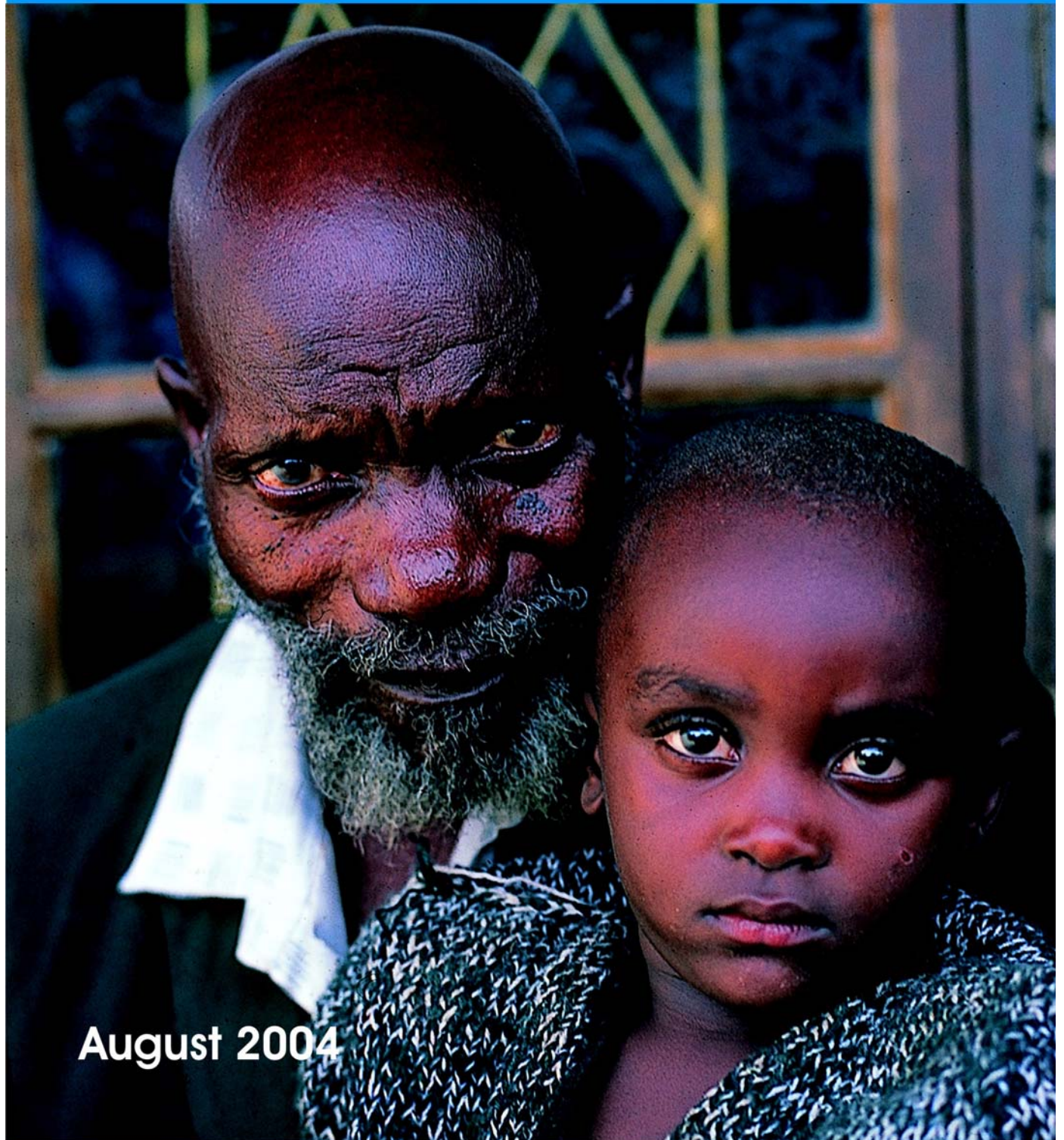


REPORT ON THE ZIMBABWE COUNTRY PROGRAMME END OF CYCLE REVIEW 2000 - 2004



August 2004



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Foreword

This End of Cycle Evaluation documents UNICEF Zimbabwe's experiences under the 2000-2004 Government of Zimbabwe and UNICEF Country Programme of Cooperation. The Evaluation builds on the Mid Term Review (2002), Joint UNDAF Mid Term Review and UNICEF Programme Audits. The 2000-2004 Country Programme, which is the fourth full programme since UNICEF started operating in Zimbabwe in 1981, is like its predecessors, focused on child well-being or the enjoyment-of child rights.

