

# NATIONAL ACTION PLAN FOR ORPHANS AND VULNERABLE CHILDREN IN ZIMBABWE PHASE III: 2016-2020



GOVERNMENT OF ZIMBABWE  
Ministry of Public Service Labour and Social Welfare 2016

# FOREWORD

## ACKNOWLEDGEMENTS

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## TABLE OF CONTENTS

Foreword .....	1
Acknowledgements .....	2
Acronyms .....	4
List of figures .....	7
List of tables.....	7
Executive summary .....	8
1. Introduction.....	11
2. Background and Rationale.....	12
2.1. Justification for the NAP for OVC III.....	12
2.2. Overarching Legal Instruments and Policies .....	14
3. Key Lessons Learnt from NAP for OVC II .....	17
4. Guiding Principles for the NAP for OVC III.....	21
5. Structure of the NAP for OVC III .....	22
5.1. Vision Statement .....	22
5.2. Design of the NAP for OVC III.....	22
5.2.1. Pillar 1 - Household Economic Security .....	23
5.2.2. Pillar 2 – Access to Basic Social Services.....	25
5.2.3. Pillar 3 - Child protection and safeguarding.....	26
5.2.4. Pillar 4 – System strengthening.....	28
5.2.5. Links between the four pillars .....	32
5.2.6 The cross-cutting areas .....	32
6. The Theory of Change .....	34
7. Management and Coordination.....	36
8. Implementation Arrangements .....	42
9. Social Risk Management .....	46
10. Costing of the NAP for OVC III .....	49
11. Monitoring and Evaluation of the Framework.....	50
Annexures .....	51
Appendix 1. Matrix of Activities for the NAP for OVC III .....	52
Appendix 2. The Nested Approach for NAP for OVC III .....	62

## ACRONYMS

ACRWC	African Charter on the Rights and Welfare of The Child
AIDS	Acquired Immunodeficiency Syndrome
AMTO	Assisted Medical Treatment Orders
BCG	Bacillus Calmette–Guérin
BEAM	Basic Education Assistance Module
CBOs	Community-Based Organisations
CCfPESS	Cabinet Committee for Poverty Eradication and Social Services
CCW	Community Child care Worker
CF	Conservation Farming
CPC	Child Protection Committee
CPF	Child Protection Fund
CRE	Child Rights Education
CSO	Civil Society Organisations
CSR	Corporate Social Responsibility
CWF	Child Welfare Forums
DCPC	District Child Protection Committees
DCWPS	Department of Child Welfare and Protection Services
DfID	Department for International Development
DPT	Diphtheria, Pertussis, and Tetanus
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
DSS	Department of Social Services
ECD	Early Childhood Development
FAO	Food & Agriculture Organisation
FBOs	Faith-Based Organisations
GDP	Gross Domestic Product
GoZ	Government of Zimbabwe
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus Infection
HSCT	Harmonised Social Cash Transfer
IGA	Income Generating Activities
ILO	International Labour Organisation
ISAL	Internal Savings and Lendings
JSC	Judiciary Services Commission
LAD	Legal Aid Directorate
LCCW	Lead Community Childcare Worker
LFSP	Livelihoods and Food Security Programme
Log frame	Logical Framework
M & E	Monitoring and Evaluation
MDA	Ministry, Department, and Agency
MoAMID	Ministry of Agriculture Mechanisation & Irrigation Development

MoFED	Ministry of Finance and Economic Development
MoHCC	Ministry of Health & Child Care
MoLGPWNH	Ministry of Local Government Public Works and National Housing
MoPSE	Ministry of Primary and Secondary Education
MoPSLSW	Ministry of Public Service, Labour and Social Welfare
MOU	Memorandum of Understanding
MoWAGCD	Ministry of Women Affairs, Gender and Community Development Ministry of Youth,
MoYIEE	Indigenization and Economic Empowerment
MTEF	Medium Term Expenditure Framework
NAC	National AIDS Council
NAP	National Action Plan
NCMS	National Case Management System
NCMSWPC	National Case Management System for The Welfare and Protection of Children in Zimbabwe
NGOs	Non-Governmental Organisations
NPAC	National Plan of Action for Children
NSPPF	National Social Protection Policy Framework
ODI	Overseas Development Institute
ORS	Oral Rehydration Salts
OVC	Orphans and Vulnerable Children
PBB	Performance-Based Budgeting
PCPC	Provincial Child Protection Committees
PDIA	Problem-Driven Iterative Adaptation
PENTA	Pentavalent vaccine
PEPFAR	President's Emergency Plan for AIDS Relief
PFM	Public Finance Management
PoS	Programme of Support
PEP	Pre-Exposure Prophylaxis
PTD	Pre-Trial Diversion
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SNV	Stichting Nederlandse Vrijwilligers (Foundation of Netherlands Volunteers)
SOP	Standard Operating Procedure
SOS	Save Our Souls
SRM	Social Risk Management
STERP	Short Term Economic Recovery Plan
SWAp	Sector Wide Approach
ToRs	Terms of References
TVET	Technical, Vocational Education and Training
UN	United Nations

UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNSCAP	United Nations Economic and Social
VFC	Commission for Asia and the Pacific Victim Friendly Courts
VfM	Value for Money
VFS	Victim Friendly System
VFU	Victim Friendly Unit
VHW	Village Health Workers
WASH	Water, Sanitation and Hygiene
WEI	World Education Incorporated.
WHO	World Health Organisation
WPO	Working Party of Officials
ZimASSET	Zimbabwe Agenda for Sustainable Socio Economic Transformation
ZIMSTAT	Zimbabwe Statistics Agency
ZNASP	Zimbabwe National Strategic Plan on HIV and AIDS
ZNOCP	Zimbabwe National Orphan Care Policy
ZRP	Zimbabwe Republic Police

List of figures

Figure 1: Structure of the NAP FOR OVC III .....	23
Figure 2: The Theory of change .....	31
Figure 3: Management and coordination structures for the NAP for OVC III.....	34
Figure 4: NAP for OVC Implementation flow .....	40
Figure 5: Social Risk Management for children .....	42
Figure 6: Positive and negative drivers affecting the impact of risks and shocks .....	44

List of tables

Table 1: Selected indicators on children .....	13
Table 2: Positive and negative drivers of success for the NAP for OVC II .....	19
Table 3: Shared Leadership.....	36
Table 4: Multi-sectoral approach risk management .....	37
Table 5: Decentralisation risk management .....	40



## EXECUTIVE SUMMARY

### Overview

The National Action Plan for Orphans and Vulnerable Children Phase III: 2016-2020 (hereinafter referred to as NAP for OVC III), was developed through a national consultative process involving a wide range of stakeholders. Officials from Ministries of Public Service Labour and Social Welfare (MoPSLSW), Primary and Secondary Education (MoPSE), Health and Child Care (MoHCC), the Justice Sector (i.e. courts, police, probation services, etc.), as well as representatives from civil society organizations and international development partners contributed to the development of this plan. This framework will guide the planning and implementation of all activities aimed at assisting OVC to meet their needs, fulfil their rights, and ensure that OVC are not abused, neglected or exploited. The NAP for OVC III seeks to operationalise the aspirations contained in the National Social Protection Policy Framework of Zimbabwe (NSPPF: 2015) with respect to issues affecting the well-being of orphans and other vulnerable children. This NAP for OVC III builds on the experiences and lessons learned from implementing two previous National Action Plans for Orphans and Vulnerable Children (Phase I: 2005-2010 and Phase II: 2011-2015).

### Vision Statement

The vision for the NAP for OVC III is that:

Orphans and vulnerable children in Zimbabwe are protected from all forms abuse, have improved health, nutritional, educational and psychological wellbeing

### Structure of NAP for OVC III

Consistent with the two previous action plans, the NAP for OVC III has **four pillars**. Each pillar has specific **outcomes and outputs** for children. These are summarized below.

#### Pillar 1: Household economic security:

##### Outcome:

Households with OVC have improved resilience to impacts of environmental, health, social and economic shocks

##### Specific Outputs:

1. Households with OVC have strengthened economic capacity and stability
2. Adolescent OVC have improved employment related skills
3. OVC are protected from the most severe deprivations that affect growth and development
4. Household Economic Security Programmes are effectively managed for NAP

#### Pillar 2: Access to basic social services:

##### Outcome:

OVC have improved access to care, support and essential services

##### Specific Outputs:

1. OVC are supported to access basic social services
2. Households with OVC have improved capacity to fulfil OVC development needs
3. Programmes that provide other basic social services are effectively managed for NAP

### Pillar 3: Child Protection and Safeguarding

#### Outcome:

OVC are protected from abuse, violence and exploitation

#### Specific Outputs:

1. OVC have improved capacity to recognise situations of risk
2. OVC participate in discussions and policymaking concerning their own development
3. Communities have increased capacity to protect OVC
4. National Integrated Case Management System meets needs of referred OVC
5. OVC access and receive support from the Child and Victim-Friendly Justice System
6. Child Protection programmes are effectively managed for NAP

### Pillar 4: System Strengthening

#### Outcome:

Improved social protection and child protection systems are able to provide more sustainable care for OVC

#### Specific Outputs:

1. The policy and legislative framework is strengthened to support child-sensitive social protection and child protection NAP for OVC III programmes
2. Case management systems are strengthened to improve management of NAP services
3. Information and communication systems are strengthened to improve the collection, sharing and use of data and information related to NAP for OVC III
4. The social welfare workforce is capacitated to provide for the needs of OVC and their household
5. Financial resources are increased to support implementation of the NAP for OVC III

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### Implementation

In implementing the NAP for OVC III, the following four crosscutting issues will be mainstreamed across all programs and activities:

1. Gender
2. Age
3. Disability
4. HIV status and AIDS

In order to achieve the expected results, the NAP for OVC III is based on a **theory of change**, which seeks to link specific inputs to outputs, outcomes and impacts within the context of a logical framework.

The NAP for OVC III adopts **Social Risk Management (SRM)** to identify, assess and manage the risks and resultant shocks that lead to the violation of children's rights. Social Risk Management envisages three types of strategies: preventative, mitigation and coping strategies. Four groups of risks are highlighted:

1. Environmental
2. Social

3. Health related, and
4. Economic

Implementation of the NAP for OVC III will take place through the design, execution and review of programmes and projects for OVC using Performance Based Budgeting (PBB), in alignment with the Medium Term Expenditure Framework (MTEF) rolled out by the Government of Zimbabwe. Children's needs will be identified and assessed using a bottom up approach. Services will be provided by decentralised agencies, in line with the principle of subsidiarity.

#### **Monitoring and Evaluation Framework**

Due to the complex nature of the programme, a Nested Log frame approach is adopted for the M&E Framework, wherein the four-pillar log frames contribute to the overall outcome and impact of the NAP for OVC.

## 1. INTRODUCTION

The Ministry of Public Service Labour and Social Welfare (MoPSLSW) coordinated and supported the production of the Zimbabwe National Action Plan for Orphans and Vulnerable Children Phase III: 2016-2020 (hereinafter referred to as NAP for OVC III). It is a planning framework to guide activities of all stakeholders who are engaged in implementing interventions aimed at ensuring that children meet their basic needs, fulfil their rights, and do not suffer from deprivation, lack of access to social services, abuse, neglect and exploitation.

This NAP for OVC III was designed through a national consultative process. Key informant interviews with relevant stakeholders were conducted to gather views on priorities for this successor programme to the NAP for OVC II. Views were solicited from various Government ministries, departments and units as well as Civil Society Organisations (CSOs), development partners, the children themselves and some caregivers were solicited. Also, a one-day facilitated discussion session was held with children and caregivers. During this session, children and caregivers highlighted what worked well during NAP for OVC II and what could have been done better.

A national consultative workshop attended by 74 delegates was held from the 29th of September to the 1st of October 2015. During the consultative workshop, delegates identified the key elements of a vision for NAP for OVC III which they subsequently turned into a clear vision statement. Based on the agreed vision, participants worked in groups and pairs to specify the results to be achieved for children during the successor programme to NAP for OVC II. The results were then clustered into categories, leading to the identification of the key pillars for the NAP for OVC III. Through a backward mapping exercise, participants identified possible interventions for each of the pillars. These suggestions were discussed and re-worked into specific activities<sup>1</sup> that will ensure the achievement of specific objectives. Finally, participants discussed and agreed on the architecture of the NAP for OVC III and on its design requirements to ensure full implementation.

The plan was presented, discussed and validated at a multi-stakeholder workshop held on December 17th 2015. High-level decision makers from different line ministries, CSOs, UN agencies, and development partners attended the meeting.

## 2. BACKGROUND AND RATIONALE

The Government of Zimbabwe (GoZ) developed its first National Action Plan for Orphans and Vulnerable Children (NAP for OVC I) in 2004 which it implemented from 2005 to 2010. At the time, Zimbabwe, like many other Sub-Saharan African countries, faced the devastating effects of the HIV and AIDS pandemic. Development of the NAP for OVC I was a result of the United Nations General Assembly Special Session on HIV and AIDS held in 2001 which aimed to address goals 65, 66 and 67 of the resultant Declaration of Commitment on HIV and AIDS. The effects of HIV and AIDS were compounded by the net effects of poverty due to multiple causes, among them recurrent droughts and an unfavourable economic environment. While the HIV prevalence rate has been on a downward trend since 2005, the burden and net effects of HIV and AIDS and poverty have continued to place a heavy burden on children and the families looking after affected children.

The NAP for OVC entered the second phase of programming between 2011 and 2015. During this phase, NAP for OVC II was developed to be consistent with the Zimbabwe National Strategic Plan (ZNASP: 2011-2015) on HIV and AIDS, which is the country's overall guiding strategic plan for the national response to HIV and AIDS. The NAP for OVC II took into consideration Government's development thrust in line with the objectives of the Short Term Economic Recovery Plan (STERP) whilst also developing long-term social protection strategies.

### 2.1. Justification for the NAP for OVC III

In 2015, the Government of Zimbabwe developed a National Social Protection Policy Framework (NSPPF), which seeks to address the problems posed by ad-hoc implementation of social protection interventions in a fragmented manner. This national policy aims to strengthen existing social protection systems, increase harmonization across programmes, strengthen administration and coordination of social protection initiatives, and ensure overall policy coherence to effectively address the different vulnerabilities in the population.

The NSPPF has the following key elements: 1. Access to basic services, 2. Social transfers, 3. Social Support and Care Services, and 4. Livelihoods Support. Consistent with the National Corporate Governance Framework provided for in ZimAsset, the NSPPF adopts the principles of good governance, and endorses a Social Risk Management approach.

The Government of Zimbabwe (GoZ) seeks to provide for continuity in its investments for the benefit of children. For this reason, together with its partners and major stakeholders implementing child protection activities, the MoPSLSW developed this NAP for OVC III with the intent of translating into practice the principles and goals of the NSPPF that relate to children. The NAP for OVC III will contribute to the mission of the NSPPF, namely: *"Reducing extreme poverty through empowering and building resilience in poor, vulnerable and disadvantaged households"* and seeks to contribute to the NSPPF's vision of *"A Zimbabwe where everyone enjoys an improved quality of life"*.

Despite the progress achieved through previous efforts under both NAP for OVC I and II, the situation of children in Zimbabwe remains serious in some areas, such as child protection including child marriages (particularly among girls), water, sanitation and hygiene (WASH) and child mortality. Table 1 provides a snapshot of key indicators representing the situation of children in Zimbabwe.

