerability. Sexual intercourse is a common reality among children living on the streets. The reasons for having sex range from comfort, entertainment, power and for transactional purposes to gain money, food, shelter and protection/security. While participants said that condoms were available from various centres they visit, condom use was said to be low among some intimate partners and at times clients did not use them.

Pregnancy: Apart from STIs, female participants narrated health problems such as early teenage pregnancy, abortions (either spontaneous or induced) and challenges in accessing contraceptives. Living on the street deprives participants of SRHR knowledge. The participants were doubly disadvantaged; firstly, due to their young age which potentially made it difficult to demand and access contraceptives as well as health care after suffering from spontaneous abortions in public health facilities. Secondly their social location limited their ability to access and accumulate a critical mass of knowledge. Apart from knowledge of modern practices, the participants also said they lacked stock of indigenous knowledge associated with pregnancy and child birth.

Violence: Children living on the street said that they experience violence from peers, adults living on the street and the general population. Physical violence was commonly reported among male participants who fight over resources obtained through activities such as begging, assisting people with carrying their luggage popularly known as *kujeggar*, conflict over gambling money (*makhasi*), control of new female entrants on the streets, control of streets deemed strategic for begging purposes and accessing food. Some participants had visible scars sustained from the fights which at times involved use of objects such as empty bottles, logs and stones. Both male and female participants also reported that they were bullied and beaten by young women and men (adults above 18 years/) who either live ('street fathers and mothers') or work on the streets. These adults confiscated their money, food and clothes.

Substance abuse: Participants reported widespread use of common psychoactive substances such as alcohol, cigarettes, glue, bronclear, *ngana, mbanje (marijuana), mangemba (diazepam), musombondiya, mutoriro*[6] *(crystal methamphetamine)*. The reasons for use of substances and drugs varied from making life on the streets bearable, coping with the cold, relieving psychological discomfort and gaining confidence to beg for money. The narratives shared by participants show that substance use is an everyday reality among children living on the streets.

Health-seeking behaviour: While there are a wide range of health problems that affected children living on the streets in Harare, the corresponding health seeking behaviour showed constrained choices. The participants actively deployed a number of strategies in seeking health. Most of the participants resorted to self-medicating through buying pills or begging from the pharmacy and street hawkers for illnesses such as colds and influenza. Participants also used *guchu*[7] which *is* credited with curing a broad spectrum of ailments including STIs. Apart from its hailed ability, firstly, g*uchu* was accessible without any barriers associated with barriers to be navigated in the formal health centres. Secondly, *guchu* was obtained at a cheaper cost. Knowledge on the efficacy of *guchu* was said to be shared through the networks that participants had.

A number of centres were identified as either facilitating access to or offering health care services. Participants reported that they get access to health care through House of Smiles[8], New Start Centres[9] and Edith Opperman[10]. Some participants also accessed health care from government health institutions such as Parirenyatwa and Harare hospital depending on the nature of the illness. Participants said that they did not pay user-fees at government health centres. Apart from these institutions, participants identified individuals (well-wishers) who helped with facilitating access to health care.

---

6   A range of substances with psychotic effect
7   A concoction that is assumed to treat various ailments
8   A voluntary organisation that assists children living on the street
9   Centres that provide Voluntary HIV, Counselling and testing services and other SRHR services in Zimbabwe
10   A health facility in Mbare, a high density which is close to the CBD

At some of these facilities, participants said that they are imparted with basic knowledge on contraception, protective barriers, STIs and HIV. Most participants were seemingly aware of the need to use protective barriers when engaging in sex. Some of the participants explained that at regular intervals there are people (professionals) who come on the streets and round them to have awareness on sexual reproductive health. They encourage uptake of health-seeking behaviour such as voluntary STI screening, HIV and contraception among other issues. Some participants who reported being sexually intimate said they knew their HIV status and their partners' status. Some of the female participants who were sexually active said that they used condoms, birth control pills and jadelle implant[11]. The narratives by participants reflect that they are conscious of the need to use contraceptive methods to prevent pregnancy.

Barriers to access

Misconceptions and scepticism: There are a number of barriers that were observed which contribute to challenges in accessing health care services among children living on the streets. Some of the narratives pointed to the misconceptions among the participants which militated against taking health decisions that may lead to better outcomes. For example, some male participants were sceptical and had fears about voluntary medical male circumcision (VMMC) and this formed a barrier to embracing positive health initiatives that could help children living on the street. Without proper knowledge the 'misconceptions' get to be shared and they cascade among the peers on the street thus becoming a barrier to uptake of VMMC.

Lack of knowledge: The information on antenatal care also seemed to be limited amongst girls on the street. The lack of knowledge puts the mother and the unborn child at risk as there could be unknown complications. Not only was lack of knowledge associated with pregnancy but some of the younger participants had limited knowledge on STIs which contributed to delays in seeking medical attention. In some cases, the lack of knowledge contributed to non-compliance to prescriptions by participants.

Delays in seeking health: The lack of knowledge contributed to low-risk perception among participants, which consequently resulted in delays in seeking medical attention. Some of the participants just assumed that the ill-health that they were experiencing would come to an end on its own without seeking professional help. Apart from delays, some of the younger participants were deterred by the actions of the young adults (street fathers and mothers) who bullied them and took away their medication for their own uses.

Stereotyping of children living on the street: Participants' access to health was also hindered by stereotypes that people have on children living on the street. Some participants indicated that their disadvantaged status and the behaviour of their colleagues have shaped people's perceptions limiting opportunities of getting help. Children living on the streets have been socially constructed as a nuisance, substance abusers and food snatchers among other things.

---

11   A contraceptive implant used to prevent pregnancy

Stigma of health care services providers: Participants also noted that they were in some cases stigmatised by the health personnel from government institutions. This involved names-calling *(zvigunduru)*[12] and shaming due to their social positioning. Apart from being stigmatised participants also bemoaned that whenever they sought treatment for an STI some of the nurses had a tendency of calling other nurses and some would even want to take photos of their affected genitals. However, participants also reported that it is not always the case that you are discriminated, as some health care workers were said to be supportive to their needs.

Inadequacy of Assisted Medical Treatment Order (AMTO): A government backed facility for accessing health care without paying directly for the services was in place. However, the findings revealed that it is not efficient as it is rejected by service providers at times due to government's failure to settle medical bills accrued over time. AMTO does not cover certain conditions such as injuries sustained in fights or accidents. Key informants also revealed that while some children living on the street are aware of the AMTO facility, they were reluctant to use it as it could lead to institutionalisation or reunification with families. Once one has been assisted through AMTO, Social Workers would place the child in a place of safety whilst family tracing is conducted for possible reunification. As a result, those children who are unwilling to go back home or be institutionalised evade the service.

Discussion & Conclusion

Drawing from intersectionality, the discussion explores how gender, age and social location of the participants are intertwined to accentuate vulnerabilities and marginalisation of children living on the streets with regards to desirable health outcomes. Living on the streets is socially constructed as peripheral and marginal, which not only predisposes children living on the street to numerous negative health outcomes due to exposure to hazardous living conditions but also militates against their access to health care due to stigmatisation and denial of health care services by health professionals. Stereotyping reinforced the uncritical social construction of all children living on the streets as nuisance, substance abusers, food and handbag snatchers. Low levels of education and knowledge attained by participants impacted on 'choices' that had negative health outcomes such as swooping medication with substances or drugs, defaulting, delay in and not seeking health care. However, individuals and groups can experience both power and oppression simultaneously. While marginality was associated with vulnerability, participants also enjoyed some degree of freedom and independence to make decisions on SRHR such as the uptake and use of contraception without fear of questioning from significant others such as parents.

Despite sharing the marginalised social location, there is heterogeneity of experience and vulnerability based on gender. Male participants' negative health outcomes were significantly compounded by the adoption of 'toxic masculinities' while female participants' vulnerabilities were accentuated by their disempowered status on the streets.

---

12   Derogatory vernacular name for children living on the streets

Age also exacerbated the vulnerability of younger participants living on the street, as they were subjected to violence and abuse (which could be sexual at times) by either fellow children living on the streets or adults living and working on the streets whom they referred to as 'street mothers' and 'street fathers'.

Policy Recommendations

- Social protection should not be premised on generic categorisation and homogenisation of children living on the streets which masks intra-group disparities but be grounded on differentiated vulnerabilities, complex lived realities and needs

- Establish Drop In Centres (DICs) for children living on the street to deal with STIs, and serve as safe spaces for counselling

- Conduct regular drug awareness and SRHR campaigns for children living on the street

- Impart skills on conflict resolution among children living on the streets to reduce violence induced injuries

- Inject more funds towards supporting the Assisted Medical Treatment Order (AMTO) and remove conditionality on institutionalisation

- Restructure institutionalised child care facilities (Orphanages) to create a conducive environment

Funding

Child inclusion in food access and security among low-income households in Hopley Settlement, Harare

By

Bhatasara S. and Mahiya I.T.