The 2000-2004 Country Programme was novel in at least four respects. First, it was amongst the very first, world-wide, to be developed and implemented explicitly using the most recent UNICEF-developed human rights-based approach to development programming. That approach is fast gaining prominence in development work. Second, within the East and Southern African Region, the country programme was the first UNICEF-supported country programme developed using a human rights-based situation analysis. Third, the Country Programme was amongst the very first, within the human rights-based approach to programming, to adopt community capacity development, as an overarching strategy. Fourth, it is the first human rights-based and community centred capacity development approach, ~~one of~~ to be challenged by a complex political, economic and humanitarian situation.

Nevertheless, the experience of the 2000-2004 Country Programme is rich with programmatic lessons that must be used and shared. This report is a product of a reflective learning process meant to make future human rights-based approach to programming more relevant effective and adaptable to complex programming environments. It underscores the importance of ensuring programmes are not only evidence and results-based, but must also ensure a good process and outcome. It is hoped that UNICEF Zimbabwe experience in Human Rights Based Approach to Programming centred on community capacity development will go a long way towards enhancing better understanding of the approach and result in genuinely people centred development.

I commend this report to individuals and organisations involved in development work, especially those who would like to learn about programming from a human rights-based perspective and those who believe that development should be about people and that investing in children is an imperative in any nation's development. This report provides useful lessons which can shape future interventions for the advancement of the realization of child rights and child well-being. UNICEF Zimbabwe hopes that the report will contribute towards debate and progressive adoption of the human rights-based approach to programming, the strategy of community centred capacity development, and child rights-focussed development.

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UNICEF Representative Zimbabwe

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This End of Cycle Evaluation is a collaborative effort of many individuals and institutions who contributed variously towards the preparation of the report. The Programme Development and Monitoring Committee (PDMC) for the UNICEF Zimbabwe Country Programme, chaired by the Ministry of Finance played a critical role and provided valuable leadership throughout the process.

We acknowledge with thanks the sterling work done by the evaluation team comprising **Dr Garton Kamchedzera** (Team Leader), **Sifiso Chikandi** and **Anna Tinarwo**. The evaluation team worked tirelessly to produce this report. The report benefited from the evaluation team's extensive knowledge of development issues in Zimbabwe and human rights based approach to programming. The role played by the research assistants who undertook the field work and conducted interviews with key partners is acknowledged with thanks. The researchers, whose names are in Annex 6, were pivotal in data collection and analysis.

In line with the human rights-based approach, the evaluation was participatory involving a wide spectrum of people drawn from national, provincial and district level. Two technical reference groups, one of which was composed of children and young people provided guidance to the evaluation team. Special thanks is extended to UNDP, World Vision, Ministry of Finance, UNFPA for their input. The members of the Technical Reference Group and the Children's Reference Group made invaluable contribution in their prudent provision of advice and guidance of the work. The names of the people who ably served on the two technical reference groups are in Annex 3 and 4.

During the collection of new and verifying data, the principal review team's key partnerships extended to very cooperative and facilitative members of Rural District Councils. The inputs of those members, whose names are in Annex 6, were priceless. That Annex further includes names of people who made time, usually at very short notice, to discuss pertinent questions related to the review. All these people, demonstrated unflinching commitment in the quest that development programming must make maximum contribution to child well-being. In this regard, the response and participation of communities that interacted with the review team were both sterling and inspiring. Many more other people rendered priceless inputs particularly through their discussions and provision of information

From inception to completion, UNICEF facilitated the activities of the evaluation. UNICEF project officers shared valuable information on the progress of UNICEF supported interventions. We also acknowledge all the UNICEF Project Officers who took part in the various follow up meetings with the evaluation team. A special thank you is extended to the following UNICEF staff:

Dr Festo Kavishe, the Country Representative, provided a clear vision and inspired the review team throughout the work. His leadership made unequivocal the potential value of the work.