<sup>1</sup>See Appendix A for a Matrix of Activities for the NAP for OVC III

Table 1: Selected indicators on children

Indicator	Value
<b>Water and Sanitation (%)</b>	
Use of improved drinking water sources	76.1
Use of improved sanitation (not shared)	35.0
Open defecation (no facility, bush field)	31.7
<b>Child Protection (%)</b>	
Birth registration	32.3
Violent discipline	62.6
Marriage before age 15 (female 15-49 years)	5.0
Marriage before age 15 (male 15-54 years)	0.3
Marriage before age 18 (female 20-49 years)	32.8
Marriage before age 18 (male 20-54 years)	3.9
Attitudes towards domestic violence (female 15-49 years)	37.4
<b>Indicator</b>	
<b>Value</b>	
Attitudes towards domestic violence (male 15-54 years)	23.3
Diversion of children in conflict with the law	70.6
<b>Education (%)</b>	
Primary net attendance ratio (adjusted)	93.7
Out of school (primary)	1.5
Secondary net attendance ratio (adjusted)	57.5
Out of school (secondary)	18.0
Primary completion rate	98.9
Transition rate to secondary school	78.9
<b>HIV/AIDS (%)</b>	
Knowledge about HIV prevention among young women 15-24 years	56.4
Knowledge about HIV prevention among young men 15-24 years	51.7
<b>Child Mortality</b>	
Infant mortality rate	55
Under-five mortality rate	75
<b>Child Health (%)</b>	
BCG immunization coverage (12-23 months)	94.7
Polio immunization coverage (12-23 months)	87.5
DPT/PENTA immunization coverage (12-23 months)	87.3
Measles immunization coverage (12-23 months)	87.6
Full immunisation coverage	80.3
Diarrhoea treatment with oral rehydration salts (ORS) and zinc	13.8

<sup>2</sup>Source Multiple Indicators Cluster Survey, Zimbabwe National Statistical Agency, 2014

<b>Nutrition (%)</b>	
Underweight prevalence (WHO standards moderate and severe)	11.2
Stunting prevalence (WHO standards moderate and severe)	27.6
Wasting prevalence (WHO standards moderate and severe)	3.3
<b>Reproductive Health (%)</b>	
Antenatal care coverage (any skilled provider)	93.7
Skilled attendant at delivery	80.0
Institutional deliveries	79.6

## 2.2. Overarching Legal Instruments and Policies

The NAP for OVC III adheres to and incorporates all the major international, regional and national commitments that Zimbabwe has either acceded to or developed/domesticated including the following:

- *Global commitments*
  - o The Sustainable Development Goals (SDGs)
  - o United Nations Convention on the Rights of the Child and its Optional Protocols
  - o United Nations General Assembly Special Session on HIV/AIDS,
  - o 2002 World Summit for Children,
  - o International Labour Organisation (ILO) Conventions on Child Labour
  - o Protocol to prevent, suppress and punish trafficking in persons, especially women and children (Palermo Protocol)
  - o Convention Against Transnational Organised Crime
- *National Action Plan for Orphans and Vulnerable Children in Zimbabwe Phase III: 2016-2020*
  - o Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa,
  - o United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol.
- *Regional commitments*
  - o African Charter on the Rights and Welfare of the Child
  - o Regional Workshop on Children Affected by HIV and AIDS
  - o Charter of the Fundamental Social Rights in SADC
- *National commitments*
  - o Constitution of Zimbabwe
  - o Zimbabwe Agenda for Sustainable Socio-Economic Transformation (Zim-ASSET)
  - o The Children's Act
  - o Criminal Law [Codification and Reform] Act
  - o Criminal Procedure and Evidence Act
  - o Domestic Violence Act
  - o Zimbabwe National Orphan Care Policy

<sup>3</sup>Children diverted out of total number of children arrested by police in pilot districts, source Pre-trial Diversion Committee report, 2015

- o Matrimonial Causes Act
- o Guardianship of Minors Act
- o Maintenance Act
- o Births and Deaths Registration Act
- o Labour Act
- o Trafficking in Persons Act
- o National Programme of Action for Children (NPAC)
- o National Social Protection Policy Framework
- o The National Health Strategy
- o Education Medium Term Plan
- o Life Skills, Sexuality, HIV and AIDS Strategy
- o Legal Assistance Strategy
- o Ministry of Public Service, Labour and Social Welfare Strategic Plan



### 3. KEY LESSONS LEARNT FROM NAP FOR OVC II

The NAP for OVC II (2011-2015) built on the lessons learnt during implementation of the NAP for OVC I. The NAP for OVC II focused on children's multi-dimensional vulnerabilities and sought to address them through interventions using an HIV-sensitive approach to secure children's basic rights and quality social and child protection services. Special attention was paid to strengthening child protection systems and interventions, particularly those that prevent and respond to violence against children. At the heart of the initiative was an effort to reduce extreme poverty in the most vulnerable households, thereby reducing poverty-related abuse, neglect and violence against children.

The NAP for OVC II comprised three main programmatic pillars of: (1) economic strengthening of households (cash transfers), (2) access to basic social services and (3) child protection. A fourth pillar focused on programme coordination and management.

The NAP for OVC III builds on the evidence and lessons learnt from implementation of its predecessor, the NAP for OVC II. The NAP for OVC II had service provision at the core of its design and its three pillars. Participants at the National Consultative Workshop<sup>4</sup> noted that this has resulted in increased demand for services, as well as an enhanced community-based response and participation in cases of child protection and children living with HIV and AIDS. The involvement of families was less prominent due to a strong focus in NAP for OVC II on identifying and capacitating CCWs (individuals in communities) rather than on strengthening families to address issues affecting the wellbeing of (vulnerable) children. However, community sensitisation (through the work of CCWs) resulted in a greater freedom among members to speak about children's issues, with cases of child abuse coming to the fore. Some target groups requiring specialised services were, to some extent, overlooked: this was the case for children living and working on the streets, children with disabilities, children requiring legal assistance and/or representation and children living in refugee camps, to cite just a few.

A significant achievement of NAP for OVC II was its ability to reach 55,000 households with a "harmonised" social cash transfer (HSCT) programme that was implemented with financial support from the Child Protection Fund (CPF), a funding mechanism for the NAP for OVC II. Stakeholders who participated at the National Consultative Workshop noted that more could have been done to ensure harmonisation and integration between the HSCT programme and provision of other much-needed social services. Also, much remains to be done to ensure comprehensive geographical coverage and consolidation of existing services and interventions.

The approval of the National Case Management System (NCMS) by the Government was one of the major accomplishments under NAP for OVC II. Zimbabwe initiated a case management system for child protection in 2010 as a pilot programme within the President's Emergency Plan for AIDS Relief (PEPFAR) programme. Following the impact evaluation of the National Action Plan for OVC I and the Programme of Support (PoS) which identified the challenge of weak referrals and insufficient focus on quality of services provided, the Department of Social Services (DSS) adopted and started implementing the national Case Management system approach during the NAP for OVC II<sup>5</sup>. This has contributed

<sup>4</sup>Unless specified otherwise, all findings in this section are from the National Consultative Workshop that took place in September 2015.

<sup>5</sup>Through a partnership with World Education Inc. (WEI), the MoPCLSW developed the following documents: 1) National Case Management System Framework for the Welfare and Protection of Children in Zimbabwe; 2) National Case Management System Operation Manual; and 3) National Case Management System Training Manual for the Welfare and Protection of Children in Zimbabwe.

significantly to further advancing national child protection system-building efforts, especially in the areas of “service delivery” and “workforce strengthening”. The case management system is under continuous improvement and remains an area of primary attention.

The NAP for OVC II also took into account development of the workforce dealing with children, especially within the framework of case management. Through capacity building interventions, the case management workforce (both professional and para-professional) was provided with technical training; however, this has not yet translated into an improvement in performance with adequate professional development schemes. The Government of Zimbabwe (GoZ) deployed significant human resources to ensure the implementation of the NAP for OVC II and to provide services to children in need. The decision to split the then DSS by establishing a new Department of Child Welfare and Protection Services (DCWPS) expanded the scope of the NCMS within the MoP/SLSW. However, it also meant that much of the previous investment in DSS capacity building remained in the DSS, whose prime responsibility is not child protection per se, since the introduction of the new Department (i.e. DCWPS) in early 2014. Coordination and resource mobilisation, as well as expenditure tracking, has proved to be a challenge. Many of the challenges in coordination appear to be due to what stakeholders have referred to as “siloization” (meaning that each department focuses on its looks areas of responsibility), resulting in difficulties in coordination. Coordination and decision-making could have been more effective within and across different Government departments.

NAP for OVC II suffered from of a lack of clear and predictable resource allocation by government due to limited fiscal space. Resources were primarily provided by development partners who also had a significant influence on how the resources were to be used, causing the Government to “chase the money”. Analysis of the annual reports on implementation processes during the NAP for OVC II<sup>6</sup> showed that financial reporting was not done in an aggregated way but only for some of its specific components. In addition, financial reporting did not differentiate between recurrent and development costs.

Nevertheless, a good foundation was laid to ensure that the NAP for OVC II was implemented and monitored. The NAP for OVC II looked at these issues, but limited its scope to a generic idea of coordination and information sharing. The Secretariat could have played a more pro-active role.

A proper monitoring and evaluation mechanism was not put in place to check progress and challenges in implementing the NAP for OVC II. Analysis of the NAP for OVC II programme document revealed that most of the expected results were at output level, and rarely on outcomes for children. An M&E sub-committee was established in 2011, but not much evidence is available to show its achievements and challenges. This limited considerably the availability of data on the number of children who accessed quality child protection services, which, in turn, affected negatively the planning, and adjustment of intervention processes during the NAP for OVC II.

The 2013 CPF annual report provides only figures on children reached, without any gender, age or other types of disaggregation. The way in which reports were written does not allow one to associate the implemented activities to planned activities<sup>7</sup>. In addition, the achievements mentioned in the reports are mostly about processes and not about results for children.

Participants at the National Consultative Workshop agreed that the factors presented in Table 2 played a major role in the achievements realized and challenges experienced during NAP for OVC II.

**Table 2: Positive and negative drivers of success for the NAP for OVC II**

Positive factors	Negative factors.
1. Specialisation of services made service delivery more effective	1. Limited motivation for government staff to implement the NAP
2. Because of their interaction with both state and non-state actors, CCWs acted as catalyst favouring collaborations	2. Limited technical and financial capacity <sup>8</sup> in government to prioritise NAP related issues
3. The creation of the two departments made success possible as MoPSLSW was given a waiver to recruit	3. Difficulties experienced by the government in coordinating all key stakeholders
4. The NAP FOR OVC II hinged on already existing societal norms	4. Implementation mechanisms were not designed to allow all aspects of the NAP FOR OVC II to be translated into annual operational plans
5. Evident political will by government to invest in children	5. Lack of shared sense of the roles and responsibilities required to implement the NAP FOR OVC II
6. The CPF played a push factor in moving things forward	6. Lack of social accountability for HSCT
7. Effective private/public partnerships	7. Non CPF actors did not make an effort to engage with government and the government did not make more efforts to engage with ALL non CPF partners
8. Use of successful programme models	8. Over reliance on NGOs to implement the NAP activities
9. Ratification of international agreements and willingness to adhere to international standards	9. Absence of exit strategies for the HSCT
10. Constant and regular involvement of CSOs	10. Lack of phase-in and phase-out resource allocation mechanisms to fund NAP-related interventions
11. A thorough analysis of NAP FOR OVC I provided the evidence to design the NAP FOR OVC II	

It is clear from the table above that the NAP for OVC II focused more on specific programmatic and technical aspects, such as the case management system, the HSCT, BEAM, AMTO, etc. The lack of a shared understanding of roles and responsibilities led to a situation where the NAP for OVC II did not fully realise all of its intended outcomes. The partial reporting and analysis limited considerably the evidence-based decision-making about possible new interventions to implement within NAP for OVC II, or about the adjustments to the on-going interventions. The design of NAP for OVC II did not allow implementers to translate the plan into more manageable tools (such as annual work plans, or operational plans), based on the available resources. More importantly, there is need for serious efforts to

<sup>6</sup>Only reports for FY 2013 and 2014 were made available.

<sup>5</sup>For example, 2013 annual report provides a Summary of Achievements by NGO Partners under Community based child protection, which is not mentioned in the NAP FOR OVC II schedule of activities (but it is in the budget, highlighting the discrepancies in the design of the plan).

address the management and coordination mechanisms of the NAP for OVC III. For example, analysis of the terms of reference for the Working Party of Officials (WPO) revealed that their design is not results-based. This is demonstrated by the fact that the roles and responsibilities consist of a list of tasks, and not of the results to be achieved by this body<sup>9</sup>. In NAP for OVC II, these management and coordination concerns are addressed. A couple of considerations on this point are necessary: the fact that these aspects were at the same level as the other three pillars did not help in understanding how programme coordination is linked to the three programmatic pillars. Secondly, the design of pillar 4, and its key activities in the schedule of activities, did not make clear what should have been the results of the activities, since a theory of change that would show the path of change was not formulated, leaving too much to subjective interpretations.

<sup>8</sup>For the concepts of technical and financial capacities, please refer to the UNDP capacity development toolkit.

<sup>9</sup>For example, the first role of the WPO reads "Provide technical advice, mobilise political commitment and advocacy on the implementation of NAP FOR OVC II", but it does not specify what all of this is supposed to achieve.

## 4. GUIDING PRINCIPLES FOR THE NAP FOR OVC

The NAP for OVC III is guided in its design and implementation by the principles enshrined in the UNCRC, in the African charter on the Rights and on the Welfare of the Child, their relative instruments and in the Constitution of Zimbabwe. The NAP for OVC III is based on the following principles:

- **It is rights-based:** the plan conforms its approach to the standards set in the international treaties, covenants, and protocols, and is intended to promote and protect human rights and children's rights.
- It is **participatory:** the plan encourages and enables children, their parents, service providers and all child protection stakeholders to make their views on the issues that affect them known and taken into account.
- It intends **no harm:** the plan and its implementers will avoid any discrimination between duty-bearers and right-holders, will avoid creating or exacerbating degradation, conflicts and insecurity and will take into account the special needs of the most vulnerable groups of children and women.
- It is **child centred:** the plan recognises that children's rights and needs are the primary focus for development, and are surrounded by their family, community, culture and State;
- It is informed by the **principle of subsidiarity:** the identification of the interventions, their decision-making and implementation should happen as closely to the community as possible. The principle determines the level of intervention that is most relevant in the areas of competences shared between national and local government, and civil society bodies.
- It is managed in accordance with **good management principles:** it is participatory, consensus oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive and follows the rule of law.
- It is based on a **multi-sectoral** approach to service provision: this is a shared responsibility between state and non-state actors.
- It is anchored on basic principles of **social accountability** on the part of all service providers

## 5. STRUCTURE OF THE NAP FOR OVC III

The structure of the NAP for OVC III consists of four pillars, which are designed to ensure the realization of a vision that Zimbabwean stakeholders share for orphans and vulnerable children in the country.