Executive Summary

Studies on food insecurity and nutrition exist at a more general level, in many instances without being linked to children's rights to food. Therefore, this paper argues that it is essential to document food and nutrition statuses of low-income households against the discourse of rights-based approach to food because there is an absence of literature in the area. Against such a background, the paper provides a comprehensive analysis of children's rights to food and nutrition security among low-income households based on empirical research in Hopley community. We use a combination of qualitative and quantitative research methods to collect data from our purposively selected study site. Our findings show that children in Hopley who participated in this study are in a precarious position regarding food and nutrition security. It emerged that the violation of children's rights in this community is generally not intentional, though not justified. Both macro and micro-factors intertwine to create conditions that make children's rights secondary to mere daily survival. Children's life worlds are shaped by adult decisions regarding unemployment, income and family structure. Interventions to improve their life conditions should be clearly articulated in terms of a human rights approach to development

Introduction and Background

Child nutrition in Zimbabwe is a crucial issue, especially where around 650,000 children under five years (27 percent) suffer from chronic malnutrition (stunting or low height-for-age) and 35 percent of women 15–49 years are overweight or obese, according to the Zimbabwe Demographic and Health Survey (ZDHS) (ZIMSTAT and ICF (2015). The levels of chronic under-nutrition in Zimbabwe have remained above international thresholds, with the Zimbabwe Demographic Health Survey (ZDHS) 205 indicating stunting levels for children aged 6-59 months is 31%. According to the UNICEF Multiple Indicator Cluster Survey (MICS) report of 2019, Zimbabwe has continued to make significant positive strides towards improving children's nutritional status, which saw some reduction in stunting, wasting and underweight among children. The same report however indicates that a lot still needs to be done to improve the situation. According to the MICS report, malnutrition is considered as one of the key challenges affecting child development in Zimbabwe. This has serious implications for children's cognitive development and long-term well-being, and ultimately for the economic potential of Zimbabwe. The failure to address under-nutrition contributes to both maternal and under-five mortality, with 20% of maternal deaths caused by short stature and anaemia, and 35% of child deaths associated with malnutrition (Black et al. 2008). The Food and Agricultural Organisation (FAO) categorises food security into four pillars: food availability, access, stability, and utilization. Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life (Maxwell 1996). The access component of food insecurity comprises three core domains, namely, anxiety and uncertainty about household food supply, insufficient quality of food, and insufficient food intake by household members.

Where there is scarcity of food, it also follows that dietary choices shrink. In such a matrix, children's voices and their choices in terms of food tend to be relegated to the periphery. In addition, the argument that conflicts at household level often worsen food and nutrition insecurity is well documented. Evidence shows that there are adverse effects of conflict on children through nutritional channels (see Martin-Shields and Stojetz 2018). We argue that it is important to acknowledge that households are fraught with contestations over the allocation of scarce resources as well as decision making. Decisions around dietary choices and allocation of resources often exclude children due to their position in the household. This, however, is in cognisance of the view that often adults believe that they can make best decisions on behalf of their children. As a point of departure, a case is made in this paper that conflict in micro-spaces such as households, no matter the triggers, have the potential to produce and reproduce adverse consequences for children. Food and nutrition insecurity expose children to different risks and negative coping mechanisms, at the same time gender dynamics should be taken to ensure child inclusion. On their own, household fragility and conflict in micro-spaces are also devastating especially in relation to children's inclusion, peace and growth. This article therefore focuses on child inclusion in decision making around dietary choices and challenges within households over resource allocation.

Methodology

The field research was conducted in zone five and six in Hopley community. Hopley Community is a peri-urban settlement that is also informal by its very nature. The selection of this site in this research was justified by the level of deprivation rampant in this area. Such a community was seen as an information rich area considering the issues that are being investigated. The study utilised a mixed method approach that combined quantitative and qualitative research methods. This approach ensures that evidence from multiple sources is cross-checked for irregularities (O'Donoghue and Punch 2003:78). Qualitative methods captured the participants' perspectives – feelings, thoughts, beliefs, ideals and actions in a natural setting regarding the quality of food available, decisions of dietary choices, rights of children in relation to food and attitudes of children on food and nutrition issues. The fundamental aim was to provide an in-depth understanding of the world as seen through the eyes of children and their parents or guardians. The 'hard figures' produced by quantitative methods (these included; the number of meals, quantities eaten, number of household members, age of children investigated, amount of income for households) were critical in building the case for addressing food and nutrition security in Hopley community.

In adhering to ethical clearance, institutional ethical clearance was obtained from the Women's University in Africa through the Child Sensitive Social Policies programme. The conceptualisation of the thematic areas also went through a rigorous process of ethical review in the University and the subsequent specific topics that were approved by the University. Written consent to conduct the study in Hopley was obtained from the Ward Councillor who is an elected representative of the area. With regards to ethics and researching on children, the research was underlined by research ethics guidelines specific to child research in line with principles articulated within the UNCRC. Children's rights, reflected in numerous international and domestic legal instruments, are rights that afford special consideration to children on the basis of their unique and vulnerable status (Bell 2008).[13] We ensured that their rights to voluntary participation, the refusal to participate and withdrawal from the research were respected. This was ensured by explaining clearly what the study was about and also elaborating the rights that each child had concerning participation in the research. All data for this study was handled with stringent confidentiality. No actual names were to be utilised, except where consent to do so was given.

Findings and Discussion

Whilst there is general appreciation of human rights (locally termed kodzero dzevanhu) and children's rights (locally termed *kodzero dzevana*), children in Hopley encounter a different world mediated by age, culture, power, tradition and socio-economic conditions when it comes to food and nutrition security. In total, 123 children aged between nine and 17 participated in the study. From these, 119 took part in the survey, whilst four further provided life history narratives. From the 119 survey participants, 63% were females whilst 37% were males. In terms of age, the figures below summarize the ages of the survey participants.

---

13   Bell, N.2008. Ethics in child research: rights, reason and responsibilities, Children's Geographies, 6:1, 7-20.

Fig 1 a) showing age demographics and 1b) school going status of the study participants

The majority (75%) of the children are in school. But it is important to note that there are no public schools in Hopley. Most of the children attend both formal and informal private schools in the ward, whilst others go to other neighbourhoods in Glen Norah and Highfield. There are various challenges children encounter with school attendance in other neighbourhoods such as lack of bus fare hence they have to walk to and from school.

Children's entitlements to food and nutrition choices

The majority of the children in the survey in Hopley are aware that they have rights regarding access to food. Their understanding was that adults or their parents had the responsibility to provide food for them as children. In terms of nutrition, the children had some basic understanding of *kudya kunovaka muviri*. In terms of the basic food choices that we established, starch in the form of maize meal and relish that comes in form of vegetables, meats, eggs and sour milk were the common types of foods. The aim of the study excluded a more scientific analysis of caloric composition of the food consumed as it was outside the scope of the study but a general understanding of basic foods consumed in households. In this case, children can miss breakfast, have lunch and then any other food that maybe available and eat dinner. From the FGD with women, it was noted that those households that provide two meals of whatever composition a day "*ingwe*re" (better off households).

Fig 2 showing who determines what to eat in the household setup

Child inclusion in household decision making around food access is important in order for decision makers to respond to children's needs. However, from the figure above, about 80% of the children are not consulted regarding what to eat and the mothers make the decision. This follows that any concerns raised by children regarding their diets are trivialised and any ensuing contestations are dealt with in an insensitive manner.

Fig 3a. shows the right to request for more food and 3b. shows the right to decline served food

This is supported by survey data which shows the majority of the children (46%) have a right to request for more food, but the request is not always granted. Related to this is that 60% of the children said they have no right to decline served food.
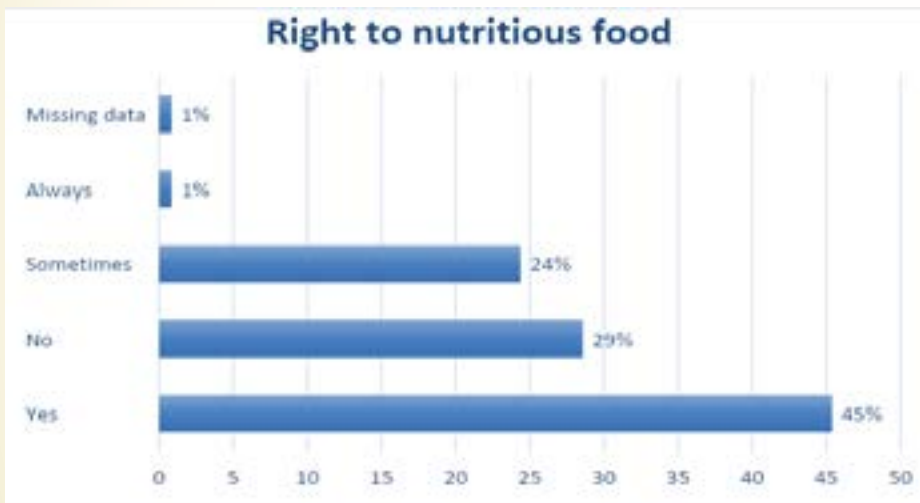

Fig 4 showing the level of knowledge on the right to nutritious food

As highlighted in the graph above, on entertaining the right to nutritious food, 45% reported that they have a right to nutritious food, whilst 29% said they have no right (eat whatever is available), 24% said it depends on availability and the rest did not have responses. The entitlement to nutritious food is highly conditional. As noted by a key informant "Food is scarce especially for children, you realise in the rain season the families rely on green mealies but mostly 'kukiya-kiya' (hustling).

Children and Dietary Diversity

Critical to understanding the world of children regarding nutrition is the aspect of dietary diversity which is explained in this study as food choices. In general, dietary diversity in Hopley, locally known as *kudya zvakasiyana siyana* (eating different food types) is limited and conditional on availability of income and

foodstuffs on the market. None of the children in our study meets the World Health Organisation recommendation of eating from four or more food groups. Most households consume carbohydrates (mostly Sadza made from whole maize kennels) and green leafy vegetables but sometimes only carbohydrates such as boiled rice are consumed.