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Maxwell Sibhensana and Ranganai Matema, from the UNICEF Social Policy, Rights Monitoring, Evaluation and Research accompanied the review team's ably and facilitated the field research.

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retro Viral
BEAM	Basic Education Assistance Module
CBC	Community Based Care
CBM	Community Based Management
CBO	Community Based Organisation
CCA	Common Country Assessment
CCD	Community Capacity Development
CCCD	Community Centred Capacity Development
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CLL	Child Learning and Lifeskills
CNSPM	Children in Need of Special Protection Measures
CP	Country Programme
CRC	Convention on the Rights of the Child
CSO	Central Statistical Office
DDF	District Development Fund
ECCD	Early Childhood Care and Development
ECEC	Early Childhood Education and Care
EPI	Expanded Programme of Immunisation
ESAR	Eastern and Southern African Region
ESARO	Eastern and Southern African Regional Office
GAVI	Global Initiative on Vaccines
GDP	Gross Domestic Product
GoZ	Government of Zimbabwe
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HNE	Health, Nutrition and Environment
HRAP	Human Rights Approach to Programming
HRBAP	Human Rights Based Approach to Programming
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
KABP	Knowledge, Attitudes, Beliefs and Practices
M & E	Monitoring and Evaluation
MDG	Millennium Development Goals
MFED	Ministry of Finance and Economic Development
MPO	Master Plan of Operations
MHTE	Ministry of Higher and Tertiary Education
MHCW	Ministry of Health and Child Welfare
MJLPA	Ministry of Justice, Legal and Parliamentary Affairs
MLGNH	Ministry of Local Government and National Housing
MOESC	Ministry of Education Sport and Culture
MPSLSW	Ministry of Public service, Labour and Social Welfare
MTSP	Medium Term Strategic Plan
MYDGEC	Ministry of Youth Development, Gender and Employment Creation
NANGO	National Association of Non Governmental Organisations
NCU	National Coordination Unit
NGO	Non Governmental Organisation
ODA	Official Development Assistance
OVC	Orphans and Vulnerable Children

PDMC	Programme Development and Monitoring Committee
PHAST	Participatory Health Approaches in Sanitation and Training
PHHE	Participatory Health and Hygiene Education
PMTCT	Prevention of Mother To Child Transmission
PPTCT	Prevention of Parent To Child Transmission
PRA	Participatory Rural Appraisal
ProMS	Programme Management System
RDC	Rural District Council
RPA	Rights Planning and Advocacy
SADC	Southern African Development Community
SITAN	Situation Analysis
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SYB	Start Your Business
Triple A	Assess, Analyse and Action
UN	United Nations
UNAIDS	United Nations AIDS Programme
UNCT	United Nations Country Team
UNDAF	United Nations Development Framework Assistance
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
ZW\$	Zimbabwean Dollar

1. Executive Summary

1.1 Introduction

- 1.1.1 This is a report of the review of the fourth UNICEF-supported Country Programme for Zimbabwe. Implemented between 2000 and 2004, the Programme was among the first to be developed after a situation analysis that followed the then newly UNICEF-developed human rights-based approach to programming (HRBAP). The Programme's components were in Rights Promotion and Advocacy (RPA), Child Learning and Life Skills (CLL), and Health and Environmental Sanitation (HNE).
- 1.1.2 The purpose of the review, itself human rights-based, was to provide a reflective opportunity to learn from the experience of the Programme, to improve future programming. The ultimate aim was to advance child well-being in Zimbabwe and elsewhere.

1.2 The Conceptual Framework and the Approach of the Review

- 1.2.1 The review's ultimate questions were whether and how the Programme made maximum contribution to child well-being. The review considered that the Programme was implemented amidst an escalating humanitarian situation, caused by natural disasters, macro-economic instability, HIV/AIDS, and the Government's land resettlement programme. Such situation reversed advances in human development.
- 1.2.2 The review adopted Appreciative Inquiry as its overarching methodology. Under the overall oversight of the PDMC, the review carried out its tasks with the advice and direction of two reference groups, one composed of key stakeholders and the other consisting of young people and children. The review's tasks included community interactions, focussed group discussions, interviews, a youth forum, on-the-site observations, desk review, and preliminary presentations.