### 5.1. Vision Statement

#### The Vision

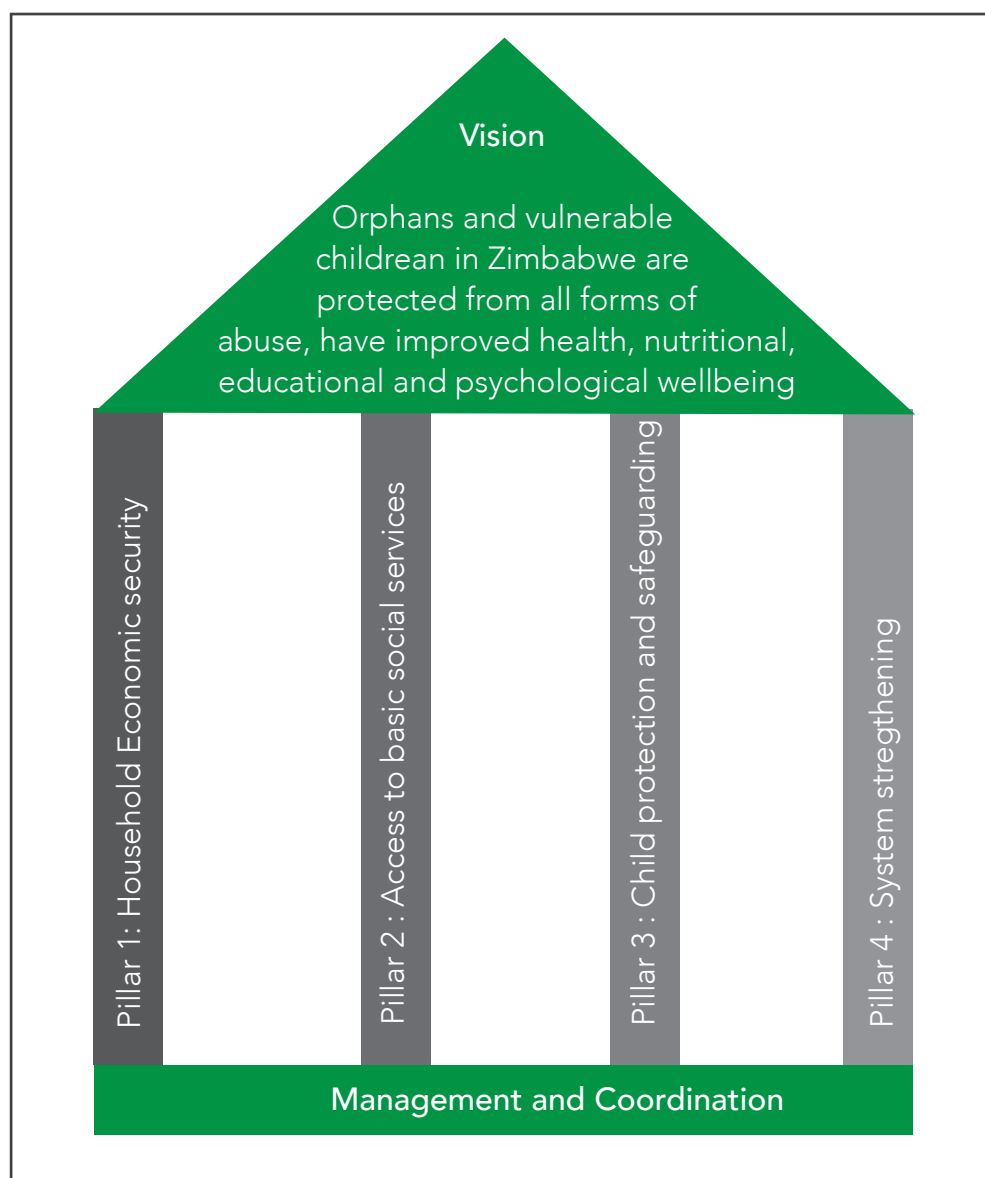
Orphans and vulnerable children in Zimbabwe are protected from all forms of abuse, have improved health, nutritional, educational and psychological wellbeing

### 5.2. Design of the NAP for OVC III

In order to realize the vision of the NAP for OVC III, different stakeholders will deploy their resources and efforts across four pillars, namely:

- a. Pillar 1: Household economic security
- b. Pillar 2: Access to basic social services
- c. Pillar 3: Child protection and Safeguarding
- d. Pillar 4: System strengthening

Gender, age, disability, HIV and AIDS are crosscutting issues that will be mainstreamed across all the four pillars. The design of the NAP for OVC III is presented graphically in Figure 1 below.



**Figure 1: Structure of the NAP FOR OVC III**

The four pillars presented in figure 1 will ensure continuity from NAP for OVC II into NAP for OVC III<sup>10</sup>. The continuity is necessary because children's needs, as defined in NAP for OVC II, remain largely unmet, as noted in the section on Key Lessons Learnt from NAP for OVC II. Figure 1 provides a clear link between the pillars and the vision of the NAP for OVC III. The following sections provide a narrative description of the key elements of NAP for OVC III.

### 5.2.1. Pillar 1 - Household Economic Security

Under the NAP for OVC II, the MoPSLSW piloted and subsequently expanded a cash transfer programme to 19 districts, with the aim of strengthening the income security of food poor and labour constrained households, the majority of which had vulnerable children. The Harmonised Social Cash Transfer (HSCT) reached 52,000 households by 2015, providing each household with an average of \$20 per month.

Poverty was identified as a contributing factor in the likelihood that a child will suffer violence, abuse or neglect and indeed is well known to impact on children's survival chances in reaching their first and fifth birthday, their physical and cognitive development, and the quality of their education. Existing data suggests that the situation is much more complex than "poverty is a driver of violence" and it is important to note that poverty manifests differently by type of violence and by gender. However, it is widely accepted that whilst not necessarily a cause on its own, poverty can combine with a number of other factors and situations to be one of a number of reasons why a child may become a victim of abuse.

The risk that a child will be abused can therefore be exacerbated in situations of extreme poverty. While other risk factors will be addressed through prevention and response activities under pillar 3, the NAP for OVC III will address the poverty-induced risk of abuse through the continued provision of cash transfers.

The HSCT programme is designed as a child-sensitive social protection programme aimed at uplifting beneficiary families out of food poverty and in the process, promoting positive outcomes for children. Currently around 19% of the HSCT beneficiary households are without children. To further ensure the HSCT programme's direct focus on children, under NAP for OVC III, the HSCT will provide support to households with children.

The Government of Zimbabwe continues to be committed to the HSCT programme and, over the next five years, GoZ will work with the UNICEF and donors to identify additional resources that can be used to strengthen and expand the programme. The Government of Zimbabwe is also committed to building the resilience of households that are vulnerable to risks.

### Pillar 1: Outcome and Output

**OUTCOME:** Households with OVC have improved resilience to impacts of environmental, health, social and economic shocks

**OUTPUTS:**

1. Households with OVC have strengthened economic capacity and stability
2. Adolescent OVC have improved employment related skills
3. OVC are protected from the most severe deprivations that affect growth and development
4. Household Economic Security Programmes are effectively managed for NAP

As defined in the Strategic Framework for Building Resilience in Zimbabwe (2015)<sup>11</sup>, resilience is "...the ability of at risk individuals, households, communities and systems to anticipate, cushion, adapt, bounce back, better and move on from the effects of shocks and hazards in a manner that protects livelihoods and recovery gains, and supports sustainable transformation." The NAP for OVC III will contribute to this goal through pillar 1. At the same time, the Government and its partners will strengthen interventions to improve access to the labour market for adolescents who transition into adulthood from HSCT households. Programmes and projects will focus on providing this target group with training that will ensure they are equipped with the technical skills to perform work for which there is a strong demand. Interventions will aim to support the "offer of labour" to address youth unemployment

<sup>8</sup>The fourth pillar in the NAP for OVC II was "Programme Coordination and Management", which is captured in the form of a grounding foundation for NAP III, namely: Effective management and coordination systems.



through job placement services. Gender sensitive entrepreneurship skills and income generating opportunities for adolescents and young people transitioning from HSCT households will be developed. Start-up and new enterprise<sup>12</sup> funds will be established to sustain the initiatives that present benefits, and are likely to succeed. Apprenticeship schemes in fields such as carpentry, metalwork, farm management and food processing will be established at the community level.<sup>13</sup>

### 5.2.2. Pillar 2 – Access to Basic Social Services

Consistent with the NAP for OVC II, access to basic social services will be further enhanced. The NAP for OVC III acknowledges the need to adopt a holistic vision for children, where all their developmental needs are addressed so that they can enjoy sound growth and development. At the early stages, children's developmental needs are of three types: physical development (nutrition, health, and gross and fine motor skills), psycho-social and emotional development (social skills and behaviours, values, and self-esteem), and cognitive and language development<sup>14</sup>. As time passes, children's developmental needs evolve and encompass skills and capacities that turn a child into an adolescent and an active member of society: meaningful participation in communities, independence and responsibility, positive communication with adults and peers, self-definition, development of a personal vision, creative expression, competency and achievement, physical activity, and structure and clear limits<sup>15</sup>. All these needs, and others that children and adolescents might eventually express, can be met by four broad areas of intervention in:

- i. Health
- ii. Education
- iii. Justice
- iv. Social Welfare

#### Pillar 2: Outcome and Output

**OUTCOME:** Households with OVC have improved resilience to impacts of environmental, health, social and economic shocks

**OUTPUTS:**

1. Households with OVC have strengthened economic capacity and stability
2. Adolescent OVC have improved employment related skills
3. OVC are protected from the most severe deprivations that affect growth and development
4. Household Economic Security Programmes are effectively managed for NAP

The NAP for OVC III does not intend to play a role of substitution or duplication of what is already planned in the development plans of actors in the above-mentioned sectors<sup>16</sup><sup>17</sup><sup>18</sup><sup>19</sup>. The NAP for OVC III will not take over the responsibility from the relevant line and sectoral ministries in running services or in establishing new ones. Rather, it will intervene in expanding the demand of right-holders for such services by bridging the gaps that exist and by solving the bottlenecks that impede access to basic social services. For example, it will not be the goal of the NAP for OVC III to improve the quality of health service provision. In fact, the goal for the Health Service Delivery component of the National Health Strategy states: "To increase coverage, access and utilization of affordable, comprehensive and

quality preventive, curative and palliative health services". This will be achieved through: a) improving the functionality of Primary Health Care clinics and the referral hospitals, b) improving the quality of care provided in health facilities, and c) improving the quality of palliative care services for people with terminal or life-limiting illnesses, and the chronically ill. Similarly, in the education sector, the main purpose of the Mid Term Plan is to guide processes that will lead to the provision of a quality, all round education from ECD to 'A' Level. It is therefore evident that it would make little sense to replicate what is already contained in these sector plans; the role of the NAP for OVC III will be to complement the sectoral plans, by creating a conducive environment that will ensure that children access these basic services.

This will be done in two ways. First, children, parents and other caregivers will be provided with knowledge, understanding and skills that will allow them to take first hand responsibility in meeting children's developmental needs. Second, the NAP for OVC III will put in place interventions, through active dialogue with line ministries that ensure that services are constantly improved to ensure children's needs are met, based on a periodic review of the policies underpinning the provision of such social services. The increased awareness and skills are expected to drive the demand for social services, which in turn will push for their enhanced quality and accountability.

The promotion of access to basic services will respond to the equity requirement. Highlighting equity means putting considerable efforts to create a world in which all children have a fair chance to survive, thrive and reach their full potential<sup>20</sup>. Most deprived children are not given a fair chance to realize their rights. Because of this, the initial inequities result in worse health and learning outcomes, malnutrition, and lower employment rates and earnings as adults. Global evidence shows that children in the poorest households are less likely to attend school, less likely to learn, more likely to be married as children and less likely to have complete knowledge about HIV. Children with disabilities grow up poorer and are often excluded from the workforce, perpetuating cycles of poverty. The equity agenda has been endorsed by the international community through its inclusion as Goal 10 in the Sustainable Development Goals adopted in the meeting at United Nations Headquarters in New York from 25-27 September 2015.

Improved equity is also the result of good social risk management. Better risk management "enhances the welfare distribution and societal welfare without actually redistributing income among individuals"<sup>21</sup>. Whether equity is defined in terms of equity of opportunity or equity of outcomes, the justification for redistribution through social risk management increases as the individual income realization is determined by exogenous events (i.e. adverse shocks).

### 5.2.3. Pillar 3 - Child protection and safeguarding

Child protection remains a key component of interventions for children in Zimbabwe. Children are currently exposed to several risks that compromise the level of protection that their families, communities and the State can guarantee. These risks lead to an excess of child protection incidents, ranging across incidents, ranging across abuse, exploitation and violence<sup>22</sup>. This dire situation is acknowledged

<sup>16</sup>On health, see the National Health Strategy, 2009-2013. Equity and Quality in Health: A People's Right.

<sup>17</sup>On education, see the Education Medium Term Plan, 2011-2015.

<sup>18</sup>On justice, see the National legal assistance for children strategy, 2012 – 2015.

<sup>19</sup>On social welfare, see Ministry of Public Service, Labour and Social Welfare Strategic Plan, 2014-2018.

<sup>20</sup>See UNICEF definition of equity, in What is equity?

by all by all the stakeholders, children and their caregivers, and is captured by available statistics and information<sup>23</sup>.

Pillar 3 is made of two main components: the first aims to improve prevention of risks leading to child-protection incidents, while the second's goal is to make sure that victims of violence, abuse and exploitation receive treatments and care as soon as possible and in the most appropriate form. Early identification is essential for children who are at great risk of suffering from protection incidents but are not yet hit by risks and shocks (prevention); in the same way, early identification requires that the delay between the occurrence of a child protection incident and its recognition is minimised (response).

During NAP for OVC II, child protection interventions focused heavily on the response side<sup>24</sup>. In a sense, it is "easier" to react when something has already happened to children, while prevention requires the identification and management of the key drivers and determinants that lead to risks and shocks<sup>25</sup> that increase the likelihood of child protection incidents.

### Pillar 3: Outcome and Output

**OUTCOME:** OVC are protected from abuse, violence and exploitation

**OUTPUTS:**

1. OVC have improved capacity to recognise situations of risk
2. OVC participate in discussions and policymaking concerning their own development
3. Communities have increased capacity to protect OVC
4. National Integrated Case Management System meets needs of referred OVC
5. OVC access and receive support from the Child and Victim-Friendly Justice System
6. Child Protection programmes are effectively managed for NAP

There is a need to focus more on prevention<sup>26</sup>, and prioritise it with adequate investments. While the opportunity costs for prevention are higher in the short term compared to response, they decrease as capital investments for prevention are absorbed in the regular child protection functioning and, in the long run, will significantly impact on the decline in response caseloads, contributing to substantial savings<sup>27</sup>.

Evidence has shown that the return on investments made in prevention is over US\$10 for every dollar spent, while in the case of investments to keep children outside of the welfare system the return is US\$4. In fact, the costs of violence go beyond human capital: violence lowers productivity, reduces income, and makes service provision challenging<sup>27</sup>.

<sup>21</sup>R. Holzmann, L. Sherburne-Benz, and E. Tesliuc, Social Risk Management: The World Bank's Approach To Social Protection In A Globalizing World, Social Protection Department, The World Bank, Washington, D.C., May 2003

<sup>22</sup>For more details on risk impacting children's lives, see the section below on Social Risk Management.

<sup>23</sup>See for example the section on child protection in the Multi-Indicators Cluster Survey, 2014

<sup>24</sup>For example: Development of the National Case Management System, Specialist services for children affected by abuse, Specialist Services Provision for Separated Children, Specialist Services Provision for Children to Keep Safe and Confident, Specialist Services for Access to Justice, Specialist Services Provision for Children with disabilities - very little on prevention activities.

Pillar 3 will capitalise on the previous experience gained through the NAP for OVC II in terms of further improving the case management and referrals framework, as well as community-based child protection mechanisms, child rights education and life-skills. Pillar 3 requires primarily strengthening the skills of parents, caregivers and communities to be able to detect (possible) incidents of child protection violations. At the same time, it requires a workforce that is professionalised and capacitated.