Household fragility patterns and children's vulnerability

By fragility patterns, the study refers to the interlocking aspects for the characteristics that constrain households from meeting food and nutrition needs. These are related to children's vulnerability. There is a wide array of fragility factors within households which affect children's inclusion in food and nutrition security decisions in Hopley. The major factors are summarised in **Figure five below.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Financial constraints	80	67.2	67.2	67.2
Unemployment	13	10.9	10.9	78.2
Desertion by parents	4	3.4	3.4	81.5
Orphan hood	3	2.5	2.5	84.0
Nothing	13	10.9	10.9	95.0
Not applicable	2	1.7	1.7	96.6
Missing data	4	3.4	3.4	100.0
Total	119	100.0	100.0	

Fig 5: Factors affecting food and nutrition security

Social protection and social safety nets in Hopley

Existance of safety nets and food nutrition programs
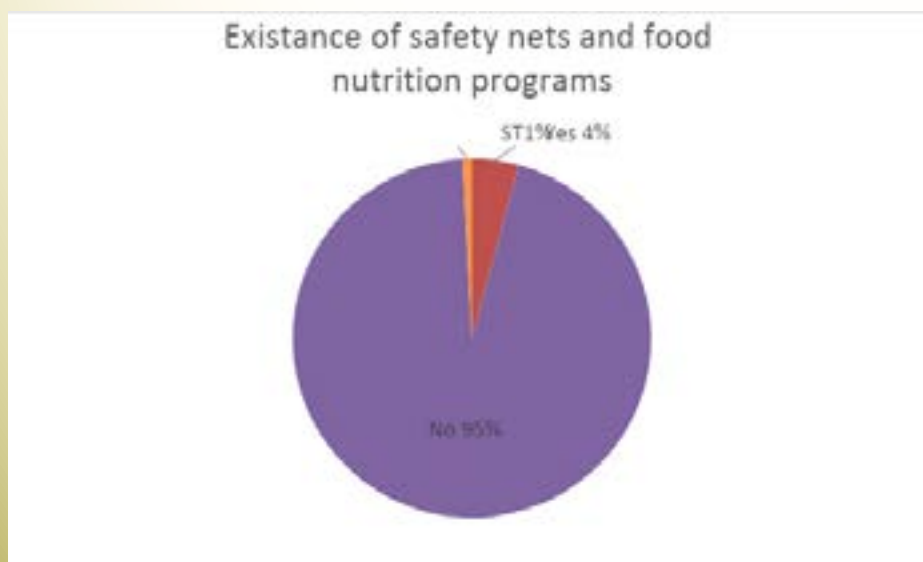ST1%Yes 4%
No 95%

Fig 6 Pie chart showing the existence of safety nets and food nutrition programs in Hopley

Overwhelmingly, Hopley as a whole seems to be a forgotten place when it comes to service provision, social protection, social safety nets and child focused food and food nutrition programmes. From the survey, 95% of the children in participating households reported that there are no such programmes. Key informants and FGD participants also corroborated that. We observed that there is a Life Skills Development Centre in Zone 1 but conversations with participants revealed it is not involved in any training to enhance food and nutrition security in the community.

Conclusion

Micro-spaces such as households are fertile breeding grounds for contestations over children's rights to food and nutrition security. The main conclusion emanating from this research is that child inclusion and conflict sensitivity are virtually absent in food and nutrition issues in low- income households in Hopley. Children clearly make demands but these are hardly taken into consideration in decisions around food and nutrition security. Household food and nutrition politics are hardly resolved in a child sensitive and conflict sensitive manner. What is clear, however, is that the disregard for children's rights in the selected communities is generally not intentional (though not that it is justified). Both macro and household fragility factors intertwine to create conditions that make children's needs secondary to mere daily survival. Children's life worlds are shaped by adult decisions regarding unemployment, income and family structure. The absence of any state and non-state interventions at both household and community levels also amplifies their conditions of vulnerability and subsequent marginalisation regarding nutrition and food security decisions.

Recommendation

- ✓ Interventions to improve children's life conditions should be clearly articulated in terms of child inclusion and conflict sensitivity in both household and public social protection programmes.

- ✓ In view of the country's 2030 vision of attaining a middle-income status and the Sustainable Development Goals, it important that specific policies on social inclusion target children in low income settlements such as Hopley to meet their nutrition and food security needs.

Children and substance abuse: Gender and child responsive Social Protection

BY

Milton Kudzanai Chinyanga

Executive Summary

CATCH is a child protection organization registered as a Private Voluntary Organization (PVO 35/12) with the intent to address challenges faced by children. Working in the helm of child protection under the thrust of CATCH Zimbabwe influenced this discussion on children and substance abuse. After a growing need and concern over the phenomenon of substance abuse worldwide, CATCH, led by Milton K Chinyanga took interest to investigate on children and substance abuse across 5 districts with technical support from UNICEF and WUA. The research was a qualitative social inquiry study to assess the levels of substance abuse amongst children, to find out existing support mechanisms that are working to address the plight of children engaged in substance abuse, and most importantly to recommend what can be done to ensure gender and child responsive social protection measures that address the plight of children engaging in substance abuse. The research drew findings from perspectives that came from children engaged in

substance abuse, government officials, academia, civil society and the community. Major findings were that substance abuse has become a common phenomenon amongst children in Zimbabwe, and the most frequently abused substance is marijuana followed by cough syrup. It was established that children are being influenced by socio-environmental factors to end up taking substances. The research pinpointed the detrimental effects of substance abuse which include mental illness, deteriorating health, crime and delinquency, conflicts and family break ups. A crucial recommendation emanating from the research is the need for policy review so that the Dangerous Drugs Act befits gender and child responsiveness. A separate drug policy should be formulated, while communities and families should play the lead role in mitigating and responding to the needs of children engaged in or affected by substance abuse.

Introduction

UNICEF and WUA inspired by the global increase in the welfare of children saw it fit to conduct researches on issues that result in children's vulnerability. It was established that substance abuse has an impact on children, hence the need to investigate further on the state of children and substance abuse, as well as to find out what is being done and what can be done to mitigate the effects of substance abuse on children.

This policy brief was commissioned to build evidence on children and substance abuse that will shape policy formulation, decision making and inspire appropriate interventions that address the plight of children engaged in substance abuse. This policy brief gives an assessment of the baseline status of the following key indicators: (i) causal factors that result in substance abuse, (ii) children engaged in or affected by substance abuse disaggregated by sex and location, (iii) most common substances being used within communities, (iv) intervention strategies currently present within communities to mitigate substance abuse (v) community knowledge levels about substance abuse,

Methodology

This Qualitative study employed a cross-sectional design whereby different groups of people who differ in the variable of interest but share other characteristics, such as socioeconomic in this case, substance abuse formed the research sample. First-hand knowledge was gathered across five purposively sampled districts where CATCH has physical presence. The key informants for the study included four government officials, two academia, one faith-based representative, and two Civil Society representatives. Other qualitative methods used included three separate focus group discussions (FGD) with community children, children working and living on the streets, and detained children at Whawha young offenders. Ten caregivers and fifteen children directly or indirectly affected by substance abuse were engaged during the in-depth interviews. A structured questionnaire was administered on 100 random sampled respondents from the five selected districts in order to validate the study, and to get a community perspective.

Findings and conclusions

The wide range of factors which influence children engaging in drug and substance abuse across various communities relate mostly to the Social Learning theory by Bandura. External societal factors such as peer pressure and the media prompt children to indulge in substance abuse. Other Structural factors derive from the socio-economic landscape marked by a high cost of living, unemployed caregivers and out of school children. Multiple institutional factors, that include lack of parenting skills, stress and depression at the family levels, play another role that leads children to engage in substance abuse. The dysfunctional family setup, and lack of a stable home environment also affects the upbringing and development of a child. This can result in deviance and truant behaviours. In various communities, factual factors make the situation worse due to different community setups and densities. This information was validated through key informant interviews, and in-depth interviews with caregivers engaged in substance abuse, as well as in-depth interviews with children involved in or affected by substance abuse.

The study, relying on a sample of 100 members from the community (55 male 45 Female), ten caregivers and fifteen children, revealed that:

- While children are engaging in substance abuse, usage levels differ according to location and the sex of those taking part in such. The majority of children (61%) from across the selected sample used in this research cited boys, while (36%) were not sure which sex dominates. The study revealed that while 3% girls are confirmed to be engaging in drug and substance abuse, there could be more who could not be confirmed because of socialization which attributed certain traits to be acceptable for boys as compared to girls.

- The most frequently abused substances by children in the communities are Marijuana and *Bronco*. This research showed that different substances such as *musombodhiya, mutoriro, maragada, and mangemba* are being abused in different communities, thus highlighting that despite having common substances, there is a rise in new experimental drugs and substances being abused. Only five percent of the respondents outlined the use of common drugs like Cocaine as being present in their communities, while only seven percent acknowledged the use of glue as a drug that is being used. Further analysis revealed that it is usually the issue of affordability that determines the availability and usage of different substances in different areas. Comprehensive feedback was gathered from the Focus Group Discussion that was conducted at Whawha with young juvenile offenders from across the country sharing various testimonies and experiences on substance abuse.

- Four percent of the targeted respondents from the community were not willing to share any views about substance abuse. This reflected negative attitudes, fear of intimidation by substance users within communities and the spirit of *laissez-faire* within communities where children are no longer regarded as everyone's responsibility.