1.3 The Design and Evolution of the Programme

- 1.3.1 The Programme was nascent and bold in design, explicitly aiming to contribute to the attainment of child rights goals, with a focus on the main threat to child rights enjoyment, HIV and AIDS. The Programme, further, was novel in the East and Southern African Region to adopt community capacity development (CCD) as its overarching strategy. In this, the Programme was poignant to focus on duties correlative to child rights and duty bearers within the Zimbabwean context. The Programme was to facilitate participatory processes through which communities would make assessments, analyses, and take actions (Triple As) to produce and implement community action plans and advance child rights enjoyment. However, the lack of specific benchmarks and targets made the Programme not very results-based. To address unanticipated exacerbated vulnerability, the Mid Term Review recommended dedicated Programmes components on HIV and AIDS and child protection and required the entire Programme to integrate humanitarian situation programming across all programme components.

1.4 The Implementation of the Programme

- 1.4.1 Using UNICEF's proven well-being causality framework and the Triple A as conceptual tools, the Programme quickly popularised CCD, initially focussing in 9 districts, chosen according to human rights principles. The community action plans, produced through the Triple A processes, usefully became demand tools for communities, mitigating the Programme's lack of activities to catalyse demand in the enjoyment of child rights. Iterative Triple A processes further facilitated accountability among community members, increased project ownership, and created community capacities to cope and deal with the effects of the humanitarian situation. On the supply side of human rights enjoyment, RDCs became strengthened duty bearers, working as multi-sectoral teams to respond to the community action plans.
- 1.4.2 Triple A processes created so huge a demand that the geographical focus of the programmes spread to 7 more districts, with plans to spread to all the country's 57 districts. As demand increased, the option to have CCD as precursor for general development or empowerment dominated implementation, tilting focus from the child rights-based goals in the Programme's objectives. That spread occurred amidst conflations about the difference between the HRBAP, CCD, and Triple A processes. Throughout implementation, many perceived CCD and HRBAP as time-consuming. Such perception was due to the Programme's novelty, lack of implementing methodologies, and over-dependence on the RPA component.
- 1.4.3 The Programme enhanced capacities predominantly through training at the national, provincial, district, and community levels. The trainings established intellectual leadership for the Programme among the UN

Team and other stakeholders, particularly in the human rights-based approach to programming. However, the escalating humanitarian situation eroded capacities at all societal levels, largely through death, economic migration, and shortage of economic resources. The Programme, to protect child rights, assumed duties, as it did in immunisation, which should have otherwise been performed by Government.

1.5 Effectiveness and Contribution to Child Well-being

- 1.5.1 Despite the humanitarian situation, there were noticeable contributions to child survival, development, participation and protection, the stated broad objectives of the Programme. Supplementary and therapeutic feeding, IMCI, and PPTCT mitigated loss of life, prevented morbidity, and alleviated malnutrition. PPTCT, in particular, was a sterling example of human rights-based programming, holistically focussing on a thematic area, respecting human rights principles, and able to demonstrate well-being-related outcomes. PPTCT, as implemented in the City of Bulawayo addressed prevention, treatment, and care aspects related to HIV and AIDS. The Programme's popularisation of community-based counselling reflected human rights principles and increased coping capacities. In child development, the Programme took reactive measures to reconstruct schools destroyed by cyclones and provided learning materials for makeshift schools in resettlement areas. Regarding child participation, it was difficult to gauge contribution to child well-being except where youth and children's initiatives were part of iterative Triple A processes. In such cases, child participation was positively transformational. In contrast, the Programme's dominant form of child participation, support to the Junior Parliament and Junior Councils could not directly be linked to child well-being, except among the youths involved. In child protection, a 'Zero Tolerance on Child Abuse Campaign' started to contribute to reduced vulnerability, but only when such efforts were linked to iterative Triple As.
- 1.5.2 In addition to the holistic programming on PPTCT, another towering contribution to child well-being was a direct result of CCD in itself. Lives were transformed where Triple A processes were iterative and generated plans that were received necessary support in implementation. Masendu, one of the poorest communities before the inception of the Programme has become vibrant and increasingly self-reliant as its members live in dignity despite the humanitarian situation.