Pillar 3 will adopt an approach that is very similar to Pillar 2 in avoiding the duplication and/or creation of separated and stand-alone services. Such services will be the same as those mentioned under Pillar 2 (health, education, justice, and social welfare). The NAP for OVC III acknowledges the gap in terms of investments and results for child protection in relation to the four sectors. For this reason, child protection is a priority for children, and as such, it has been put included as a specific pillar.

#### 5.2.4. Pillar 4 – System strengthening

Building on lessons learnt during the NAP for OVC I and II, the NAP for OVC III will continue the process of strengthening systems for ensuring that OVC receive the services they require by adopting a systems approach. Broadly, the system strengthening pillar seeks to ensure that the following system building blocks are enhanced: policy and legislative framework, service provision, case management, information and communications systems, workforce strengthening, as well as resource mobilisation and financing of the NAP for OVC III. The NAP for OVC III adopts the definition of “system” from the World Health Organisation, emphasising two key elements: the centrality of actors and the presence of a common goal<sup>25</sup>. Similar to the WHO framework, the NAP for OVC III’s system framework is made up of five building blocks:

#### Pillar 4: Outcome and Output

**OUTCOME:** OVC are protected from abuse, violence and exploitation

**OUTPUTS:**

1. The policy and legislative framework is strengthened to support child-sensitive social protection and child protection
2. Case management systems are strengthened to improve management of NAP services
3. Information and communication systems are strengthened to improve the collection, sharing and use of data and information related to NAP for OVC III
4. The social welfare workforce is capacitated to provide for the needs of OVC and their household
5. Financial resources are increased to support implementation of the NAP for OVC III

<sup>25</sup>For a definition of risks and shocks, please refer to the section on Social Risk Management.

<sup>26</sup>There is also a need to move further on the comprehension of what works to prevent violence among young people. Evaluations of programmes targeting adolescents and young adults to date have been few, inconclusive, and largely limited to high-income countries. See for example the findings in the paper *Prevention of violence against women and girls: what does the evidence say?*, Prof Mary Ellsberg, PhD, Diana J Arango, MSc, Matthew Morton, PhD, Floriza Gennari, MPH, Sveinung Kiplesund, MPACS, Manuel Contreras, PhD, Prof Charlotte Watts, PhD, Published in *The Lancet* online on 20 November 2014

<sup>27</sup>See “The costs and economic impact of violence against children”, Paola Pereznieta, Andres Montes, Solveig Routier and Lara Langston, Overseas Development Institute and ChildFund Alliance, September 2014

1. Service provision
2. Case management
3. Information and communication
4. Workforce strengthening
5. Resources and financing

The purpose of this approach is not to establish a “system for children”; rather, the approach aims to make sure that all the interventions respond to the following requirements:

1. *Goal seeking*: all actors, whether individuals or social formations, share a common purpose; the common purpose of the actors operating under the NAP for OVC III is expressed in the vision statement.
2. *Integration*: the actors operating under the NAP for OVC III have to act as a whole; if one actor is not able to operate for whatever reason, this will negatively affect all other actors.
3. *Interdependence*: independent elements can never constitute a system; this means that no single actor alone can meet all the needs of children.
4. *Coherence*: all actors operate based on common and shared values, principles and social norms.
5. *Standardisation*: all actors operate according to same standards and procedures. This will enhance the continuum of care (i.e. a child moving from one city to another will receive the services he/she needs without any major disruption).
6. *Dynamics*: by the simple fact of operating, actors will change the environment in which they work, their capacities and understanding of issues at stake, and so on. For this, actors need to work in a flexible manner that fits the evolving context.
7. *Nesting*: actors operating within the boundaries of any system are, at the same time, part of that system (sub-system) as well as of larger systems. The nesting structure of systems affects the scope of any given system, and determine its interactions with other systems.

## Service Provision

A service is a performance rendered by a public or private organization aimed at addressing the needs and problems of the target group of beneficiaries<sup>29</sup>. Services are at the core of the NAP for OVC III. They are the immediate demonstration of the functions of the plan, meaning what the actors concretely do for children. To be classified as such, a service needs to have certain characteristics, namely:

- benefit those in need of it
- be accessible
- be adequately planned
- be integrated across different sectors
- rely on adequate capacities and resources
- comply with effective standards

When implementing agencies will be developing their interventions to meet children’s needs, services will be at the centre. This does not necessarily imply that the only interventions allowed under the NAP for OVC III will have to foresee the provision of services for children. In fact, as already stated in the presentation of the three pillars, the NAP for OVC III will not seek to establish services already planned

<sup>28</sup>Everybody business: strengthening health systems to improve health outcomes: WHO’s framework for action. WHO, Geneva, 2007

under other sectoral plans. However, whatever the object of the intervention, the link with the enhancement of services for children has to be clearly established, and, consequently, the effect they will have in meeting children's needs.

### Case Management

Case management is the process of ensuring that an identified child has his or her needs for care, protection and support met<sup>30</sup>. Case management is normally standardised around a framework; nonetheless, the way a case is handled is not a "one-size-fits-all" but it must adhere to the specific and peculiar needs and requirements of the child. Case management includes, inter alia, steps related to:

- identification of the child in need of care, protection or support
- referral to a case manager
- investigation and assessment of needs
- referral to services
- follow-up of case
- closure of case

Zimbabwe has already developed a National Case Management System framework for Child Protection to make sure that children who are exposed to violence, abuse and exploitation can access all of the social welfare, justice and specialist healthcare services that they need within a properly coordinated statutory mechanism. Case management put at its centre the multi-disciplinary interventions required to respond to all children's needs. This will have a positive effect on both pillar 2 and 3, but will also capitalise on what was established for HSCT during NAP for OVC II, and already captured under pillar 1 of this NAP for OVC III.

### Information and Communication

Producing and managing gender and age disaggregated information is key in all systems. It requires mechanisms that ensure the production, analysis, dissemination and use of reliable and timely information by decision-makers at different levels of the system, both on a regular basis and in emergencies. The collection and processing of information is a key element for the management and coordination of the NAP for OVC III (see below), since it will provide the necessary evidence base for decision-making. Information needs to focus on three domains: (i) determinants of poor performance of child growth and development; (ii) performance of the actors implementing the NAP for OVC III; and (iii) status of children and their families.

Communication serves different purposes. It keeps clients and beneficiaries informed about the opportunities available, as well as any shortcomings in the implementation of the plan. It ensures the exchange of information between partners and stakeholders. Effective communication is a key element of transparency and contributes significantly to the accountability of the actors operating under the NAP for OVC III.

### Workforce Strengthening

A "well-performing" workforce is one that is available, competent, responsive and productive<sup>31</sup>. To achieve this, actions are needed to secure the necessary number of deployed staff, representative by gender, taking into consideration ratios to population, to area served and to caseload. Staff need to

<sup>29</sup>Adapted from the definition of service in the Better Care Network Toolkit.

<sup>30</sup>Definition from the Better Care Network Toolkit.

have the necessary capacities (i.e. the professional know-how) and, where this is lacking, they need to be able to access support and get help from peers and supervisors.

The workforce needs to operate according to the principles of performance-based management, meaning that they have to be results-oriented and not task-oriented. Professional and para-professional staff have to be given the necessary resources to operate at a satisfactory level (see the section below on resources and financing).

Zimbabwe has started investing on the workforce operating with and for children. In fact, guided by the conceptual framework on `Strengthening the Social Welfare Workforce` funded by PEPFAR, the proposed reflection workshop will focus on three distinctive stages of workforce strengthening processes for professionals and para-professionals: a) Identification/Planning of Workforce, b) Development of Workforce, and c) Support to the Workforce. This will contribute to building a more effective National Case Management System.

### **Resources and financing**

The Constitution of Zimbabwe makes explicit statements about the financing of service provision. Three interrelated funding functions are involved in order to achieve universal coverage: the collection of revenues; the pooling of pre-paid revenues in ways that allow risks to be shared; and the process by which interventions are selected and services are paid for or providers are paid. The interaction between all three functions determines the effectiveness, efficiency and equity of financing of the NAP for OVC III.

The Government of Zimbabwe has started rolling out the Medium Term Expenditure Framework (MTEF). A MTEF is considered an essential element of reforming the Public Financial Management (PFM) system, and through the performance-based budgeting that it entails, it requires budget allocation to both programmes<sup>32</sup> and organizational units. The NAP for OVC III constitutes a perfect occasion to mainstream children's issues into the state budget.

The budget analysis for the NAP for OVC II showed a high dependence on external funding (e.g. the CPF, by and large the largest source of funding for NAP for OVC II, provided with 22.8% of the budget needs of the whole plan). This holds true also when looking at the broader social sectors. Macro-economic forecasts are not optimistic either<sup>33</sup>. This presents a major challenge in that, unlike NAP for OVC II which focused on OVC mostly, the ambitions of the NAP for OVC III is on all vulnerable children yet resources are limited. This has led to the adoption of the following arrangements. Firstly, the NAP for OVC III itself is not costed, but indications are given on the number of beneficiaries to be reached; this will allow implementing agencies to develop the unit cost of their intervention, and hence, to come up with a budget. Secondly, as presented in the section on Costing of the NAP for OVC III, when presenting their designed interventions to the management and coordination bodies, implementing agencies will have to have the necessary budget committed. Thirdly and lastly, the MDAs developing any intervention for children under the NAP for OVC III, will have to do it under the MTEF, meaning that they will have to do it within the budget ceilings indicated by the Ministry of Finance. Also, the planning methodology that is suggested for programmes and projects is performance-based budgeting, which requires one to plan according to the available resources, as highlighted in the Constitution of Zimbabwe.

<sup>31</sup>Everybody business: strengthening health systems to improve health outcomes: WHO's framework for action. WHO, Geneva, 2007

### 5.2.5. Links between the four pillars

The four pillars are not to be seen and understood as separate and stand-alone entities. Each of them contributes significantly to the expected results of the others. For example, poor and deprived families will not be able to guarantee the required level of protection of children, and their lack of access to basic services will further deepen and exacerbate their poverty, marginalisation and social exclusion. Access to quality basic services, on the other hand, requires that families have the financial resources and adequate knowledge to formulate their demand for services to meet children's needs. Child protection is not an isolated system; rather, child protection needs to be mainstreamed in all social sectors and within all layers of society. Looking constantly for synergies across the four pillars will contribute to the identification of possible economies of scale (e.g. child protection cases could be identified during vaccination outreach programmes or through the process of targeting social cash transfers interventions, or the other way round). Integration of the four pillars will facilitate the early identification of children who suffer from malnutrition, are out of school, are from economically disadvantaged families or whose legal rights have been violated. It is also hoped that the integration of such programmes and projects will act as a deterrent for people who violate the rights of children.

### 5.2.6 The cross-cutting areas

The NAP for OVC III has identified four cross-cutting issues that need to be present in the four pillars. They are:

- Gender
- Age
- Disability
- HIV and AIDS

These cross-cutting issues were present in the NAP for OVC II; stakeholders acknowledged the need to maintain them and give them more prominence. Gender equality is widely recognised as a key factor in economic and social development. Gaps in salaries, unequal opportunities in terms of career and place in society, training in non-traditional occupations for girls, employment opportunities, higher exposure of women and girls to specific risks and shocks are only few of the factors that slow-down the process of social and economic development in our world. Studies have demonstrated the positive correlation between gender equality and GDP per capita, level of competitiveness and human development<sup>34</sup>.

Adults and children living with disability are another segment of the population that face higher exposure to risks and shocks. Societal attitudes, beliefs and stigma often exacerbate the social exclusion of people living with disabilities, including children and adolescents with disabilities<sup>35</sup>. This leads to isolation, discrimination, abuse and prejudice against some of them. Studies report that most caregivers of children with disabilities do not receive any support from their nuclear or extended family<sup>36</sup>. Reportedly, nearly half of children with severe disabilities are out of school, due to mobility constraints, lack of specialised institutions and/or teachers, and overburdening of the care-giver<sup>37</sup>.

<sup>32</sup> "A programme is a set of outputs that group together a range of different types of services provided to external clients, which have a common intended outcome." Robinson, Marc. 2013. Program Classification for Performance-Based Budgeting: How to Structure Budgets to Enable the Use of Evidence. IEG Evaluation Capacity Development Series. Washington, DC: World Bank. License: Creative Commons Attribution CC BY 3.0

<sup>33</sup> It has to be mentioned that, at the time of drafting this plan, a mission of the International Monetary Fund was just conducted. The mission was marked by a positive feedback, which gave hope for Zimbabwe access to a new Extended Credit Facility.



In Zimbabwe, the HIV and AIDS pandemic is still present, despite the fact that the trend in the incidence of the disease is now decreasing. Zimbabwe has one of the largest HIV epidemics in the world, with an estimated adult HIV prevalence of 15% and 1.4 million people living with HIV<sup>38</sup> in 2014<sup>39,40</sup>. Nevertheless, the rate of new infections has dropped from 1.29 in 2011 to 0.98 in 2013<sup>41</sup>. Data from UNICEF showed that the new infections for teenagers (15-19) decreased from 18,000 per year in 2000, to 6,000 per year in 2014<sup>42</sup>; but, according to the same source, the number of deaths due to HIV and AIDS has increased amongst adolescents (10-19) from 1,100 in 2000 to 3,500 in 2014. A study<sup>43</sup> on the links between HIV and AIDS and child protection revealed the advantages of linking the two programmatic responses together. The report demonstrates how practical linkages are still emerging, many of them intuitively, within programmes. This calls for policymakers to generate opportunities strategically and purposefully to establish linkages within policies and strategies<sup>44</sup>. These opportunities have to go beyond the two, but can encompass all the responses that will meet children affected and infected by HIV and AIDS. The National child protection case management system (one of the interventions under the NAP for OVC II) showed how involving both HIV and child protection actors at community and district levels, including young people living with HIV to work as case management workers, had mutually reinforcing effects.

<sup>34</sup>See the Global Gender Gap Report, 2014, World Economic Forum. Zimbabwe has seen some improvements in the Gender Gap index, scoring 0.701 in 2014 and ranking 63rd out of 142 surveyed countries.

<sup>35</sup> See A Study on Children and Adolescents with Disabilities in Zimbabwe, UNICEF, page 78.

<sup>36</sup> See A Study on Children and Adolescents with Disabilities in Zimbabwe, UNICEF, page 76

<sup>37</sup> See A Study on Children and Adolescents with Disabilities in Zimbabwe, UNICEF, page 77

<sup>38</sup> Source, UNAIDS, 2014.

<sup>39</sup> For comparison sake, the prevalence rate in 1997 was 29%.