Despite the overwhelming evidence of substance abuse amongst children, and how it is detrimental to them and their communities' at large, existing intervention strategies are more of makeshift practices that are not mainstreamed. Different communities have different strategies and commitments in this fight against substance abuse. Essential strategies include institutional interventions from the Zimbabwe Republic Police (ZRP) who conduct patrols and arrests in specific communities like Mbare. The Ministry of Health and Child Care offer clinical assistance on mental health cases, and Faith-based organizations like churches provide moral guidance and counselling. A pocket of Non-Governmental Organizations like CATCH, CADASA, Simukai and Anti-Drug Abuse Zimbabwe offers a variety of services mainly centred on psychosocial support and an awareness raising to create safe spaces for children.

Accordingly, the study confirmed that knowledge levels about substance abuse and the substances abusers are high within communities. However, it also revealed that there is a low commitment in terms of supportive policy and legal frameworks that can counter measure substance abuse. The Dangerous Drugs Act of 1956 is being used as the blueprint law to curb drug and substance abuse, together with Section 156 – 161 of the Criminal Law (Codification and Reform) Act of 2004.

Policy Recommendations

~ Efforts to address substance abuse should be community driven. This calls for the revival of the youth Centre system where children are monitored and supervised to reduce incidences of idleness. Community members should play a jointed role in regulating children who are exposed to substance abuse.

~ The legislative framework needs to be strengthened to deal with contemporary issues around drugs and substances. They should focus on being rehabilitative and not punitive. The Dangerous Drugs Act should be amended, and a Drug policy should be formulated to deal specifically with issues affecting children.

~ There is a need for commitments to refurbish rehabilitation centres and construct new rehabilitation centres that can be used for the detoxification and rehabilitation of substance users. Skilled expertise should be employed to deal with survivors of substance abuse.

~ Eradicating substance abuse should be viewed as a holistic and multi-sectoral approach involving the government through its various departments, the civil society, Faith-Based Organizations and the local leadership playing pivotal roles together.

~ There is a need to invest in educational support, economic strengthening and livelihoods targeting children and youths involved in substance abuse and their caregivers to promote resilience.

Investing in Children for Human Capital Development under Positive Peace in Rural Manicaland, Zimbabwe: The Case of UNICEF's Harmonised Social Cash Transfer Program

By

Gabriel Muzah

Executive Summary

This study sought to understand the role of investing in children for human capital development under positive peace in rural Manicaland province of Zimbabwe. This is because the area is known to have high incidences of stunting which is attributed to poverty, poor health and unstimulating home environments which are attributed to internal conflicts. The study contributes to the understanding of how parents make investment decisions. The study examines how cognition, health and positive peace interact and evolve in childhood development and assesses the role of investment in children. A household survey was conducted in Mutare District where both qualitative and qualitative data was collected. The study found out that the population is not extremely poor as a result of the cash transfers received. These transfers are also causing some conflicts with neighbours as the beneficiaries are sometimes excluded from other welfare initiatives. The study also found out that investment in children is effective in changing the course of children's development. It recommends that future mechanisms should directly integrate issues relating to positive peace.

Introduction

The global economy has since transformed into a creative economy where education, skills, and other knowledge have become crucial determinants of a person's and a nation's productivity. This makes it important for a developing country like Zimbabwe to take advantage of new opportunities and discover ways to create wealth through high levels of human capital development which can only be sustained under a peaceful environment. However, according to the Zimbabwe 2018, National Nutritional Survey Report, Manicaland Province remains a hotspot for stunting in Zimbabwe with 31.2% of children under the age of five at risk of developmental deficits (UNICEF, 2018), as a result of being exposed to multiple risks that include poverty, malnutrition, poor health and unstimulating home environments. These development deficits potentially deprive them the chance to explore wealth creating opportunities. To a certain extent, this can be attributed to internal conflicts rooted in disputes over national power, economic hardships and unresolved pre-colonial disputes. It therefore becomes pertinent to understand the role of investing in children in the formation of human capital, the effects of nutrition on cognitive development and the relative importance of positive peace in driving child development. This study contributes to the understanding of how parents make investment decisions, how these decisions are affected by their own and their children's backgrounds, how effective investments are in changing the course of development of these children and the interactions of such decisions with positive peace.

Methodology

This policy brief is informed by a study that conducted a household survey where mainly close ended information that measured variables were used. Variables like household and child education, livelihoods and asset framework, household food and non-food consumption and expenditure (social capital, economic changes and recent life history, socio-economic status, health, anthropometry, caregivers' perceptions, attitudes and positive peace indicators) were taken into account. This information was corroborated with key informant interviews that give an insight into the cognition levels of the children and other environmental variables including positive peace. This was intended to provide the researcher with a better understanding of the research problem than either of each alone.

The study observed children from 875 households who were beneficiaries of UNICEF Harmonised Social Cash Transfer (HSCT) Programme in Mutare District of Manicaland, Zimbabwe. These participants were recruited using the probability proportionate to size sampling technique based on primary school pay points of the HSCT programme and consisted of households with more than 5 members. The basis of such selection was that the household size would allow the researcher to observe children who have siblings. Households from Chipfatsura Primary School, Mafararikwa Primary School and Masvaure Primary School were eventually selected for the study.

The study designed a questionnaire to collect primary data from the sampled households. The questionnaire attempted to implement the theoretical framework of the study by asking questions that primarily correspond to the objectives of the study. The questions were mainly close ended and they addressed identified variables. The other tool was an interview guide which was meant to elicit qualitative data from key informant interviews of teachers and social workers in the district. The collected data was analysed using the Statistical Package for Social Sciences (SPSS) programme version 15.0. This programme is also used

for testing the bias of the data. Data from interviews was synthesized through the use of inductive analysis. In order to achieve these goals, two techniques are implemented to analyse the data i.e., the domain analysis and componential analysis.

Findings and Conclusions

To assess the role of investing in children in the dynamic production of cognition and health throughout childhood, from birth to age 12 under positive peace, the study had to provide an understanding of the relative importance of family background and child initial conditions in driving child development. Income became an important indicator for assessing the level of investment in children and how it influences the interaction of health, cognition and positive peace. In relation to income and its influence on the interaction of health and cognition the study found out that:

- The households are not extremely poor with 30-35% below $2 per day computed by summing over income from all possible sources, including but not limited to income from wages, agricultural work, trade, self-employment and transfers. It should be noted that most of this income comes from the HSCT programme where on average the household sampled receive just under $60 every two months. However, a significant fraction of the children suffer from stunting, wasting and being underweight which suggests significant morbidity in the sample.
- The informants noted a decline in poverty since the start of the HSCT but the health indicators did not improve. While stunting is effectively irreversible, one would hope that underweight and wasting would respond to the poverty reduction. This situation is said to be the major cause of cognitive deficits according to the informants which is consistent with what has been learned from a number of interventions.
- Teachers noted that these cognitive benefits are mainly neurophysical in nature and they include attention, working memory and executive function deficits. Some children were said to sleep during class due to a low attention span.

In addition to income, the study attempted to compute a wealth index using the average measures of housing quality, consumer durables, and access to services. The study observed a considerable degree of heterogeneity in socio-economic background. The study also made an analysis of parental investment factor based on a number of expenditures parents make on the focus child at each age, including purchases of books and stationery, clothing, shoes and uniforms. It did not include food expenditures (which were not measured separately for children) and public goods like housing. The study found that:

- The various expenditures used as measures of investments are on average 4% to 5.5% of the household budget. While from a percentage point of view the amounts look substantial, one has to remember that many of these households are poor and hence the investments are quite low in absolute value.
- Parents revealed very high aspirations for their children: 65% of children's parents would like to see their children become doctors, engineers, and teachers (the remaining 35% report a variety of careers, most of which are similarly ambitious) and 99% of parents hope their children complete more than 10 years of schooling.
- Children spend minimal time working at family businesses and doing chores at home. By age 12,

children spend approximately an hour a day helping out at home, on the farm, or at the family business. Almost no children do paid work outside of the home. Some had their own initiatives as they sell fruits in season by the roadside.

- Child outcomes vary substantially with wealth. To illustrate this, the study plotted average z-scores for height per age. The Peabody Picture Vocabulary Test (PPVT) scores against age for three groups of children: those living in families in the bottom quartile of the wealth index, those in the middle 50%, and those in the top quartile of the wealth index. The differences between the bottom 25% and the top 25% of the wealth distribution in height per age is about 0.8 of a standard deviation of the z-score at age 10. The middle 50% are slightly closer to the bottom 25% than to the top 75%. This phenomenon was corroborated by the key informant interviews who noted a similar trend when analysing the final grades of the students at Grade 7 level.

With regards to positive peace, the study noted that beneficiaries of the HSCT program are excluded from other social protection programmes as they are said to be already benefitting. This results in divisions and schisms amongst the community. Some noted that as a result of the cash received, neighbours are jealous, this therefore negatively impact on relations. However, there is an increase in the levels of human capital development which was noted by the healthy life expectancy at birth year indicator and the increase in the number of children who enrol for secondary school.

Policy Recommendations

- Future social protection mechanisms should directly integrate issues of positive peace.
- There is need to develop policies that encourage parental investment in children.

Identification, documentation, Tracing, rehabilitation, Reunification and Community Reintegration (IDTRR) For Child Survivors of Sexual exploitation In Zimbabwe. A gender, child and conflict sensitive approach.