1.6 Conclusions and Recommendations

- 1.6.1 The 2000-2004 Programme has established sufficient foundation for further human rights-based programmes. The demand created by the overarching strategy, CCD, is unparalleled in Zimbabwe. However, although there is demand for Triple A processes among development workers, the next Programme would need to spread cautiously, maintaining focus on child rights and striving holistically to deepen experiences so that communities and others may animate each other and spread the processes. As the Programme has already been to 16 districts, it would prudent to deepen positive experiences in those districts before spreading to new ones. Countrywide strategies should be limited to those strategies that use the mass media and mass campaigns such as child rights advocacy and EPI.
- 1.6.2 Examples from the PPTCT project and iterative Triple A processes are two examples that are ripe for geographic extension. Others such as IMCI need to be deepened and consolidated first before geographical expansion. The Programme's majority results were instrumental, such as the National Plan on Orphans, and require follow up for meaningful contribution to child well-being. As future programming deepens and widens, good programming skills, child participation, and monitoring and evaluation are areas that require refinements through sharpened programming skills and focus on child well-being related results. To demonstrate well-being results, the next Programme will need greater linkage of CCD to particular thematic areas. A priority area is orphanhood, which, with its adverse effects, is currently in demand of heightened prevention, rehabilitation and care of those victimised, and preparation of future generations to prevent and be in control of the incidents associated with orphanhood.
- 1.6.3 The experiences of the 2000-2004 Programme have at least three invaluable lessons on which to consolidate future programming, to yield sustainable results. The first is that iterative participatory Triple A processes within the framework of community capacity development result in sustainable socio-economic transformation, if programmatic support focuses on identified gaps and strengths. The second is that child rights-centred integrated and multi-sectoral programmatic work results in greater child well-being. The third lesson is that although the urgency of complex emergencies may threaten the human rights-based approach to programming, community capacity development is an efficient strategy for community-generated emergency preparedness, response, and amenability to programmatic support.

2. Introduction

2.1 The Purpose of the Review

- 2.1.1 The Government of Zimbabwe and UNICEF agreed on their fourth development Country Programme in 1999. Implementation of the programme, that was to focus on child well-being or the realisation of child rights, commenced in 2000, to end in 2004. This document is a report of a review of that Country Programme.
- 2.1.2 The Government and UNICEF commissioned the review to *“determine and understand the results from, and the effectiveness and relevance of the strategy used in the implementation of the Country Programme.”*¹ That major strategy was ‘Community Capacity Development’, abbreviated as CCD, within a human rights-based approach to programming.
- 2.1.3 The report recognises two important functions of an end of cycle review. The first is that such a review is a mechanism for programming oversight. The second is that an end of cycle review is an opportunity to use experiential programmatic knowledge and results to improve future programming. In this regard, an end of cycle review is a useful bridge between an ending programme and the next one. This particular review was constrained by time. Its results had to input into a new Country Programme, whose preparation had strict deadlines and was already in progress when the review commenced.

2.2 The Review’s Objectives

- 2.2.1 As required by the terms of reference, the review had four thrusts. The first was to determine the extent to which programme objectives were achieved. The second was to establish the effectiveness of the programme. The third thrust was to determine the continuing relevance of the programme and its activities. The last thrust was on lessons learnt for the benefit future development programme in and outside Zimbabwe. The Terms of Reference are included in this report as Annex 1.
- 2.2.2 The end of cycle review had to recognise that the country’s human development has been in decline. Zimbabwe’s development programming thrust has consequently been reactive to the humanitarian situation, understood to be caused by a worsening food shortage, degenerating macro-economic instability, an escalating HIV prevalence, and devastating effects of HIV and AIDS. The review hence considered the performance of the Country Programme recognising the deleterious effect of such challenges, noting both adverse effects and successes.