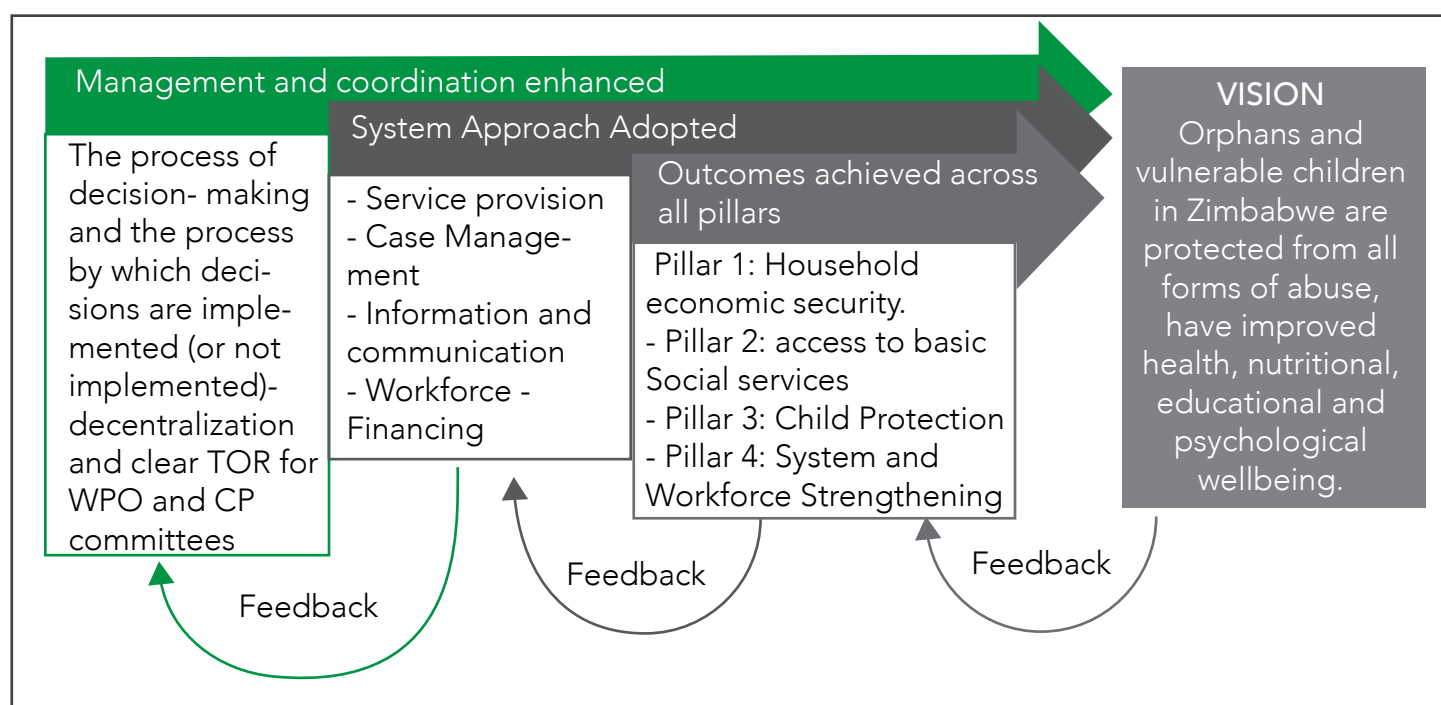
<sup>40</sup> In 2013 there were an estimated 287 new HIV infections per week among young women aged 15 – 24 in Zimbabwe. UNAIDS, 2013

<sup>41</sup> Source Global AIDS Response Country Progress Report, Government of Zimbabwe, 2014

<sup>42</sup> Source: UNICEF, 2015.

## 6. THE THEORY OF CHANGE

The theory of change is based on the introduction of three elements in the NAP for OVC III: management and coordination, systems approach and feedback loops. Management and coordination emphasises the importance of having a hands-on approach to what is planned, what is currently going on, what needs to be reviewed and what needs to be adjusted. The systems approach stresses the interactive nature and interdependence of external and internal factors in an organization (see Figure 2).



**Figure 2: The Theory of change**

Feedback loops facilitate rapid experiential learning and prepare the ground for adaptation to the evolving context and needs of children. These three elements are expected to bring value added to the areas of intervention defined by the pillars. In fact, as a result of their introduction, the NAP for OVC III will increase the likelihood of sustainability of results for children, will allow the capitalisation of strengthened capacities within National and Local Government, and will enable economies of scale in the provision of services for children.

The theory of change is based on the following **assumptions**:

- The process of decentralisation of services and of devolution of powers will continue at the current pace, and will inform the NAP for OVC III and be informed in return.
- The NAP for OVC III will link closely with other sectoral plans, especially the education, health and justice ones, in all the aspects of service provision, it will inform them and be informed in return.
- The NAP for OVC III is adopted and embraced by all stakeholders working for children in Zimbabwe.

<sup>43</sup>Prevent and protect: Linking the HIV and child protection response to keep children safe, healthy & resilient, Promising practices: Building on experience from Nigeria, Zambia and Zimbabwe, report for UNICEF and World Vision International by Siân Long and Kelley Bunkers, March 2015

<sup>44</sup>One of these strategies involves focusing on preventing new HIV infections in adolescent girls and young women for example the PEPFAR DREAMS program (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) which includes core interventions such as: condom promotion and provision, HIV testing and counseling (HCT), pre-exposure prophylaxis (PrEP), post violence care, expanding and improving the contraceptive package mix, social asset building, school based HIV and violence prevention, community mobilization and norms change, parenting/caregiver programmes, and social protection (cash transfers, educational subsidies, socio-economic empowerment).

## 7. MANAGEMENT AND COORDINATION

Successful implementation of the NAP for OVC III depends on effective management and coordination mechanisms that will sustain the four pillars. As the lessons learnt from the implementation of the NAP for OVC II showed, there is a strong need to invest significantly in the design and operationalization of effective management and coordination structures, systems and processes during the NAP for OVC III. This is key to the successful realization of outcomes for children. The simple existence of this plan does not imply that things will happen as they are written. The NAP for OVC II had important provisions on the institutional structure (Working Party of Officials, Child Protection Committees and Secretariat), but the design did not clearly specify what results should be achieved by the various structures.

In order to ensure that management and coordination will be effective, it must be:

- i. participatory,
- ii. consensus oriented,
- iii. accountable,
- iv. transparent,
- v. responsive,
- vi. efficient,
- vii. equitable and inclusive, and
- viii. compliant with the existing legal framework<sup>45</sup>.

To ensure effective management and coordination, during the NAP for OVC III an approach that is marked more by “communication and collaboration” rather than “control and command”<sup>46</sup> will be adopted. This will require the management bodies (i.e. the Working Party of Officials, various Committees and the Secretariat) to be able to act in a flexible and agile way to respond to the evolving contexts in which they are called to operate.

The NAP for OVC III’s management and coordination structure, systems and processes will build on the existing structures established in the previous NAPs. Considering the multi-sectoral nature of the NAP for OVC III, the Cabinet Committee for Poverty Eradication and Social Services will continue to be the “control room” where policies for children are developed in alignment with other development priorities in the Government agenda.

The MoPSLSW will remain responsible for overseeing the implementation of the NAP for OVC III, together with and in coordination with other line ministries. The NAP Secretariat will continue its function under the MoPSLSW<sup>47</sup>, but rather than being framed as a project management unit funded from specific donor funds for specific durations, it will be institutionalised within the MoPSLSW, with staff that are civil servants and with a dedicated budget line within the Ministry.

At the national level, the Working Party of Officials (WPO) will provide the overarching direction for the implementation of the NAP for OVC III, in accordance with the political indications of the Cabinet Committee for Poverty Eradication and Social Services and in line with the technical guidance of the line ministries. The WPO members will be drawn from:

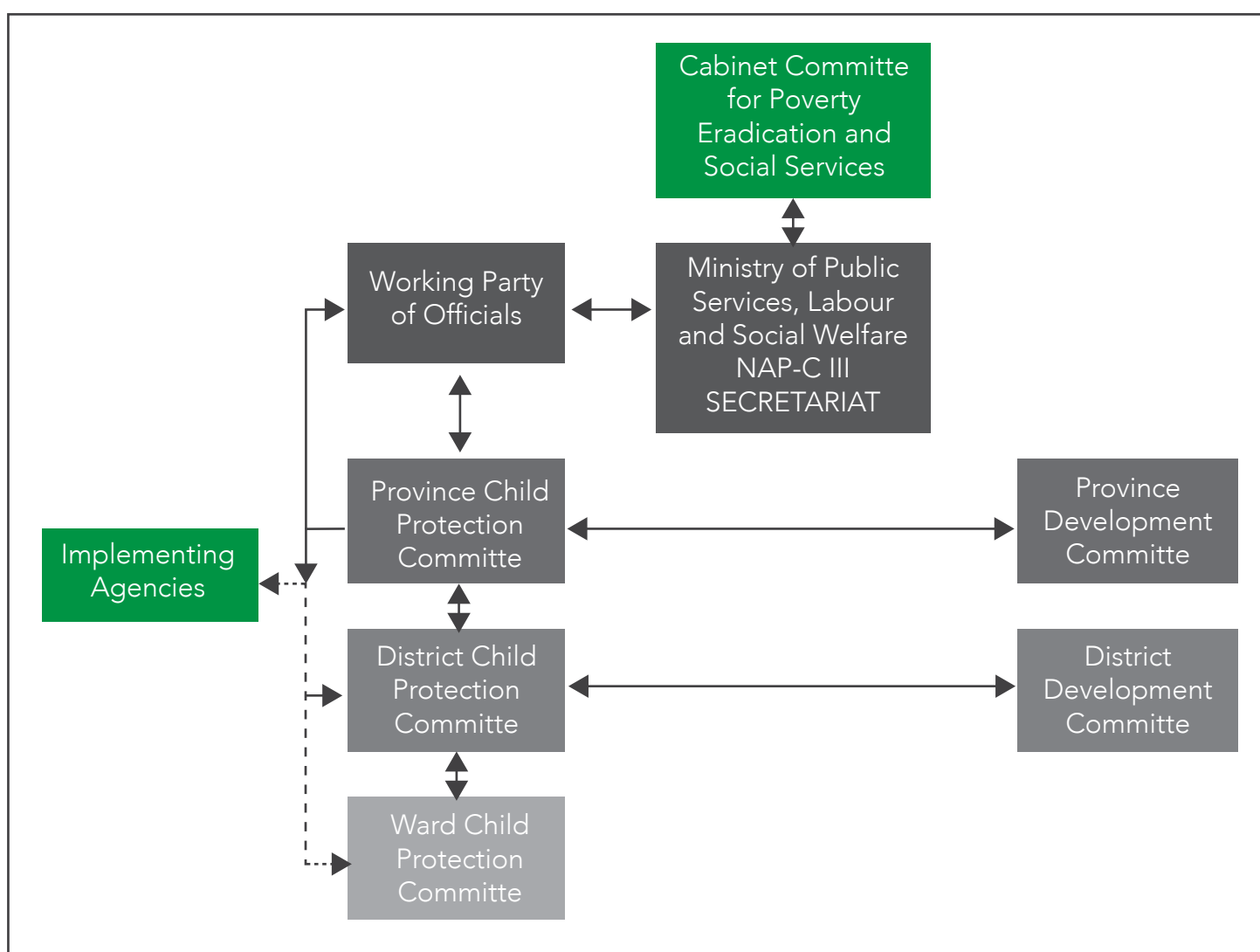
- Government (Ministries of Public Services Labour and Social Welfare, Health and
- Child Care, Primary and Secondary Education, Sports, Art and Culture, Justice and

<sup>45</sup>Adapted from “What is Good Governance?” United Nations Economic and Social Commission for Asia and the Pacific (UNSCAP, 2009).

<sup>46</sup>See Laurie Joshua, Integrated Policy Management Groups Draft Operational Guidelines for the Employment, Skills and Social Policy Sector, Project Preparation Facility, December 2014

- Legal Affairs, Women Affairs, Gender and Community Development, Youth Development, Indigenisation and Empowerment, Finance and Economic Development,
- Local Government and Urban Development, and Home affairs) and the Judiciary;
- National AIDS Council (NAC);
- Civil society organizations
- Development partners (UN system, International NGOs, donors, private sector)

The management and coordination structures for the NAP for OVC are depicted in figure 3 below.



**Figure 3: Management and coordination structures for the NAP for OVC III**

At the Provincial, District and Ward levels, the NAP for OVC III foresees new roles for Child Protection Committees which were established under the NAP for OVC II. The multi-sectoral nature of the CPCs has evident since their establishment; in fact, they originated out of Child Welfare Forums (CWFs), which were formally established in 1999 as multi-sectoral forums to discuss and address children’s issues, within the context of the Zimbabwe National Orphan Care Policy. Under that NAP for OVC II, CPCs were in charge of implementing the NAP for OVC II at community level. The scope of the CPCs

will be expanded to ensure that the provincial and district CPCs will be in charge of implementing relevant aspects of NAP for OVC III within a multi-sectoral context. Their terms of reference (see Annex 5: Terms of reference for the Provincial and District Child Protection Committees) remain broad to allow for local discretion and for CPCs to remain adaptive to newly emerging programmes<sup>48</sup>.

The CPCs will be the management and coordination bodies at the decentralised level for matters related to children. For this reason, they will report to the corresponding Local Government Authority to ensure that issues affecting children are inscribed within the local development plans and are aligned with the priorities defined locally by stakeholders. This will be done by linking the CPCs with the provincial, district and ward Development Committees.

**Implementing agencies** are all entities that provide services to children, be they actors belonging to a Ministry, Department, and Agency (MDA) or to civil society such as Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs), Faith-Based Organisations (FBOs), and Civil Society Organisations (CSOs). Nevertheless, their contribution is not only limited to service provision, but they will sit in the provincial and district Child Protection Committees as representatives of civil society.

In this way, as members of the sub-national management and coordination bodies, they will be able to take part in the decision-making process, as well as in the oversight of the implementation of programmes and projects for children in their areas.

All management and coordination bodies, according to their level of responsibility will be in charge of the following results:

- **Decision making** - ensure that decisions are made:
  - o in the best interests of children and are oriented towards results for children,
  - o in a timely manner,
  - o on the basis of sound evidence,
  - o on the basis of available resources and capacities,
  - o in a transparent, participatory and inclusive way and are consensus oriented,
- **Implementation** - make sure that programmes and projects are implemented o according to what is planned,
  - o in an effective and efficient way,
  - o in a participatory way,
  - o with the implementers accountable for their actions,
  - o giving priorities to the most marginalised and excluded population sets
- **Review** - to make sure that
  - o the monitoring and evaluation mechanisms are oriented toward learning and adaptation, rather than simply reporting,
  - o the process of review is based on the evidence produced during the implementation,
  - o the process of review is done in a transparent, participatory and inclusive way and is consensus oriented,
  - o the process of review is guided by the best interests of children and is oriented towards results for children.

<sup>48</sup>See CPC Rapid Assessment, Ministry of Public Services, Labour and Social Welfare, 2012

The NAP for OVC III assumes decentralisation of services and devolution of decision-making powers that will allow a bottom-up approach to planning and implementation. While the NAP for OVC III is the guiding document that will be implemented in the whole country, it does not involve a top-down process of decision making about the specific interventions to be implemented under this framework. In fact, to be sure that the needs of children are addressed in the most efficient way, the NAP for OVC III management and coordination will ensure that the focus is on:

- a) solving locally identified and defined problems,
- b) creation of an environment for decision-making that encourages positive deviance<sup>49</sup> and experimentation,
- c) embedding such experimentation in tight feedback loops that facilitate rapid experiential learning, and
- d) active engagement of broad sets of agents to ensure that reforms are viable, legitimate, relevant, and supportable<sup>50</sup>.