By

Maxim Murungweni

Introduction

Child sexual exploitation is a form of child abuse (Government of Zimbabwe, 2012; Mushohwe, 2018). Child sexual exploitation is hidden in nature which makes it difficult to provide any reliable prevalence data (Beckett et al, 2017). In Zimbabwe, there is lack of statistical data on child sexual exploitation. Children rarely report cases of sexual exploitation which makes professional identification difficult across the country. As a result, the count of the 'known' cases will only ever be a partial representation of what is actually going on. What is clear from the existing evidence base is that child sexual exploitation is prevalent across the country. Muyengwa (2014), Mabvurira et. al (2015) and ZNCWC (2017) observe that child sexual exploitation mainly occurs along major highways such as the Hwange-Victoria Falls highway and some business centres along major highways where long-distance truck drivers take their rest overnight such as Ngundu Business Centre, the Runde River Truck-Inn stop, Rutenga Business Centre and Lutumba Business Centre along the Harare-Masvingo-Beitbridge highway. In addition, child sexual exploitation occurs at homes, schools and even places of worship in Zimbabwe. It is against a backdrop of the prevalence of child sexual exploitation in Zimbabwe that a study was conducted to explore the identification,

documentation, tracing, rehabilitation, reunification and community reintegration services (IDTR) that are available for child survivors of sexual exploitation in Zimbabwe. The study also sought to establish if the whole IDTR Process integrated key issues such as gender, child and conflict sensitive approaches. The Study, which was qualitative in nature, relied on key informant interviews with members of Civil Society Organisations (CSOs) which were at the forefront in rescuing survivors of child sexual exploitation in 2017.

Summary of Key Findings

The following are the key findings of the study:

- The child protection system is not well designed to cater for the rights and needs of child survivors of sexual exploitation.
- The IDTR process does not adequately integrate key issues such as gender, child and conflict sensitive approaches.
- The Department of Child Welfare is not adequately funded to offer services and other material support to fully reintegrate the survivors of child sexual exploitation.
- Probation officers are not fully equipped to offer specialized services to survivors of child sexual exploitation.
- Children involved in sexual exploitation were subjected to sexual and physical violence perpetrated by their clients as well as adult sex workers who viewed them as competitors.
- Discrimination of victims of sexual exploitation makes their integration into families and communities cumbersome.

Policy and Institutional Terrain

Zimbabwe ratified important child rights related international legal instruments which are; the United Nations Convention on the Rights of the Child (UNCRC) on 11 September 1990 and the African Charter on the Rights and Welfare of the Child (also called the ACRWC or Children›s Charter) on 19 January 1995. Article 34 of the UNCRC and Article 27 of the Children's Charter state that a child has the right to protection from all forms of sexual exploitation and sexual abuse by taking appropriate protective measures to prevent the inducement, coercion or encouragement of a child to engage in sexual activity; use of children in prostitution or other sexual practices and use of children in pornographic activities, performances and materials. In 2012 the government of Zimbabwe adopted the Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe. The Protocol is a guidance tool for stakeholders that further refines and strengthens the holistic, effective and efficient service delivery for survivors of sexual violence and abuse. The National Case Management System has been fully adopted by the Department of Social Development as a way to conduct business. Through the NAP for OVC I, II, and III, Zimbabwe has increased its support to the fulfilment of rights of Children (Child Rights Barometer, 2018). However, in spite of all the efforts, Zimbabwe's economic situation has resulted in some families experiencing heighted vulnerability. There are ever-increasing pull factors towards commercial sexual exploitation particularly of girls. Girls are more vulnerable to sexual exploitation (approximately 1 in three girls and 2 in 5 boys are survivors of sexually exploitation). Moreover, the study identified the following gaps on the

IDTRR process in Zimbabwe:

- Critical shortage of probation officers and inadequate expertise in handling child survivors of sexual exploitation in the Department of Social Development.
- Lack of conflict sensitive approaches in relation to IDTRR.
- Budgetary constraints.
- Lack of places of safety for survivors of child sexual exploitation.

Operational Recommendations

Against a backdrop of the above highlighted gaps on the IDTRR process, the following operational recommendations are essential:

- Government should expedite the process of operationalising statutory instrument 125 of 2013 which permits the Minister of Public Service, Labour and Social Welfare to appoint non- public service social workers as probation officers to address the shortages of probation officers.

- There is need to redesign the IDTRR process so that it holistically adopts gender, child and conflict sensitive approaches at all levels.

- There is need for massive sensitization of professionals, families, community leaders, general populace on conflict resolution as well as providing psychosocial support to child survivors of sexual exploitation to address the negative effects of violence that they have gone through.

- There is also need to conduct more research and explore nonviolent ways of resolving conflicts for children and young people in social institutions in Zimbabwe.

- There is need for capacity building of Probation Officers, police officers and other professionals on handling child survivors of child sexual exploitation.

- Government and CSOs should provide adequate resources (material, human and financial) to the Department of Child Protection Services and Zimbabwe Republic Police for them to conduct random monitoring visits of public places and hotspots to identify children in sexual exploitation.

- The ZRP officers and Probation Officers should identify children in sexual exploitation and move them into places of safety pending reintegration

- The ZRP officers and Probation Officers should apply the law and punish perpetrators of SEC without fear or favour.

- There is need to strengthen the referral pathway i.e., case management system to be able to cater for the specific needs of child survivors of SEC and also to ensure that conflict sensitive approaches are fully implemented.

- There is need for the establishment of specific places of safety for child survivors of sexual exploitation.

- There is need to train journalists, CSOs, probation officers on the specific rights of child survivors of

SEC as per the ECPAT guide and the use of the correct terminology.

- There is also need to carry out more operational research to determine the magnitude and various manifestations of SEC in Zimbabwe

5. Policy Recommendations

The following are key in terms of policy implementation:

- Government and stakeholders should genuinely support the National Taskforce on Ending Sexual Exploitation of Children. Therefore, they should meet regularly to provide operational and policy directions.

- There is need for children in sexual exploitation to be classified as children in need of care and to be prioritized in programming by both the government and other development partners as is the case with children living and working on the streets who also have a specific fund catering for their needs.

- There is need to develop standardized context specific guidelines and models on the identification, removal and reintegration of children in SEC into their families and community.

- There is need for resource mobilisation and allocation in the national budget for children in sexual exploitation under the Children in Difficult Circumstances budget in the Department of Social Development under the Ministry of Public Service, Labour and Social Welfare.

- There is need for the government and stakeholders to recognize and implement the specific rights for child survivors of sexual exploitation as stated in ECPAT Guidelines.

- There is need to include the specific rights for child survivors of sexual exploitation in the ongoing review of the Children's Act

- There is need for massive sensitization of the general public on SEC i.e., on the dangers and magnitude, effects, violence and comprehensive rehabilitation and reintegration services for child survivors of SEC.

- Cultural perceptions, stereotypes and beliefs which view child survivors of sexual exploitations as perpetrators rather than victims, should be deposed and destroyed.

Contested understanding of child labour in agricultural initiatives aimed at addressing climate change in Zimbabwe: Case study of Mazowe District-

By

Tsungai Nondo, Hellen Venganai, Alexio Mbereko

Executive Summary

This policy brief is from a study carried out to understand whether children were vulnerable to child labour in climate smart agricultural (CSA) practices in Mazowe district. The study adopted a qualitative methodology where focus group discussions and interviews were used to gather data from key stakeholders; mainly, children and farmers. The study found that households in this district mitigated the effects of climate change through the adoption of zero tillage, conservation farming and selling labour to neighbouring farmers with access to irrigation, and that children were part of the labour as they were considered to have a responsibility to work for the sustenance of their families. CSA practices were reported to increase labour demands through increased working hours for children above nine years old, particularly girls. However, there were conflicting views on the definition of child labour and the nature of children's vulnerability. Sometimes, the nature of the household informed community interpretations of child labour and determined the amount of work allocated to children. Children in households headed by grandparents

and step-parents were reported to work the most. There is need for CSA interventions to adopt appropriate technologies to reduce the labour requirements for household members especially children and women to promote its uptake as a gender and child sensitive climate change mitigation measure.

Introduction

In rural Zimbabwe, the majority of the communal farmers rely on agriculture and other livelihoods strategies that are dependent on natural resources. Climate change has presented stress on the agricultural sector in rural Zimbabwe. The major impact on rural agriculture has resulted in frequent droughts, intra-seasonal rainfall variability, increasing temperatures and floods. In order to respond to challenges presented by climate change, communities have adopted agriculture climate smart agriculture (CSA) and irrigation initiatives. CSA practices such as the adoption of zero tillage and conservation farming are aimed at improving households' resilience to changes in rainfall and improve their social and economic welfare. While CSA practices may be climate-smart in one context, they may present new challenges on child rights due to the increased workloads associated with them. Yet very little has been documented on climate change initiatives and their association with increased child labour. Hence this study analysed child labour in CSA interventions in Mazowe District. Specifically, it examined the local understandings of child labour in Mazowe district; the extent and nature of child labour, and vulnerability of children to exploitation in climate smart agricultural practices; the gendered allocation of child labour in climate smart agriculture; and the institutional interventions against agriculture related child labour in the district.

Study Methods

The study adopted a qualitative methodology in order to have insights into in-depth experiences and contextual interpretations of child labour from the study participants. The study participants were purposively sampled from children and adults involved in CSA and irrigation agriculture. Children between 10 and 14 years of age participated in the study which those who did not live in the study area or not involved in the practice of CSA. Key informants were also purposively sampled from the District Administrator's offices, Agricultural extension services, schools, local child protection institutions and local leadership. Seven focus group discussions (FGDs) and key informant interviews generated information about community perceptions and constructions of child labour and nature of institutional interventions, nature of work done by children in the home and farm, and the gendered vulnerability of children to agricultural work.