The Specific Objectives of the Review:

- a) To determine the extent to which the strategies outlined in the Master Plan of Operations document (MPO) have contributed towards achievement of programme objectives.
- b) To analyse the impact of the economic, political and social factors on the implementation of the Country Programme, and determine relevance of the strategies outlined in the Master Plan of Operations document (MPO) within this context.
- c) To propose both short and medium term recommendations that will guide the development of a new results-oriented Programme of Cooperation, including areas that require critical operational and seminal research.
- d) To distil and document key lessons emanating out of the operationalisation of the core strategy, which lessons will contribute towards UNICEF’s knowledge and improve the organization’s adaptation of the strategy in supporting the progressive achievement of the MTSPs and Zimbabwe specific MDGs.

¹. Terms of Reference for the Review.

2.2.3 Although there has been a general decline in human development in Zimbabwe, the review did not avoid considering targets that apply to Zimbabwe as frames of reference. These targets comprise of national and international standards agreed as expected results in development programming. They include the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the Millennium Development Goals and Zimbabwe's own development targets regarding the well-being of its people, particularly children.

2.3 The Structure of the Report

2.3.1 Under the terms of reference, the report was to be "based" on a given format. That format had to include the following:²

- Preface
- Acknowledgements
- Executive summary
- Introduction that was to cover the purpose, objectives and structure of the report
- Methodology
- Results/Findings
- Discussion/ Analysis
- Recommendations

2.3.2 This report is based on these aspects, but the results and findings are integrated with the discussion and analysis. The recommendations chapter, further, includes summarised findings, lessons learnt, and justifications for the recommendations.

2.3.3 The report is in eight parts, excluding the preface and acknowledgments. The summary is the first substantive part of the introductory set of sections, which introduce the review and the Country Programme and its context. This part is the introduction, highlighting the objectives and the structure of this report. The third part covers the conceptual framework for the review and the approach that it adopted. The fourth part examines the Country Programme as designed, in retrospect examining the relevance of the goal, objectives and strategies of the Country Programme within the context it was to operate. As the Country Programme was modified at mid term stage, that part includes an examination of the Country Programme as modified.

2.3.4 The next set of sections discusses and analyses the implementation, experiences, and achievements of the Country Programme. The fifth part examines the Country Programme as implemented. The sixth part presents an assessment and analysis of the impact and achievements of the Programme. In explaining the achievements and impact on child well-being, the report further gives reasons for various degrees of effectiveness. Throughout the fifth and sixth parts, case studies are used to highlight lessons learnt. The seventh part presents current human development challenges that require programmatic attention. The eighth part presents a consolidation of findings, recommendations, and justifications for the recommendations.

Questions from the Terms of Reference

- ❑ At the broadest level, is the CP focusing on issues affecting the rights of children and women?
- ❑ Specifically, are the key issues for children's and women's rights identified in the SITAN, CCA and Country Programme Document (CPD) still relevant?
- ❑ Is the positioning of UNICEF appropriate vis-à-vis other partners to address these issues?
- ❑ Is the balance between catalytic and operational interventions appropriate?
- ❑ In terms of effectiveness, efficiency, and sustainability, can successes of the CP be taken to scale?
- ❑ What can be learned from both successes and failures?

² . Terms of Reference, page 5.

3. The Review's Approach and Methodologies

3.1 Introduction

- 3.1.1 The review's process adopted a human rights-based approach. The human rights-based approach requires that such a review must aim at making maximum contribution to the realisation of human rights, especially child rights whilst abiding with and advancing human rights principles.
- 3.1.2 The human rights-based approach entailed two considerations for the review. The first was the quest to have results and recommendations that would make maximum contribution to the well-being of current and future children. The second was to follow a process that complied with human rights principles, particularly child rights principles.

3.2 The Link Between the End of Cycle Review and Previous Reviews

- 3.2.1 This review is not the first for the 2000-2004 Country Programme. During its implementation, monitoring, and evaluation, the programmers undertook or commissioned project evaluations, reviews, and audits.³ These culminated in a Mid Term Review in 2002.⁴ The Mid Term Review entailed a project-by-project review. Many of the findings and recommendations of such reviews are still relevant and useful.
- 3.2.2 The value added by this review, nevertheless, is at least fivefold. The first is that this review considers past review processes, findings, and recommendations against the tenets of a human rights-based approach. The second value added is that this review is an opportunity to distil, consolidate and improve previous recommendations in a more holistic manner. This is essential to underline key lessons and ensure greater effectiveness of the next programme. The third is that this report proffers its recommendations with the intent to make maximum contribution to child rights enjoyment. Fourth, unlike previous reviews, the tenets of the human rights-based approach to programming have guided this review. Fifth, the review is part of a continuing advocacy for improved development programming not only in Zimbabwe, but also beyond.