The NAP for OVC III management and coordination requires a leader to initiate the process of decision-making and of implementation. Leadership is not only about decision-making. A leader has the ability to use emotional intelligence<sup>51</sup> to convey messages, mobilise partners, caring for collaborators and setting goals. A good leader is a catalyst for action, someone in charge to make sure that decisions are made, implemented and inform next steps. The leadership role in coordinating the NAP for OVC III is given to the Ministry of Public Service Labour and Social Welfare. The MoPSLSW is mandated to protect children and ensure that their welfare needs are met. The MoPSLSW is not the only ministry involved, though. Other ministries take the lead in the delivery of services, for example, when it comes to education, health and justice for children. The Ministry of Primary and Secondary Education, Ministry of Health and Child Care and the Ministry of Justice and Legal Affairs have a leading role to play in their own areas of responsibility. This entails the need to coordinate effectively these ministries' role in the implementation of NAP for OVC III activities through platforms that ensure shared leadership and responsibilities. This requires a broader distribution of authority, responsibility and accountability to create opportunities for participation in leadership of the NAP for OVC III by the line ministries. The shared leadership<sup>52</sup> for the NAP for OVC III comprises the elements shown in table 3 below:

**Table 3: Shared Leadership**

ELEMENT	CHARACTERISTIC
WHO CLAIMS THE LEADERSHIP	The Working Party of Officials
WHO MAKES DECISIONS?	The Working Party of Officials for strategic decisions and sub- committees for their respective areas of responsibility
WHAT IS THE LEADERSHIP STRUCTURE?	The Working Party of Officials is a flattened hierarchy, more similar to a network than to a pyramid with any ministry at its vertex
HOW DIVERSITY AND INCLUSION ARE HANDLED?	The Working Party of Officials creates an environment for multiple and reciprocal influences to develop people committed for children

ELEMENT	CHARACTERISTIC
HOW COMMUNICATION IS DONE?	Communication is multi-directional and transparent, and not imposed top-down by any ministry
HOW ARE THE WORKING PROCESSES?	Collective collaboration in sub-committees and does not follows directives
WHO IS ACCOUNTABLE?	The sub-committees are responsible for making sure that WPO members fulfil their responsibilities

The shared leadership of the NAP for OVC III will contribute significantly to guaranteeing the multi-sectoral nature of the plan. It will allow actors to build on each other's strengths through mutual learning, resulting in strengthened levels of professional networking and cross-fertilisation of ideas. Regular interaction with actors from other sectors will ensure buy-in and ownership of initiatives, synchronization of efforts towards attainment of set targets so as to ensure delivery of comprehensive and integrated services. Case management will benefit from well-defined referral pathways. Finally, it is expected to lead to cost savings and achieving value for money.

The MoPSSLW and its partners are also aware of the potential risks of the proper enforcement of the multi-sectoral NAP for OVC III. They have identified the following risks and will adopt specific measures to manage them, as summarised in table 4 below.

<sup>49</sup>The PD concept is based on the observation that in every community or organization, there are a few individuals or groups whose uncommon but successful behaviours and strategies have enabled them to find better solutions to problems than their neighbours who face the same challenges and barriers and have access to same resources.

Source: Basic Field Guide to the Positive Deviance Approach Tufts University, September 2010, [www.positivedeviance.org](http://www.positivedeviance.org)

<sup>50</sup>Adapted from Escaping Capability Traps through Problem-Driven Iterative Adaptation (PDIA), Matt Andrews, Lant Pritchett and Michael Woolcock, Centre for Global Development, Working Paper 299, June 2012

<sup>51</sup>See What makes a leader, Daniel Goleman, Harvard Business Review, 2004

<sup>52</sup>There is an increasing number of resources on shared (or collective) leadership. See, among others, the Leadership Learning Community, the Innovation centre for Community and Youth Development, and the framework from the Centre for Ethical Leadership.

Table 4: Multi-sectoral approach risk management

RISK	COUNTERMEASURES
Role confusion and overlapping mandates	Development of guidelines and terms of reference to guide multi sectoral partnerships leading to fluid working arrangements
Inappropriate representation - in forums/meetings	Clear definition of membership of the different coordination bodies with clear identification of entry points within the different ministries
Potential delays in implementation due to coordination challenges	Improve coordination and role clarity resulting in less duplication of roles
Bureaucratic red tape	Clear definition of these aspects in the plan within the M&E framework
Conflicting priorities based on emerging needs and limited fiscal space leading to possible power struggles	Definition of simple and easy-to-implement procedures and provision of on-demand support
Mistranslation of vertical and horizontal multi linkages leading to blurred accountability	Active dialogue in the WPO and with the Ministry of Finance on identification and prioritisation of budget needs

The working procedures that the WPO will adopt<sup>53</sup> will be informed by efficient communication and collaboration between the implementing agencies and the management and coordination bodies (horizontal coordination) to ensure that relevant information is shared on the following:

- Information on the organisation, interests, objectives and focus, capacities and comparative advantages
- Situation analysis of children and their families with priorities
- Design and progresses of the interventions
- Budget, financial information including funding sources
- Geographical coverage of the interventions
- Challenges and lessons learnt, best practices and emerging issues
- Policy and legal framework, strategies and standards for quality and guidelines

At the same time, the management and coordination bodies will ensure communication and collaboration by sharing information across the different layers of the management and coordination structure (vertical coordination). This will cover aspects related to:

- National priorities as defined in the different plans and strategies
- Funding opportunities and resource utilisation
- Lessons learnt, best practices and new trends from other provinces

<sup>53</sup>See Annex 3: Terms of Reference for the Working Party of Officials



- Changes in policy and legislation
- Norms and standards of service provision
- Feedback on submitted reports and documents
- Information on the technical and mentorship support available
- Information on implementing partners and their areas of focus based on intervention and service mapping
- Situation analysis with emerging trends on target groups and reach
- Socio-economic changes that may have taken place in the province

## 8. IMPLEMENTATION ARRANGEMENTS

As stated previously, the NAP for OVC III is not a plan of action strictu sensu; rather, it is a planning framework that will bring together all actors and stakeholders intervening for children. For this reason, the NAP for OVC III identifies activity areas for each of the pillars (see Implementation Arrangements Appendix 1). Stakeholders and actors will be called upon to develop programmes and projects that are clearly linked with the NAP for OVC III strategy and approaches, as well as harmonised with one another.

### Definition

A programme is a set of outputs that group together a range of different types of services provided to external clients, which have a common intended outcome.

*Robinson, Marc. 2013. Program Classification for Performance-Based Budgeting: How to Structure Budgets to Enable the Use of Evidence. IEG Evaluation Capacity Development Series. Washington, DC: World Bank. License: Creative Common*

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This requires that any actor or stakeholder, coming from any of the Government Ministries or from civil society<sup>54</sup>, will have to approach the NAP Secretariat to present their cases for the programmes and projects they are thinking of implementing. Such proposals will be discussed within the WPO, where elements such as the definition of expected results for children, adherence to the management and coordination mechanisms and adoption of the systems approach to interventions for children will be assessed. The WPO will determine its own procedures and regulations to operate such assessments. Programmes and projects will be designed and implemented around one or more of the building blocks that make up a system. Thus, interventions will aim to improve the situation of children through:

- Provision of services that meet the needs of children
- Handling of cases in accordance to the National Case Management System
- Strengthening of professional and para-professional workforce
- Generation and management of information as well as communication of key messages
- Mobilisation and management of financial resources

At the local levels (i.e. provinces and districts, local councils) relevant departments will assess the situation of children, identify major risks that they are exposed to and define the key priorities to be addressed by programmes and projects. Such assessments will constitute the object of programme and project proposals development, in line with the principle of subsidiarity and with the respective mandates of actors and stakeholders. This means that the programmes and projects implemented under the NAP for OVC III will have three possible geographical coverages:

- a) National: for interventions covering the whole country or more than one province (or portions of them)
- b) Provincial: for interventions covering a whole province or more than one district in that province (or portions of them)
- c) District: for interventions covering a whole district or more than one ward in one district (or portions of them)

<sup>54</sup>The term civil society includes here all the variety of non-state actors such as non-Governmental organisations, faith-based organisations, community-based organisations, civil society organisations, private associations and associations of public interest.

Depending on the geographical coverage, the attribution of responsibilities will vary:

	DESIGN ASSESSMENT	IMPLEMENTATION OVERSIGHT	REPORT TO
NATIONAL	WPO	WPO	Cabinet
PROVINCIAL	PCPC	PCPC	WPO
DISTRICT	DCPC	DCPC	PCPC

The initiative to develop programmes and projects relies on the implementing agencies, be they MDAs, ministries’ decentralised offices or civil society actors. Implementing agencies will have to identify one or more children needs to be addressed. These needs will be assessed and a programme or project will be designed by the implementing agencies to meet the identified needs. The management and coordination body responsible for that level of intervention will assess the designed programmes and projects to verify that the scheduled interventions will meet children’s needs, based on their assessment. It is not the responsibility of the management and coordination bodies to fund the designed interventions; rather, the implementing partners will have to indicate the funding sourced to the committees. The management and coordination bodies can, in any case, put the implementing agencies that have identified any children’s needs but do not have the financial resources to address them in contact with possible donors. Once the implementing agencies receive the “go-ahead” from the management and coordination body, they have the obligation to implement the programmes and/or projects as designed, unless a different need or change in context will have arisen. The implementing agencies have the duty to report on the progress, achievements and challenges to their donors and to the management and coordination bodies. The information collected by the management and coordination bodies will be used to inform future decision making about new interventions. The processes outlined above are captured in Figure 4 below.

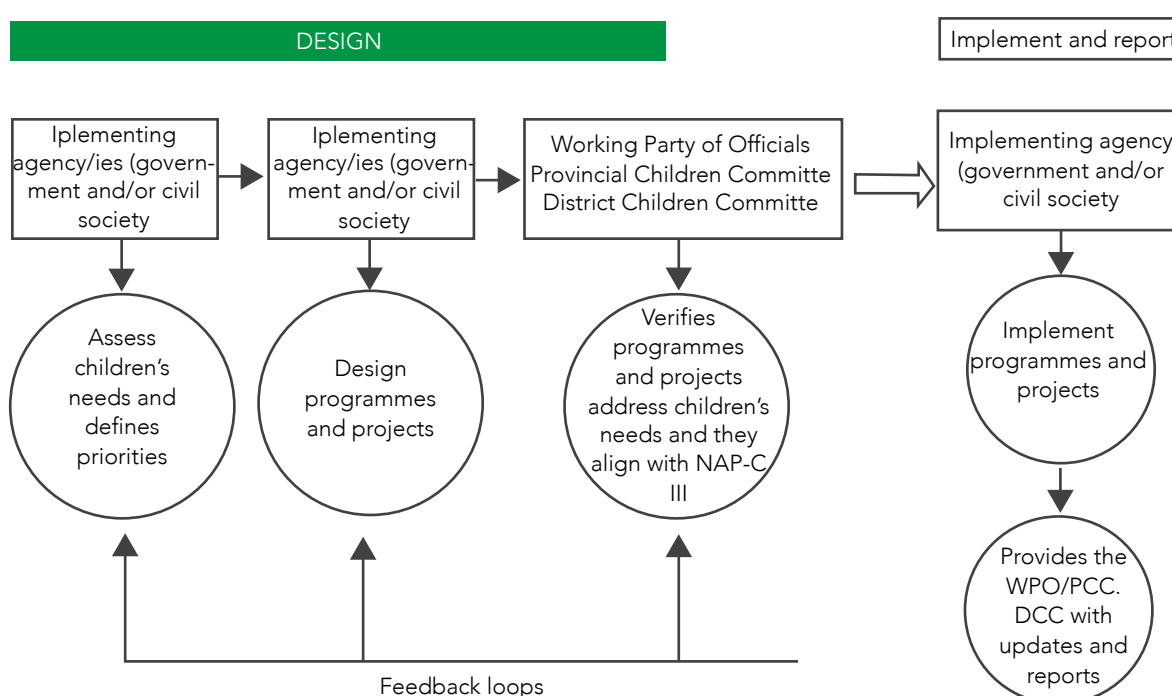


Figure 4: NAP for OVC Implementation flow. In the graph above PCC refers to PCPC and DCC refers to DCPC

Decentralisation and adopting a bottom-up approach presents some undeniable advantages, namely, it:

- Allows for quick decision making that contributes to improved efficiency
- Ensures context-specific interventions aligned to district and provincial priorities
- Ensures increased participation of communities at planning and implementation stages which in turn, enhances their capacities
- Allows for harnessing the potential to mobilise local resources
- However, the approach also comes with some risks. Table 5 below presents some of the risks and what will be done to manage them as agreed during the validation workshop of December 2015.

RISK	RISK MANAGEMENT ACTIONS
Challenges in standardizing implementation across provinces with differential access to resources	Regular supervision and oversight of the WPO on the PCPCs
Loose control and limited oversight	Active and constant dialogue between the WPO and the PCPCs
Power dynamics resulting from inequitable distribution and allocation of resources	WPO defined criteria to ensure equitable access to resources to promote most disadvantaged provinces
Discordant alignment to sectorial plans and priorities	Dissemination of sectorial plans and priorities by the WPO to all PCPCs
Too much protocol and bureaucracy	Definition of easy-to-follow and simple working procedures for the PCPCs

**Table 5: Decentralisation risk management**

It has to be noted that the NAP for OVC III does not call for a passive role of any of the management and coordination bodies. To be successfully implemented, it is critical that the plan be widely disseminated and discussed as a first step towards making sure that its content is well understood by all stakeholders. This will ensure buy in, uniformity and coherence of interventions that the NAP for OVC III advocates. The WPO will undertake all necessary steps to ensure that the NAP for OVC III will be widely known, understood and followed across all social sectors and within all levels of the state. At the same time, the WPO, through its Secretariat, will engage in a constant dialogue with all partners and stakeholders involved in improving the life conditions of children, to make sure that a critical mass is reached to promote the changes that children have the right to.

In order to ensure clear linkages of ongoing programmes and projects to NAP for OVC III, regular reporting is required from implementers to the WPO. Reports will cover not only progress in the implementation of programmes and projects, but lessons learnt on the management and coordination mechanisms and on the adoption of the systems approach to intervening with and for children. Information from such reporting will be used by the WPO to adjust, or suggest adjustments to the ongoing interventions, as well its own proper procedures. In line with the principle of subsidiarity, the WPO will intervene in such assessments only for programmes and projects that have a national or multi-province coverage. For other cases, this assessment will be demanded of the Province and/or District Child Protection Committees, which will be accountable for their work to the WPO<sup>55</sup>.

## 9. SOCIAL RISK MANAGEMENT

The NAP for OVC III adopts Social Risk Management (SRM) to identify the needs of children to be addressed<sup>55</sup>. Children are confronted with a variety of risks and shocks that negatively influence their lives and their good and sound growth and development. These risks are factors external to the child and his/her family and household that are driven by four key factors:

- i. economic shocks and stresses;
- ii. environmental fragility;
- iii. heightened vulnerability to disease and ill health;
- iv. discriminatory social norms and belief systems;

These four factors can be exacerbated by two additional factors:

- v. weaknesses in government capacity; and
- vi. situations of political instability and armed conflict and their aftermath.<sup>57</sup>

Risks and shocks vary depending on their sources (natural or man-made), correlation (idiosyncratic<sup>58</sup> or covariant<sup>59</sup>), frequency (low frequency or high frequency), intensity (low social welfare effects or severe social welfare effects), and likelihood (probability of occurring).

Social risk management is the set of instruments that:

- i. Reduce the probability of an adverse risk; it increases people's expected income and reduces income variance, and both of these effects increase welfare (*prevention strategies*)
- ii. Help individuals to reduce the impact of a future risk event through pooling over assets, individuals, and over time (*mitigation strategies*), and
- iii. Relieve the impact of the risk once it has occurred (*coping strategies*).<sup>60</sup>

<sup>55</sup>See picture in Error! Reference source not found. for a reminder of relations between the Province and District children Committee and the Working Party of Officials

<sup>56</sup>Guidance on how to perform Social Risk Management is provided in Error! Reference source not found..