Findings

The study found that children were involved in zero tillage and irrigation agriculture at times for direct payment or for gifts. There were reported cases of school drop outs and of children working on family farms or on commercial farms as informal employment. The study also established that child labour exists in Mazowe district although it was underreported because of the different community interpretations of what constitutes a child and child labour.

Contextual definition of child: Participants did not agree on a single definition of who a child is. Some felt that anyone below 18 years of age and is still attending school qualifies to be a child, while those out of school and married should not be defined as "a child" despite their age. The community definitions of a child were not fixed, because some were adopted or discarded depending on the context and on whether they benefitted the household.

Conflict on defining child labour: Legally as stipulated by the CRC, ACRC and the country's constitution, a child can perform house chores for a limited length of time allowing them time to rest, study, and attend school and play. However, participants offered different interpretations of child labour depending on the nature of the household. Generally, child work in the homestead was considered as part of socialising and that the skills learnt will assist children in their future. Households that could not afford hiring labour for the fields viewed child labour as an essential step in socialisation and the sustenance of household livelihoods and food security. The community seemed to promote the culture of inheritance of fields and this was argued as the important reason why children have to work.

CSA practices and child labour: Higher yields per unit area were reported for zero tillage than the tilled land. However, the labour requirements especially for weeding were reported to be higher for zero tillage than the tilled fields. Since the CSA initiatives are done on a household's field it means the family has to work the land. It was also reported that the weeding period is labour intensive in order to control and keep the grass and weeds at an acceptable level and this limits the size of fields by those practicing CSA. Participants reported that on average a family of four takes 16 hours per acre to dig holes, with others reportedly spending 21 hours on the same task. Findings revealed that most of the tasks were done by children and women because males prefer to migrate to nearby farms, towns or other countries in search of short- and long-term jobs for a salary.

Gendered child labour: The study findings noted gender-specific impacts of CSA practices & technologies on the labour burden. The labour burden was higher for girls because they tend to work longer hours than boys as they tried to balance responsibilities in CSA practices with their usual household chores. This impacted the girls' schooling since they would be left with little to no time to study. However, boys were often allocated harder tasks requiring more physical strength which exposed them to the unquestioned child labour because their failure to perform the harder agricultural tasks rendered them "weak".

Institutional child protection interventions: Participants identified organisations that aim to protect child rights in Mazowe district. However, the organisations were said to mainly focus on prevention of early child marriages, sexual abuse and domestic abuse by step parents and other guardians. While participants were aware of the existence of these organisations who advocated against child labour in their area, they

did not value these awareness campaigns because they did not offer households the financial or economic benefits that could then limit children's participation in household agricultural activities.

Key informants from some of the organisations suggested there was low prevalence of child labour. This could stem from the fact that "normal" households with biological parents did not self-report even when they subject their children to child labour. Instead, parents from these households concluded that children in child, step-parent, and elderly headed households were more prone to child labour.

Conclusions: The CSA interventions implemented in rural settings like Ward 11 in Mazowe district increase the demand for labour and children are often made to fill the gap. This is worse for those children who stay with grandparents who may be weak to work on the field but still need food and income from agricultural practice. CSA interventions to curb the impact of climate change have increased labour demand during land preparation, digging and closing holes and mulching. The study observed that when there is an increase in labour for the poor rural households, the burden is not met by hired labour but by household members. This labour is usually passed on to children who have to assist by covering the labour deficit. Hence, there is need to find ways of monitoring for child labour under the CSA initiatives.

Policy Recommendations

- The CSA especially zero-tillage needs to be mechanized by developing a type of plough that can make holes to reduce the labour requirements for household members especially women and children. There is need to promote its uptake as a gender and child sensitive climate change mitigation measure.

- Programming needs to take note of the differences in the conceptualisation of child labour by the community (including children's opinions) and the official position as this was identified to be a potential area of conflict.

- Child rights organisations, the government and other stakeholders should mitigate the social and economic risks that directly expose children to child labour.

- Interventions should consider the age and gender-specific risks and vulnerabilities of different categories of children and their exposure to child labour.

Conflict in child protection: The case of Foster Care in Harare and Chitungwiza urban areas, Zimbabwe.

By

Abel Blessing Matsika, Rachel Chavhi Mlambo and Belamino Chikwaiwa.

Executive Summary

Foster care has distinct benefits to both the child and foster parents. It provides an opportunity for adults with a passion for children to provide care to children who need alternative forms of care. Foster care also affords the foster child an opportunity to grow up in a family setting. This study explores conflict in child protection using children in foster care as a case study. A desk review was conducted to gather secondary

data on legal frameworks that guide foster care. Data were collected using in-depth and key informant interviews until the point of saturation was reached. Data were analysed using thematic content analysis. Results from this study show that formal foster care in Zimbabwe follows a legal procedure which is monitored by the Department of Social Welfare. Results from in-depth interviews with foster parents reveal that altruism motivated most foster parents to take in needy children into their care. Government financial support for foster parents was reported to be inconsistent in its disbursement and inadequate to purchase most basic commodities. The study revealed that there is conflict in foster care; some of it emanates from the difficult behaviour traits exhibited by foster children and some related to family tensions motivated by cultural beliefs. Some cultural beliefs are not supportive of the care of children one is unrelated to worse still in *loco parentis*. On a positive note, the study reveals that the presence of foster children in families often motivates parents to pursue amicable conflict resolution methods. This study therefore, recommends that foster parenting be strengthened through policy interventions related to enhanced government financial support to foster parents, inter-sectoral collaboration as well as capacity building of foster parents on positive parenting and family strengthening through interactive trainings.

Introduction

This policy brief summarizes key findings and recommendations for a study that was conducted in Harare and Chitungwiza on conflict in child protection with a case study of children in foster care. The objectives of the study were to explore the foster care programme in Zimbabwe, to investigate the challenges faced by foster parents, to explore the impact of conflict on Zimbabwe's foster care programme and to identify opportunities for strengthening the foster care programme in Zimbabwe. The study adopted a qualitative research design. Twenty-three and eighteen foster parents from Chitungwiza and Harare respectively were purposively selected and ten key informants were also purposively selected for the study.

Research Methodology

This study employed a qualitative research design to gain an understanding of foster care parenting and explore the impact of conflict on fostering. The target population for the study comprised of Child Welfare Officers/Probation Officers from the Department of Social Welfare both at policy and practice levels. The study targeted institution-based social workers, administrators and foster parents who were identified through the Department of Social Welfare foster parents register. Purposive sampling was used to select study participants who comprised of foster parents and officials including representatives of organisations involved in foster care in Zimbabwe.

> Desk review was used to gather secondary data on legal frameworks that guide foster care e.g., the United Nations Guidelines for the Alternative Care for Children, relevant national legislation i.e., the Children's Act (Chapter 5:06), policies including but not limited to the National Orphan Care Policy (1999), the National Residential Care Standards, the National Case Management System, existing foster care guidelines from the Department of Social Welfare. Key informant and in-depth interviews were used to elicit primary qualitative data that were analysed using thematic content

analysis.

Research Findings

- Formal foster-care in Zimbabwe embraces a legal procedure in which a child, who through a Court Order is given into the temporary custody of a couple or individual who has applied to the Department of Social Welfare to become a foster parent.
- People are motivated to foster children due to various reasons which include altruism, infertility and a combination of individual and societal factors.
- Fear of avenging spirits in the event of death of the foster child was sighted as the major factor that restrains prospective foster parents from taking children into their care.
- Foster parents also cited erratic visits by probation officers as a gap in the level of statutory support.
- Foster Care Handbook aimed at capacitating foster parents provides a good starting point to enhance foster care and could be complemented with regular technical support to foster parents by Probation Officers and partner organisations.
- Children fostered at an advanced age can be truant resulting in conflict in the foster family.
- Some foster children accuse their foster parents of cruelty, discrimination and favouritism which the foster parents deny. Foster parents stated that disciplining foster children under their care is difficult for fear of being accused of cruelty by the children or being reported to the Probation Officers.
- Inadequate financial support by government strains foster families and can lead to conflict under the prevailing difficult socio-economic conditions. The disbursement of the grant was erratic with some foster parents indicating that they had not received the grant in many months.
- Assisted Medical Treatment Orders (AMTOs) meant to assist foster children access medical services were being rejected in central hospitals due to non -payment by the Government.
- The national lockdown to contain the spread of the COVID-19 virus has resulted in a massive rise in GBV as attested to by the high numbers recorded by the GBV hotline number and other partners like Musasa Project. Children in foster care are at high risk of being 'soft targets' of GBV and IPV. Children in foster care are more likely to suffer collateral victimisation in conflicts between spouses because the husband who is the likely perpetrator has no biological relationship with the foster child and is likely to victimise them because he regards them as an ally to the wife.
- Most foster parents interviewed indicated that they actively involved the foster child in resolving conflicts between them (parent) and the foster child as well as between the foster child and their own biological children. Some foster parents explained that the presence of foster children in their homes was playing a big role in motivating them (parents) to adopt more collaborative conflict management and resolution methods.