3.3 The Human Rights-based Approach and Implications for the Review

- 3.3.1 The human rights-based approach to development programming is about how to make maximum contribution to well-being. In the context of the Country Programme, the goal was maximum contribution to child well-being.
- 3.3.2 The human rights-based approach in ESAR recognises four key tenets. *The first is that both human rights and programming relate to outcomes and processes.* Just as a programme or a project has goals and objectives, so too human rights have broad and specific goals. The broad goals include survival, development, protection, participation, and peace. The more specific goals include the rights to education and the highest attainable standard of health. Similarly, just as programmes and projects have strategies, human rights have principles to guide attitudes, the manner of achieving goals or objectives, and processes. The review accordingly gauges the outcomes of the programmes and its compliance with and promotion of human rights principles.

³ . E.g., UNICEF-Zimbabwe, 'An Integrated Report on the Implementation Progress of UNICEF Supported Projects in Zimbabwe: Programme Audit Exercise 2003' (Harare; UNICEF, 2003)

⁴ .Government of Zimbabwe and UNICEF, 'Government of Zimbabwe-UNICEF Country Programme (2000- 2004): Report of the Mid Term Review: 6 December, 2002' (Harare; UNICEF, 2003)

3.3.3 *The second conceptual tenet of the human rights-based approach as promoted in ESAR, is the “philosophical logic” that a right necessarily correlates to duties.* For human rights enjoyment, duty bearers at all societal levels must properly perform correlative duties. Lower level duty bearers depend on upper level duty bearers. Hence it is important to have a cogent pattern between duty bearers at various levels, with the lower level duty bearers viewed as rights holders against upper level duty bearers. As a duty must be performed prudently, fairly, and without conflicting with personal interests, the contribution to the realisation of human rights must be as maximum as possible. The review, in view of the reversals in human development, considers whether the programme worked with duty bearers to minimise the impact of Zimbabwe’s humanitarian situation.

Definition of Human Rights-Based Approach to Development Programming in ESAR:

To make maximum contribution to the realisation of human rights without infringing and whilst advancing human rights principles.

3.3.4 *The third conceptual tenet is that duty bearers are accountable.* However, duty bearers cannot properly perform duties if they lack requisite capacities. The approach, as developed in ESAR then, is to focus on the capacity of duty bearers to ensure performance of their duties. The review examines the correctness of the identification of capacity strengths and gaps. It further considers the effectiveness of the programme in addressing such gaps and promoting strengths.

3.3.5 *The fourth tenet in ESAR’s human rights-based approach is that the enjoyment or lack of enjoyment of human rights is manifested at the individual, household, and community levels.* As it would be difficult to focus on each duty bearer or household and rights holders for programmatic work and to promote effective solidarity, the major strategy adopted in Zimbabwe and other countries in ESAR was community capacity development.⁵ This review, inevitably, examines the effectiveness of community capacity development during the implementation of the 2000-2004 country programme.

3.4 Well-being, Human Rights-based Outcomes, and the Review

3.4.1 A human rights-based development programme presupposes a common understanding of the nature of a human right, a need-based entitlement that every human being must normally enjoy. A review of a human rights-based development programme does not merely determine the extent to which programme goals were attained. In addition, the programme and project goals are examined with regard to the extent to which they actually made maximum contribution to child well-being.

3.4.2 A human rights-based development programme is designed after an identification of specific human rights that have to be enjoyed by certain people. Such an assessment, as in the case of UNICEF-supported programmes, is followed by an analysis of the immediate, underlying, and basic causes for non-enjoyment or the state of enjoyment of human rights. The analysis has to recognise that just as human rights are interdependent, so are the causes facilitating and negating the enjoyment of such rights. In this regard, a human rights-based review considers the extent to which a development programme contributed to attaining human rights goals.