<sup>57</sup>Adapted from "Strengthening Social Protection For Children in West And Central Africa", UNICEF and ODI, 2009

<sup>58</sup>Risks or shocks peculiar to a specific individual (e.g. trafficking)

<sup>59</sup>Risks or shocks that impact more individuals independently from their characteristics (e.g. floods)

<sup>60</sup>R. Holzmann, L. Sherburne-Benz, and E. Tesliuc, Social Risk Management: The World Bank's Approach To Social Protection In A Globalizing World, Social Protection Department, The World Bank, Washington, D.C., May 2003

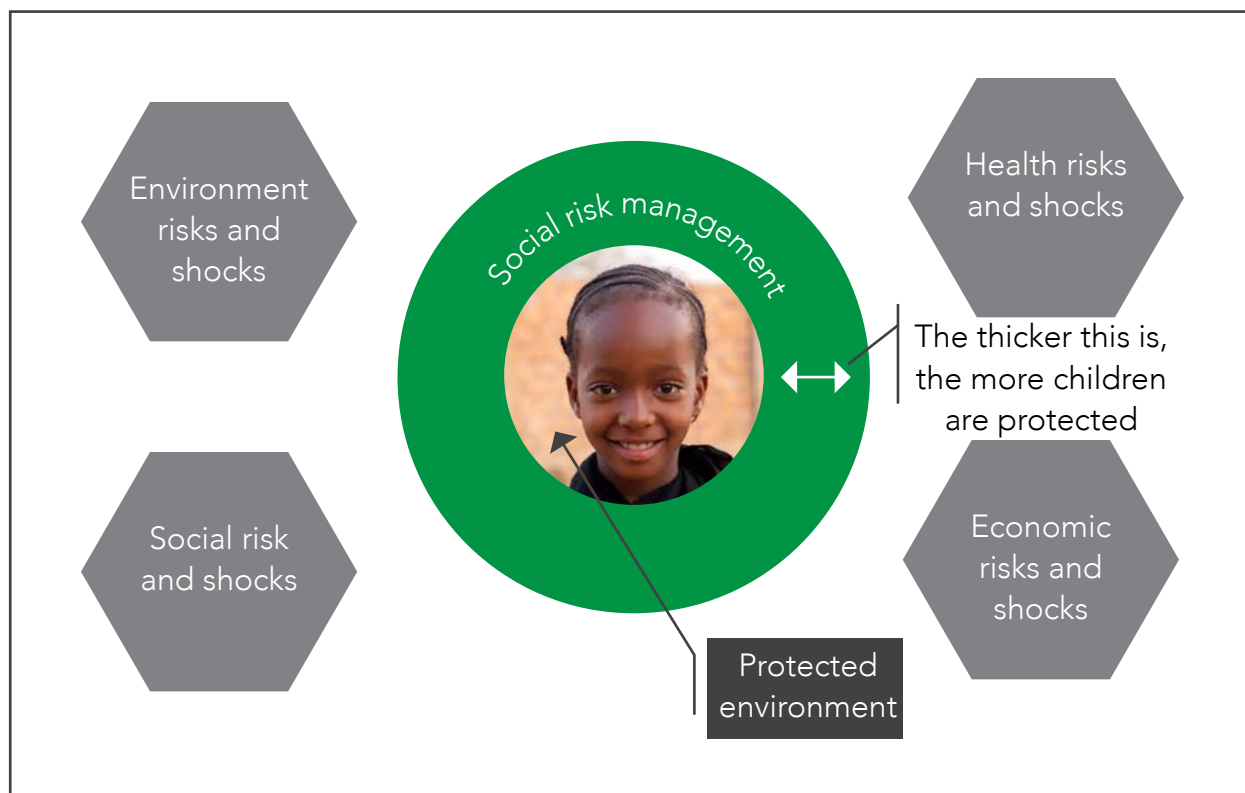


Figure 5: Social Risk Management for children

The result of proper Social Risk Management is a protected environment where children can enjoy the realisation of their rights to growth, development, education, health, protection and all the other entitlements a child is entitled to.

Children experience risks and shocks in different ways, depending on five elements:

- i. *multidimensionality*, meaning that often children experience multiple risks and shocks at the same time;
- ii. changes over the *course of the lifecycle*, exposing children to different risks and shocks depending on their age;
- iii. the *gender* of the child, impacting the degree of exposure to specific risks and shocks;
- iv. the *disability* status of the child, impacting the degree of exposure to specific risks and shocks;
- v. the degree of *social inclusion* that allow children and of their families to take part in society;
- vi. the *resilience* of the child and of his/her family to recover from shock without depleting their material and social assets;
- vii. the *relational nature of childhood*, which derives from the situation of material and emotional dependence on adults; and
- viii. the particular *voicelessness* that tends to characterise children's status in society.<sup>61</sup>

The impact of risks and shocks on children and their families depends on several positive and negative drivers. In reality, the impact of risks and shocks on children can be aggravated or reduced by the presence or absence of elements such as social exclusion<sup>62</sup> and social assets<sup>63</sup> available within communities, resilience<sup>64</sup> or deprivations<sup>65</sup> of the child's family and life skills<sup>66</sup> and vulnerabilities<sup>67</sup> of the child. These drivers operate at all levels; the prevalence of negative over positive, or vice versa, will determine the severity of the impact of risks and shocks on children and their families. Their mutual interactions not only moves along horizontal dimensions (within levels), but also along a vertical dimension: positive drivers at any level are influenced by other positive drivers at other levels (and the same happens for negative drivers). Error! Reference source not found. shows the different drivers at the different level.

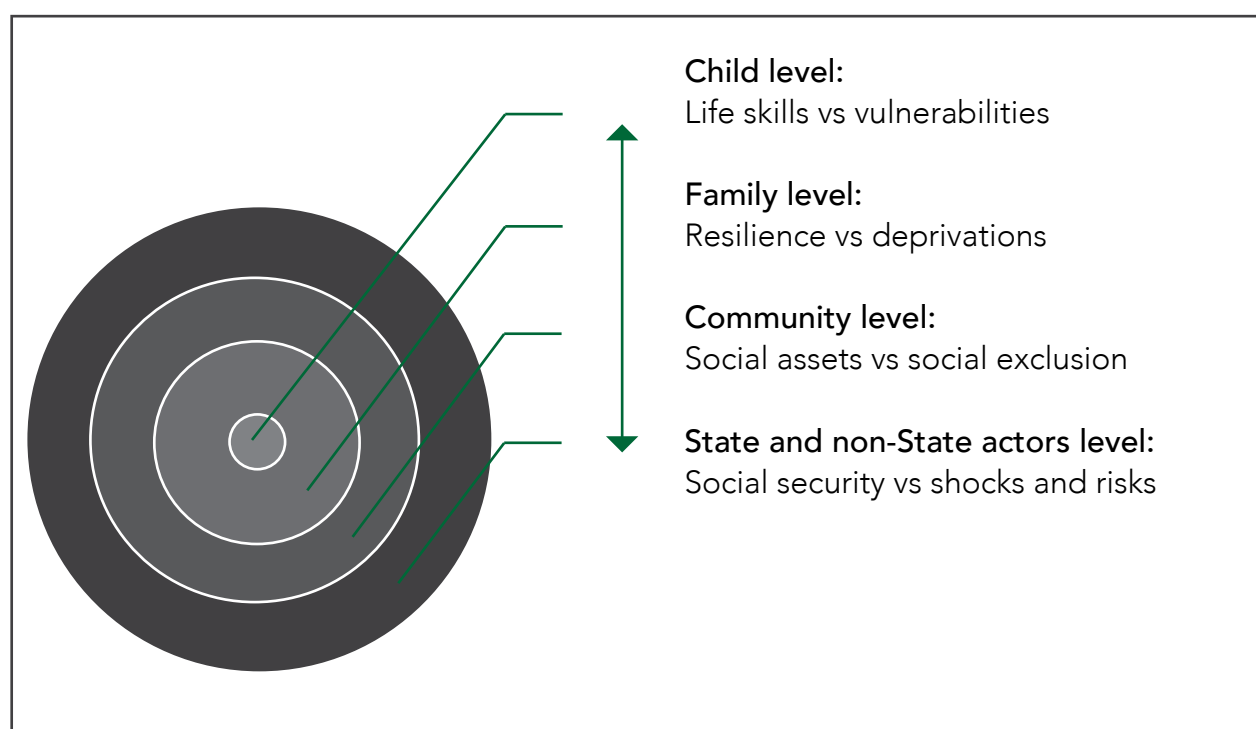


Figure 6: Positive and negative drivers affecting the impact of risks and shocks

<sup>61</sup>Adapted from "Strengthening Social Protection For Children in West And Central Africa", UNICEF and ODI, 2009

<sup>62</sup>Social exclusion is a situation whereby certain individuals are isolated from communities and unable to participate fully in social relations because of poverty or lack of basic competencies and lifelong learning opportunities, or as a result of discrimination.

<sup>63</sup>Social assets are the set of skills, strengths, capacity and knowledge of individuals and the social capital of communities. Definition adapted from "Strengthening Social Protection For Children in West And Central Africa", UNICEF and ODI, 2009

<sup>64</sup>Resilience is the ability of countries, communities, households and individuals to manage change, by maintaining or transforming living standards in the face of shocks or risks without compromising their long-term prospects. Definition adapted from the DfID working definition of 'disaster resilience', in "Defining Disaster Resilience: A DFID Approach Paper", November 2011

<sup>65</sup>Deprivation can be defined as "The damaging lack of material benefits considered to be basic necessities in a society". Definition from the Oxford Dictionary.

<sup>66</sup>Life skills are a broad set of social and behavioural skills—also referred to as "soft" or "non-cognitive" skills—that enable individuals to deal effectively with the demands of everyday life. Definition adapted from the World Bank's Adolescent Girls Initiative Learning from practice.

<sup>67</sup>Vulnerability is understood as the condition of the individual with lack of or reduced coping mechanisms and low capacities to face risks. Definition adapted from Chambers, R. (1989), 'Vulnerability: How the Poor Cope', editorial IDS Bulletin, April 1989



## 10. COSTING OF THE NAP FOR OVC III

Being a planning framework, the NAP for OVC III is not costed. It is a guiding document that defines the context and the institutional architecture for implementing programmes and projects for children. For this reason, it does not contain specifics on activities that will be realised for children's benefit. Indications for costing can be derived from the number of beneficiaries that the NAP for OVC III targets for each of the activity areas in the four pillars. Nevertheless, given the broadness of the activity areas, it is not possible to estimate unitary costs of interventions under so many assumptions that will make the costing itself unrealistic.

What will be costed are programmes and projects identified through the process described in the section above on implementation arrangements. This is justified by a number of reasons. The first one, already mentioned, relates to the nature of the NAP for OVC III being a planning framework. The second reason derives from many of the Constitutional provisions under Chapter 2 in which it is stated: "The State (will) adopt reasonable policies and measures, within the limits of the resources available to it, to..." This is a call for rationalisation; planning and using existing resources, rather for over-commitment in a context of economic fragility.

Government's MDAs will budget for the programmes and projects under the NAP for OVC III framework according to the guidelines and procedures required by the Medium Term Expenditure Framework. An agreement will be sought from the Treasury specifically to allow the allocation and tracking of Government funds for the NAP for OVC III. The development of programmes and projects will follow the approach of performance-based budgeting (PBB). PBB is a planning process that takes into consideration real needs (and data reflecting those needs), available and forecasted resources, caseload stocks and flows, macro-economic forecasts and a clear definition of the results to be achieved. The most basic principle underpinning PBB is that, to serve their intended purpose, programmes and projects should be, to the maximum possible extent, results based. Under PBB, resources to programmes and projects are allocated to both programmes and organizational units (MDAs).

Donors and development partners will contribute to the implementation of the programmes and projects under the NAP for OVC III. Similar to what happened under the NAP for OVC II with the Child Protection Fund, funding mechanisms can be established to cover specific aspects of the NAP for OVC III in one or more pillars, or for specific crosscutting issues. These funding mechanisms can take different forms. To the extent possible, such funding mechanisms will take into consideration strategies to ensure the phase-out of donors and the phase-in of Government funding. This will require a stronger focus on predictability of funds (i.e. the ability of foreseeing the future availability of funds) over sustainability (i.e. the endurance of the NAP for OVC III, systems and processes).

## 11. MONITORING AND EVALUATION OF THE FRAMEWORK

The NAP for OVC III M&E Framework focuses on the Logical Framework (Log frame) which is aligned with the design of NAP for OVC III and its Theory of Change. The Log frame describes the design of the NAP for OVC III in a logical hierarchy of interventions, outputs and outcomes culminating in the impact and identifies the necessary steps towards achieving the expected impact, the indicators to measure progress, the data sources and the assumptions underlying achievement. The complex nature of the NAP for OVC III which is expected to cover a variety of projects and programmes that affect children, requires a “Nested Log frame” approach, wherein the Log frames of all such projects and programmes are nested in (and contribute to) the impact and the outcome of the NAP for OVC III Log frame. The nested approach for NAP for OVC III is shown in Appendix 2.

The NAP for OVC III’s M&E Framework includes the Log frame and relevant indicators, roles of key stakeholders, timeframes, data collection tools and approaches, data analysis and reporting summaries, risk assessment and mitigation, a Value for Money (VfM) indicator matrix, and a framework for capacity building.

## ANNEXURES

# APPENDIX 1. MATRIX OF ACTIVITIES FOR THE NAP FOR OVC III

## Pillar 1: Household Economic Security

Outputs Pillar 1	Activity areas Pillar 1	Comments Pillar 1
1.1: Households with OVC have strengthened economic capacity and stability	<ul style="list-style-type: none"> <li>i. Public Assistance Programmes</li> <li>ii. Food mitigation assistance</li> <li>iii. Internal Savings and Lendings (ISAL)</li> <li>iv. Agricultural Input Assistance</li> <li>v. Agricultural extension (e.g. crop production, livestock and aquaculture)</li> <li>vi. Market linkages - Linkages between communities and marketing boards or associations</li> <li>vii. Value addition of crop and livestock produce</li> </ul>	<ul style="list-style-type: none"> <li>• Government and donors are already providing cash transfers to vulnerable &amp; poor households. Need to identify more stakeholders to implement cash transfer initiatives.</li> <li>• Link beneficiaries to other stakeholders implementing Livelihoods programmes (e.g. LFSP) to broaden their IGAs options that are region specific e.g. some CSOs are successfully implementing commercialisation of natural resources in arid regions</li> <li>• CSOs/Projects such as SNV and LFSP already have market linkages and value addition interventions</li> <li>• Private sector should do more to support livelihoods and food security</li> <li>• Boards such as Rabbitry boards enable communities to access relevant knowledge on ventures and also to benefit from organised marketing arrangements</li> <li>• Something about resilience is wanted</li> </ul>
1.2: Adolescent OVC have improved employment related skills	<ul style="list-style-type: none"> <li>i. Technical and vocational training</li> <li>ii. Support to, and start-up packs for, income generating activities (IGA) and projects</li> <li>iii. Private sector CSR (Corporate Social Responsibility) support for training and skills and knowledge transfer</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an inventory of vocational training centres and thus map distribution of training centres including courses offered, tuition, etc. Some church organisations offer affordable skills training but are not well known to potential beneficiaries</li> <li>• Identify and develop an inventory of organisations offering apprenticeships to school leavers for input into OVC support</li> <li>• Identify demand for skills and job opportunities for OVC support</li> </ul>