Policy Recommendations

- The government needs to fulfil its statutory obligation of providing a holistic package of support to all foster children. The increased financial support to foster parents will provide an impetus for

the growth and development of the foster care programme. The financial capacity of foster parents can be increased through integrating foster care with livelihoods initiatives such as Income Savings and Lending Schemes (ISALs). There is need to have continuous psychosocial and economic support to the foster parents to ensure that the foster parents are supported on positive ways of resolving conflicts with spouses or the foster children.

➤ There is need to train foster parents to enable them to handle children with difficult behaviours that may be related to the trauma that they have experienced in their lives. Family strengthening programmes that bring together foster parents and children to capacitate them with conflict resolution skills will also help in improving relationships between foster parents and children.

➤ There is need for the government to come up with alternative care guidelines incorporating a national foster care policy, which should serve as a guideline on identification, screening and registration of foster parents. The Children's Act Chapter 5:06 is not elaborate on foster care and require amending to provide more guidance on foster care. There is need consultative engagements about foster care so that any missing information gets to be incorporated in the Children's Act.

➤ There is need to provide foster children with unresolved trauma that affects their social skills and manifest as difficult behaviours with PSS prior to placements and the foster parents also need to be informed of the child's past experiences and be adequately prepared to handle such children.

➤ There is need to leverage on the statutory amendment that provides for social workers employed outside government to provide statutory services; social workers outside government can be trained to provide support services to foster children and their parents within their communities thereby plugging the high turnover of Probation Officers due to the social worker brain drain.

➤ There is need for the government to come up with a regular training programme for foster parents around the country. Such a training programme will capacitate foster parents on positive parenting skills and various other relevant skills.

➤ There is need for increased inter-sectoral collaboration to increase the uptake of foster care. Incorporating religious and traditional leaders into the awareness raising campaigns provides an opportunity for enhancing the visibility and broader acceptability of foster care as a viable alternative child-care strategy. Inter-sectoral collaboration will help address misconceptions and stereotypes on issues of *ngozi* (avenging spirits) and other perceived consequences associated with taking in a stranger into the family.

Attitudes and perceptions of alternatives to corporal punishment

By

Memory Mhlanga

Background

In 2019, WUA in partnership with UNICEF Zimbabwe designed a project titled **improved dispute resolution services and social protection systems in marginalized and at-risk communities.** One of the key outcomes of the project centred on **increased capacity to promote conflict transformation skills and policy relevant research and analysis in the delivery of social protection programs.** The program sought to advance a practical long-term solution to the lack of expertise in children's issues at national level in Zimbabwe and the region. The programme also revealed the need for more research to be done so as to strengthen **gender and child sensitive social policies and programming under the concept of improving dispute resolution services and social protection systems** focusing on marginalized and at-risk communities within the Zimbabwean communities. The programme sought to assist actors to effectively design and implement programmes that are gender and child sensitive and build a human resources base in child rights, policies and development.   A study was done in Seke rural and Harare urban areas to assess attitudes and perceptions of alternatives to corporal punishment. This policy and advocacy paper is lobbying for the use of alternatives to CP in both institutions and at home as effective disciplinary methods for children having explored the pros and cons of CP.

What we know about Corporal punishment

- Corporal punishment (CP) can be traced to the 10th BC in Solomon's Proverbs. English philosopher, John Locke as cited in Conte (2000) argues the use of corporal punishment in the education

system as having a big influence on overall punishment in schools.

- The UN Universal Declaration of Human Rights in 1948 prohibited all forms of violence but evidence today shows that some countries are still debating the use of CP and putting in laws and policies for its prohibition, Zimbabwe included.

- Corporal punishment has widely been used as a discipline management procedure. It institutionalizes violence and promotes child abuse hence Zimbabwe have since outlawed it.

- In March 2017, Zimbabwe's High Court banned corporal punishment at school and home (Fred Obera, 2017). The ruling came after disgruntled parents complained following the thorough beating of their children, some as young as six years old by teachers in some parts of Zimbabwe. Zimbabwe went on to fully prohibit the use of CP in 2018.

- Fred Obera (2017) argues that for most Zimbabwean children, corporal punishment and violence at home has been a regular experience.

- The United Nations Convention on the Rights of the Child (UNCRC 1989) clearly discourages torture and the degrading treatment of children. Following the provisions of the UNCRC, only 29% of the world countries have outlawed corporal punishment.

Key findings

It is imperative to note that this research sought to explore attitudes and perceptions and not the actual act on CP and its alternatives. There has then been a mismatch on what parents, caregivers and stakeholders actually think and what they actually implement.

Despite the outlaw of corporal punishment, 100% of the parents interviewed in this research still view corporal punishment as useful and want their children to be disciplined through beating.

✓ 76% having beaten their children on a recall period of 30 days at the time of research.

✓ Reasons for such beating included stealing (27%),

✓ Sexual and physical abuse of others (40%),

✓ Engaging in alcohol abuse (18%)

✓ And disobeying parents/lack of respect (31%),

✓ Dodging class, lessons or sport (31%). *These responses showed in a multiple response scenario.*

- There has been a notable gap between the knowledge on the statutory instrument on corporal punishment by relevant education duty bearers visa a vis why some teachers do and do not use corporal

punishment in schools.

● There has been a gradual shift where 67% of the parents and caregivers engaged showed that they have used alternatives to CP such as rewarding good behaviour and continuous counselling more than they use corporal punishment.

● While 96% of parents and caregivers interviewed strongly disagreed that beating up children was evidence of bad parenting. They believe instead that it is a way of instilling good behaviour and morals in their children. However, these parents and caregivers have increasingly become aware of the effects of corporal punishment such as low self-esteem, mental retardation and extreme stubbornness.

In light of the ban on corporal punishment, parents and caregivers reflected that they employed alternatives to corporal punishment such as;

- rewarding good behaviour,

- counselling children, by aunt and uncle which is highly cultural in the Zimbabwean family set-up.

- instilling a curfew,

- withdrawing privileges,

- reprimanding a child,

- assigning extra chores and counselling

In school the alternatives that are being employed include:

- suspending a child from school for some time depending on the reason for such punishment,

- cleaning the class as punishment,

- engaging the misbehaving student through use of good communication skills with the students,

- involving peers to assist helping their fellow peers,

- making them sit in front of class to distract them from bad behaviour and picking litter,

- making the waywardness of the misbehaving student known across the school community so as to assist other students on such wrong doings as per school policies and procedures.

Potential conflicts found in the study

- At least 90% of the respondents indicated that there are policies that restrict the use of corporal punishment in their respective schools. Only 67% of the respondents confirmed that there is no use of corporal punishment in their schools. This converse relationship is a clear testimony that there are some schools where corporal punishment is still applied regardless of the policy restriction (33%)

- A small proportion (12%) which was against the use of corporal punishment by parents and care-givers argued that, corporal punishment in many instances causes more harm than good as it hardens some children to the extent that they become uncontrollable. In the worst cases, children lose their self-esteem and relations between parents and their children are strained. This places children in a vulnerable position as they end up with no one to trust or share some of their experiences like when they are abused as they fear to open up to their parents.

- Parents believed CP helps children to become successful adults, good character development, build respect for authority figures and majority (52%) agreed that CP does not work better than other methods. However, the perception of parents and caregivers does not match their actual responses as portrayed earlier. Thus, parents are aware of policy issues to corporal punishment and were not at ease confessing either use of it.

- The majority (73%) was for the use of corporal punishment in school and acknowledged and perceived that it is the main efficient way of disciplining a child. While perceptions show CP as being used, the actual behaviour of parents show otherwise.
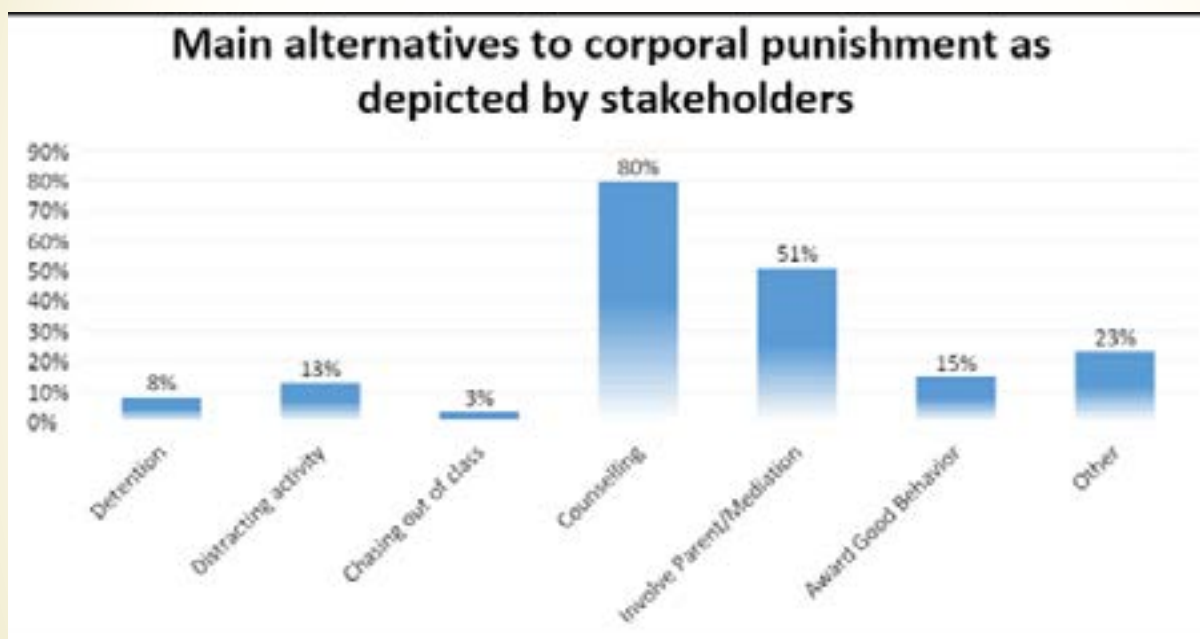