Outputs Pillar 1	Activity areas Pillar 1	Comments Pillar 1
<p><b>1.3: OVC are protected from the most severe deprivations that affect growth and development</b></p>	<p>i. Health and nutrition education including provision of nutrition packs</p> <p>ii. Agricultural extension e.g. early maturing crops, drought tolerant crops, fruit tree grafting, post-harvest, food preservation</p> <p>iii. Linkages with livelihoods, food security and other programmes in the community via referrals</p> <p>iv. HIV and life skills training</p>	<ul style="list-style-type: none"> <li>• Identify and link beneficiaries with CSOs offering nutrition training. This includes those who capacitate communities in food preservation techniques</li> <li>• A number of CSOs are already implementing Conservation Farming (CF) initiatives and therefore only need to identify such organisations and link beneficiaries with them</li> <li>• Develop an inventory of service providers for referrals and update regularly and share with all stakeholders. Can emulate ZRP (VFU) directory which has contact details of service providers, nature of services provided and target groups</li> <li>• Develop a referral tool for all levels</li> <li>• LFSP and WASH are some of the programmes in some districts</li> </ul>
<p><b>1.4: Implementing Ministries and partners are effectively managing Economic Strengthening Programs</b></p>	<p>i. Strengthen WPO coordination at District and Provincial levels</p> <p>ii. Strengthen M&amp;E capacity of NAP III Secretariat at District and Provincial levels</p> <p>iii. Strengthen M&amp;E capacity for line Ministries and partners</p> <p>iv. Awareness raising and advocacy on grievances</p> <p>v. Social accountability for all activities</p> <p>vi. Networking for sharing information and findings</p> <p>vii. Development of Quality assessment framework</p> <p>viii. Monitor quality of services delivered</p>	<ul style="list-style-type: none"> <li>• WPO to spearhead the development of an information sharing policy across stakeholders (government ministries/departments, CSOs), to coordinate multi-stakeholder meetings to share information on activities under all pillars and to establish mechanisms to ensure all working groups/forums are reporting to WPO</li> <li>• Train district level volunteers (government &amp; CSOs)</li> <li>• Train and support NAP III Secretariat on M&amp;E (data collection, management, analysis and reporting)</li> <li>• Develop standard reporting templates for all stakeholders</li> <li>• Map forums in which grievances can be addressed e.g. Anti-corruption Commission, Zimbabwe Lawyers for Human Rights</li> <li>• Share beneficiary databases</li> <li>• Real time monitoring of activities is ideal</li> <li>• Carry out mid-term evaluations of Pillars activities at all levels</li> </ul>

## Pillar 2 Access to Basic Social Services

Outputs Pillar 2	Activity areas Pillar 2	Comments Pillar 2
2.1: OVC have increased access to basic social services	i. Child Rights' Desks at community level across all districts ii. Accessible and affordable birth registration service for all children iii. Provision of basic education assistance iv. Support to access to basic child and maternal health care services v. Support to improve disability-friendly primary health care services vi. Provision of BEAM to most vulnerable children vii. Provision of medical assistance to most vulnerable children (AMTO) viii. Coordination and mapping of services	<ul style="list-style-type: none"> <li>• School feeding</li> <li>• Other stakeholder assistance to vulnerable children in terms of education, health, justice, etc</li> <li>• Statutory medical support to child survivors of violence</li> <li>• Provision of assistive devices</li> </ul>
2.2: Households with OVC have improved capacity to fulfil OVC development needs	i. Provision of child rights education to children ii. Formation of, and support to, Family clubs and other parenting initiatives iii. Enrolment of children in life skills programmes iv. Training of teachers in child rights and responsibilities of parents, teachers and children v. Training of school development committees in child rights and responsibilities of parents, teachers and children vi. Linking schools to child rights services vii. Remove exclusion in child rights education	<ul style="list-style-type: none"> <li>• Address community challenges e.g. braille, sign language</li> </ul>

Outputs Pillar 2	Activity areas Pillar 2	Comments Pillar 2
<p>i. Strengthen WPO coordination at District and Provincial levels</p> <p>ii. Strengthen M&amp;E capacity of NAP III Secretariat at District and Provincial levels</p> <p>iii. Strengthen M&amp;E capacity for line Ministries and partners</p> <p>iv. Awareness raising and advocacy on grievances</p> <p>v. Social accountability for all activities</p> <p>vi. Networking for sharing information and findings</p> <p>vii. Development of Quality assessment framework</p> <p>i. Monitor quality of services delivered</p>	<ul style="list-style-type: none"> <li>• WPO to spearhead the development of an information sharing policy across stakeholders (government ministries/departments, CSOs), to coordinate multi-stakeholder meetings to share information on activities under all pillars and to establish mechanisms to ensure all working groups/forums are reporting to WPO</li> <li>• Train district level volunteers (government &amp; CSOs)</li> <li>• Train and support NAP III Secretariat on M&amp;E (data collection, management, analysis and reporting)</li> <li>• Develop standard reporting templates for all stakeholders</li> <li>• Map forums in which grievances can be addressed e.g. Anti-corruption Commission, Zimbabwe Lawyers for Human Rights</li> <li>• Share beneficiary databases</li> <li>• Real time monitoring of activities is ideal</li> <li>• Carry out mid-term evaluations of Pillars activities at all levels</li> </ul>	

## Pillar 3 : Child Protection and Safeguarding

Outputs Pillar 3	Activity areas Pillar 3	Comments Pillar 3
3.1: OVC have improved capacity to recognise situations of risk	i. Child protection dialogue sessions with children ii. Conduct Awareness campaigns on child protection iii. Capacity building on reporting risk (to whom, how, when)	<ul style="list-style-type: none"> <li>The output statement should be revised - <u>OVC have improved capacity to recognise situations of risk</u></li> <li>Awareness campaigns should take a multi-stakeholder approach</li> <li>Advocacy with TV/Radio to provide free information services</li> <li>Advocate with schools and focal teachers</li> </ul>
3.2: OVC are able to engage in discussions and policy making concerning their own development	i. Facilitate Information dissemination on relevant policies ii. Promotion of citizen's participation in policy dialogue forums iii. Citizen's feedback, social accountability mechanisms (feedback loop) in child protection services iv. School and community based child led platforms with linkages to policy influence	<ul style="list-style-type: none"> <li>Rephrase output statement – <u>children participate in discussion and policy making concerning their own development</u></li> <li>The CSOs &amp; GoZ should provide initiatives for the children to have confidence – one approach is via debate and speech sessions and competitions on policies relevant to child own development</li> <li>Develop programmes which promote the creation of policy fora</li> <li>Policy documents should be available at school and community levels - out of school children should be given the opportunity to participate in policy discussions</li> </ul>
3.3: Communities have increased capacity to protect OVC	i. Promote positive Parenting initiatives ii. Awareness campaigns on Child protection iii. Promote dialogue about Child protection with community members iv. Strengthen community surveillance systems, hot-spot analysis of child protection incidence including humanitarian situations	<ul style="list-style-type: none"> <li>Assumption is that the parenting initiatives lead to better parenting skills which are positive</li> <li>Government has many community based extension workers such as CCW, health worker, etc - all of these need more support and motivation in the form of trainings, workshops</li> <li>Develop programmes which support the community workforce to protect OVC</li> </ul>



Outputs Pillar 3	Activity areas Pillar 3	Comments Pillar 3
<p>3.4: Integrated National Case Management System meets the needs of OVCs</p>	<p>i. Training of all stakeholders on National Case Management System (all levels)</p> <p>ii. Development of a harmonised referral protocol across sectors involved in child protection services</p> <p>iii. Development of standardised data management system (templates, data flow and data sharing/security protocols and SOPs)</p> <p>iv. Strengthened multi-sector protocol to address emerging issues</p> <p>v. Strengthen capacity of CCW, LCCW and all levels of CPCs</p> <p>vi. Strengthen GoZ capacity to coordinate</p> <p>vii. Training of CPCs in emergency resource mobilisation and mapping for NCMS</p> <p>viii. Strengthen capacity of workforce to respond to HIV or disability issues affecting children</p>	<ul style="list-style-type: none"> <li>• Integrated case management is complex and therefore the social workers should ensure the system is well coordinated with the other stakeholders e.g. ZRP, Health Clinics, etc.</li> <li>• Review of ToRs for existing structures e.g. CPC - the responsibilities of the CPCs urgently need review</li> <li>• Efforts should be made to synchronise cases reported between ZRP and the district Case management office</li> <li>• Report writing skills by Probation officers needs strengthening</li> </ul>

Outputs Pillar 3	Activity areas Pillar 3	Comments Pillar 3
<p>3.5: OVCs access and receive support from the Child and Victim-Friendly Justice System</p>	<p>i. Increase the number of existing Victim Friendly Courts (VFC) with functional equipment and improved court services processes</p> <p>ii. Refurbishment or adaptation of existing VFC institutional structures for accessibility by people /children with disabilities</p> <p>iii. Capacity strengthening of relevant court officials on child sensitive justice, delivery and post-trial support through trainings.</p> <p>iv. Establish TV/Radio as a main conduit for regular information to viewer/listeners on Child access to Justice</p>	<ul style="list-style-type: none"> <li>• Witnesses who attend court and the case fails to be heard are not reimbursed for their travel expenses – review witness expenses guidelines</li> <li>• CSOs need to support ZRP in the provision of transport, busfare, food for the victims and witnesses</li> <li>• Training of court officials on sign language and braille</li> <li>• Technical training is required on how the VFS system works plus on how to handle and support disabled victims and witnesses</li> <li>• Currently High Courts &amp; Civil Courts refer clients to LAD but by then expenses will have accumulated; most Magistrates courts make no such referrals</li> <li>• Many Safe Houses no longer function and there is no choice except prison for children on remand – CPC, CCW, VHW and Family Clubs can be trained and supported to provide these services</li> <li>• Decisions and information from National multi-sectoral protocol and National committees within the Ministry do not materialise at District and community levels</li> <li>• Evidence of children's lack of access to Justice is available and should be documented and disseminated</li> </ul>

Outputs Pillar 3	Activity areas Pillar 3	Comments Pillar 3
<p>3.6 Justice service providers strengthened to protect the rights of children in conflict or in contact with the law in line with national and international standards</p>	<p>i. Decentralize PTD and LAD to all provinces and Districts</p> <p>ii. Facilitate Establishment of Child Help/Information desks at all criminal courts</p> <p>iii. Detention monitoring/court monitoring</p> <p>iv. Special Interventions/provisions (gender/age/disability-appropriate) for the most vulnerable children coming into conflict with the law</p> <p>v. Capacity development through training for all newly appointed justice actors (i.e. law officers, Magistrates, intermediaries and Prosecutors) on matters related to access to justice for children (in conflict or in contact)</p> <p>vi. Institutional Capacity building of police to strengthen child-friendly police services</p> <p>vii. Improve Coordination mechanism between police, LAD, social welfare, CSOs and other key stakeholders on protection of children coming into conflict or contact with the law</p> <p>viii. Improve Coordination mechanism between prison services and social welfare on care and protection of children deprived of liberty – including community-integration and after care services</p> <p>ix. Support the establishment of an Independent complaint mechanism for children deprived of liberty</p> <p>x. Capacity strengthening of children's court on children in need of protection (i.e. custody, alternative care, parental responsibility, committing the children to places of safety)</p>	<ul style="list-style-type: none"> <li>• Advocacy is needed at all levels – provincial, district, traditional, church leaders, school, communities particularly in respect of the availability of Pre-Trial Diversion (PTD) and Legal Aid Department (LAD) services</li> <li>• Monitoring visits should include all stakeholders – specifically Ministry to include PTD and LAD in community visits</li> <li>• Currently ZRP do not always inform charges of their rights e.g. to have a lawyer, availability of PTD, LAD – these Rights need to be widely communicated to all corners of the country including training of CPCs to support Child access to Justice</li> <li>• PTD refer to LAD those cases which are beyond their remit i.e. not petty crime</li> <li>• ZRP rarely refer cases to LAD and not always to PTD - Establish an MOU between LAD and ZRP for the efficient referral of cases - Working linkages, between ZRP, JSC, PTD and LAD, including means of communication, knowledge &amp; awareness of roles, are needed at sub-national levels</li> <li>• Evidence of children's lack of access to Justice is available and should be documented and disseminated</li> <li>• LAD reporting is not disaggregated whilst that of PTD is - all information should be disaggregated by child age, sex and type of crime</li> <li>• Currently High Courts &amp; Civil Courts refer clients to LAD but by then expenses will have accumulated; most Magistrates courts make no such referrals</li> <li>• 'in contact' with the law refers to cases e.g. maintenance contracts not being upheld</li> </ul>

Outputs Pillar 3	Activity areas Pillar 3	Comments Pillar 3
<p>3.7: Child protection Ministries and partners are effectively managing the provision of social services</p>	<p>i. Inputs towards Case conferencing using social media /networks skype/ Whatsapp</p> <p>ii. Quarterly feedback and coordination meetings for all child protection players coordinated by MoP/LSW</p> <p>iii. Strengthen WPO coordination at District and Provincial levels</p> <p>iv. Strengthen M&amp;E capacity of NAP III Secretariat at District and Provincial levels</p> <p>v. Strengthen M&amp;E capacity for line Ministries and partners</p> <p>vi. Awareness raising and advocacy on grievances</p> <p>vii. Social accountability for all activities</p> <p>viii. Networking for sharing information and findings</p> <p>ix. Development of Quality assessment framework</p> <p>x. Monitor quality of services delivered</p>	<ul style="list-style-type: none"> <li>• Inclusive disability and Child protection policies to be adopted by all schools</li> <li>• Promote school referrals</li> <li>• Provision of 'suggestion boxes', these are meant for the children and community to report abuses by teachers and community leaders</li> <li>• ZRP have a good format for a directory of service providers</li> <li>• Joint monitoring or technical support visits are to be promoted</li> <li>• Gender mainstreaming in all activities</li> <li>• Non-discrimination i.e. disability, age, sex</li> <li>• Strengthen M&amp;E for all partners</li> <li>• Installation of suggestion boxes in communities</li> <li>• Developing directory of service providers including legal assistance, etc the full range</li> <li>• Undertake operational research</li> <li>• Case conferencing remains as actual meetings – preparations for it could be done via social media but not the actual conference</li> <li>• WPO to spearhead the development of an information sharing policy across stakeholders (government ministries/departments, CSOs), to coordinate multi-stakeholder meetings to share information on activities under all pillars and to establish mechanisms to ensure all working groups/forums are reporting to WPO</li> <li>• Train district level volunteers (government &amp; CSOs)</li> <li>• Train and support NAP III Secretariat on M&amp;E (data collection, management, analysis and reporting)</li> <li>• Develop standard reporting templates for all stakeholders</li> <li>• Map forums in which grievances can be addressed e.g. Anti-corruption Commission, Zimbabwe Lawyers for Human Rights</li> <li>• Share beneficiary databases</li> <li>• Real time monitoring of activities is ideal</li> <li>• Carry out mid-term evaluations of Pillars activities at all levels</li> </ul>

## Pillar 4 : System Strengthening

Outputs Pillar 4	Activity areas Pillar 4	Comments Pillar 4
4.1: Improvements of Case Management Systems		
4.2 : Improvement of information and communication systems	<ul style="list-style-type: none"> <li>i. Strengthen M&amp;E systems of all stakeholders</li> <li>ii. Joint monitoring or technical support visits undertaken</li> <li>iii.</li> </ul>	
4.3 : Workforce strengthened	<ul style="list-style-type: none"> <li>i. On-going training and support to community based extension workers such as CCW, health workers, CPC</li> <li>ii. Decentralize decision-making when possible (through circulars, and advocating to empower subnational staff in decision-making);</li> </ul>	
4.4 : Improvement of resources and financing		

## APPENDIX 2. THE NESTED APPROACH FOR NAP FOR OVC III