Figure 1:Main alternatives to CP as depicted by stakeholders

Figure1 shows counselling as a main alternative believed by parents to be working more than CP

Comparison of CP and its alternatives

On a multiple response scenario, CP was considered less preferable than the other alternatives with counselling mainly being considered as well.
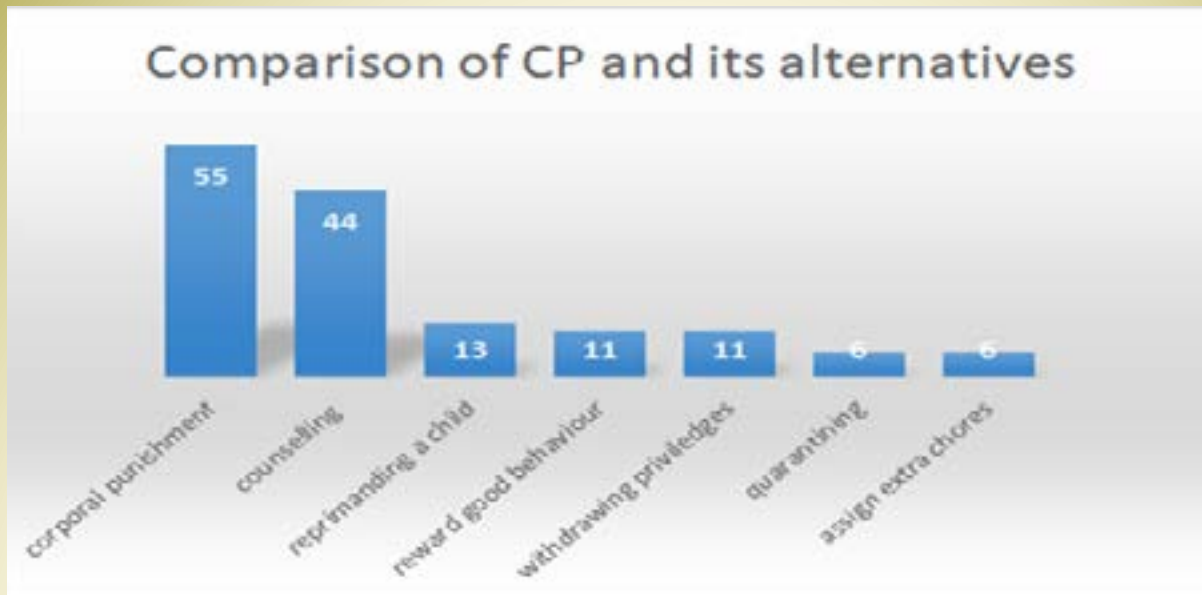
Figure 2: Comparison of CP and its alternatives

Barriers to the use of CP alternatives at schools

- School time tables are quite overloaded; thus, it is difficult for schools to find time to provide guidance and counselling to learners.

- In most schools G&C is given 1 period per week and not a priority subject. In 34% of the schools assessed, G & C is not taught at all. It is also important to note that while inroads are being made for all schools to teach the subject and to offer services to children regularly, it is a process that may take some time to concretise.

- There is a general conservative ideology and belief that corporal punishment is the best way to discipline a child. This has mainly been associated with the African culture and the ideology is slowly shifting with generations. Today, close to 23% of parents, caregivers and teachers are often quoted stating that for them to grow up well and as disciplined children; they were subjected to corporal punishment. Thus, communities keep pushing for corporal punishment to be administered on children but seem to be uncomfortable using it either at home or in institutions. In the African context and community, the use of alternatives like rewarding good behaviour has not been common. No significant investment has been noticed at family level over this alternative. The effort to that effect has not really matched up significantly though it is also slowly improving.

- There is no professional guidance to alternatives of corporal punishment that has been offered to communities and institutions to meaningfully talk about its up-scaling.

- The process to implement a number of them is quite long, for example it may take days for a child's parents to visit the school, as they have to make arrangements with their own workplace that is if they are called to assist in counselling their child.
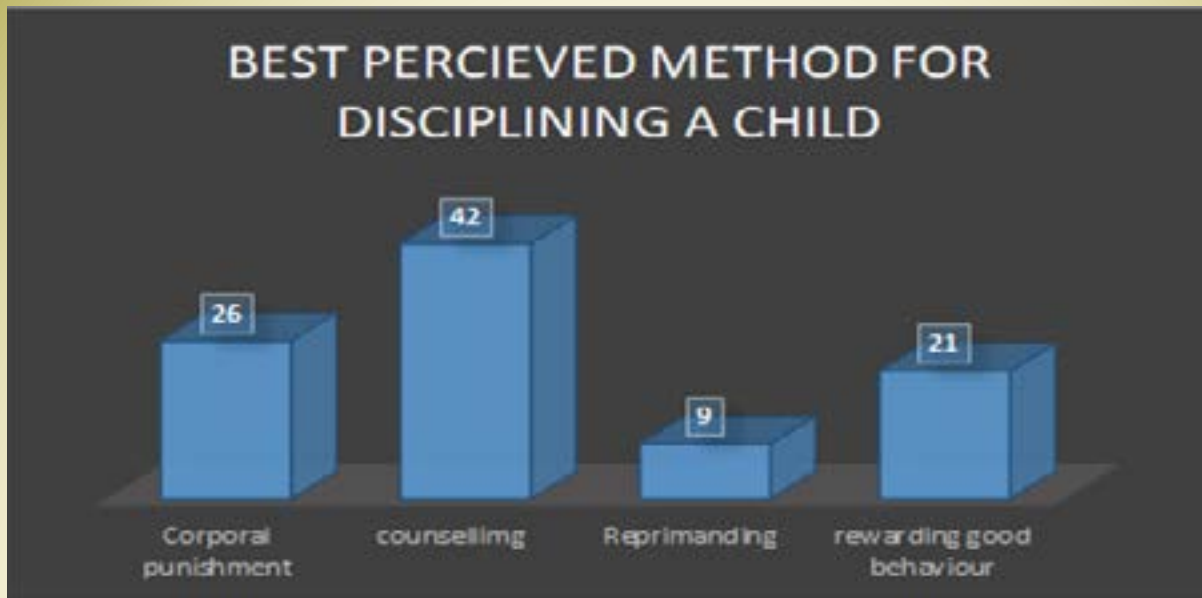
Figure 3: Best perceived method of disciplining a child

Figure 3 shows counselling as a best perceived method of disciplining a child. A combination of selected responses against CP shows that 72% opted for alternatives to CP.

Policy conclusions

- In the Zimbabwean context, there are still strong perceptions that children need to be beaten up in order for them to understand that what they have done is wrong and this was deemed an effective method to correct behaviour. However, such perceptions are inconstant with the United Nations' Convention on the Rights of the Child (UNCRC) which states that Corporal Punishment is a form of violence.

- Whilst the government of Zimbabwe has been progressive in outlawing corporal punishment, major stakeholders (education and the home) still view CP as an alternative that should be used in bringing up a properly nurtured child but go on not to implement it and opt for its alternatives.

- While a lot of programs that have been placed under gender and child sensitive programming are against any form of violence, it is critical to bridge such gaps bearing in mind that women and children are continuously presented as vulnerable within communities.

- Teachers, school administration and relevant government ministries who were part of the respondents for the research strongly agreed with the use of corporal punishment. This was the view of the majority of both rural and urban respondents. This raises a concern that the ban was more aligned to International regulations more than public consultative processes.

- It is evident that Zimbabwe was and will continue to align its laws to international policies, so public consultation in policy framework is important for greater public acceptance and enhances the public willingness to comply with the governing rules.

- There is little that has been done to sensitize the public on the long-lasting negative effects that result from the use of corporal punishment and encouraging the use of alternatives to it more.

- It is quite evident in the research that both parents and relevant stakeholders are not informed on the risk factors.

- To get their buy-in, there is need to invest some meaningful efforts in debunking some social and cultural norms which are sanitizing the use of corporal punishment.

- Considering that attitudes and behaviour are deeply rooted and to remove certain habits there is need for engagements and behaviour change programmes regarding corporal punishment.

- The effectiveness of other alternatives has been acknowledged and the method to be applied depends on the weight of the offense.

- The main gaps drawn are on the need for the Government to roll out some training on the alternative methods that can be used in institutions and communities.

- To date, it seems there is not enough investment done to change the perceptions and attitudes of the general public. In institutions like universities, teachers' colleges and training schools, there should be some class sessions on positive discipline techniques.

Policy Recommendations

- There is a need to conduct some positive parenting sessions with parents and caregivers as they have shown limited knowledge on the effectiveness of alternative measures.

- The alternatives such as counselling, reprimanding a child, withdrawing privileges and rewarding good behaviour were regarded to work better in disciplining children.

- There is the need for approaches that change the perceptions of teachers towards corporal punishment such as continuous training of teachers on statutory instruments regarding corporal punishments and the effective use of CP alternatives.

- It is suggested that employing 'restorative justice' practices (which are well-known in African culture) helps as an alternative to CP. 'Restorative justice' involves both 'victim' and 'offender' in a meeting aimed at planning a way to repair any harm caused, and there is need to avoid threatening or shouting at children.

42