3.6 Well-being and Human Rights-based Processes, and the Review

3.6.1 A human rights-based development programme must comply and advance synergistic human rights principles.⁶ In this regard eight principles, five related to the substance of human rights

⁵ . UNICEF Regional Officer (ESARO), ‘Operationalisation for ESAR of UNICEF Global Guidelines for Human Rights Programming (Nairobi; October, 2001, section 10.

⁶ . UNICEF-ESARO, ‘Manual: Human Rights Approach to Programming’ (Nairobi; UNICEF; 2003), Module 3.

and three to the process of enjoyment, are pertinent. The five that five well-known principles that relate to the substance of human rights are the principles of universality, non-discrimination, respect for human dignity, participation and interdependence.

- 3.6.2 Less known are the three principles related to human rights enjoyment and realisation, which also require attention in distilling lessons for the next programme. The first, in this regard, is that resources must be used to the maximum extent to realise human rights. The programmatic allocation of resources and its promotion of the use of resources for child well-being is one critical question that must be answered. The second principle is that human rights holders must enjoy their rights responsibly. This is because a human right, according to human rights law, must not be enjoyed to violate the rights of others. This recognition is important for the ownership of development programmes. The third principle is that duty bearers must account and if necessary, be held responsible, for the performance of their duties. The extent to which a development programme promotes such accountability at the various societal levels is a pertinent question in a programme review. In addition, this report examines the extent to which the strategies complied with human rights principles.

Sustentative Human Rights Principles and Some Programmatic Implications

Human rights are universal, inherent in every person.	Programmes, however, must recognise that enjoyment is not universal
There should be non-discrimination in the enjoyment of human rights	The design, implementation, and monitoring of the programme must respect people and, for UNICEF-supported programmes, practically regard the child as a subject or holder of human rights.
There must be respect for human dignity and subjectivity	
People must be allowed to participate in matters that affect them	It is imperative for a human rights-based programme to facilitate or catalyse participation, including child participation, in its formulation, implementation, and monitoring and evaluation
There must be interdependence of rights enjoyment and social interdependence.	This entails that a human rights-based programme must recognise that human rights are interrelated and that social units and stakeholders must act in solidarity and holistically when they programme

3.7 Rights, Duties, Programming, and the Review

- 3.7.1 Human rights, like any right, correlate to duties. Every human right corresponds to duties at all levels of society. To realise human rights, development programming must not only focus on human rights, but also the duties necessary for the enjoyment of such rights. A review of a human rights-based programme therefore must determine the extent to which activities focussed on key duties correlative to human rights.
- 3.7.2 In UNICEF-supported programmes, the second analysis is a duty bearer/role pattern analysis, to determine current roles and required duties in relation to the causes. The rationale is that the programme must strategically focus on key

Types of Human Rights Duties:

- *The duty to respect human rights.* This entails that the duty bearer must refrain from decisions and actions that would result in the infringement, violation, neglect, or abuse of somebody's human rights.
- *The duty to protect.* This is a duty to intervene and protect the enjoyment of human rights when such rights are threatened or at risks because of the decisions or actions of a third party.
- *The duty to promote.* This means that the duty bearer must advance the need for rights holders to demand and claim their human rights and for duty bearers to perform corresponding obligations.
- *The duty to provide.* This requires direct provision of goods and services to rights holders especially those in positions of disadvantage.

duty bearers so that critical duties are properly performed. A review of a human rights-based development programme must therefore determine the extent to which the programme catalysed the performance of duties, accountability, and the demanding of human rights enjoyment.

3.8 Capacities and the Supply and Demand of Human Rights Enjoyment

- 3.8.1 Duty bearers cannot perform their duties if they have no capacities. Likewise, rights holders cannot adequately enjoy their rights if they do not have capacities or if their communities lack capacities to claim such enjoyment. This is one reason the Government of Zimbabwe and UNICEF 2000-2004 adopted community capacity development as a major strategy for the programme within the human rights-based approach.⁷
- 3.8.2 The design of a human rights based programme that focuses on capacities involves a capacity analysis. There are four components of such capacity or accountability conditions. The first set is a combination of knowledge, understanding, and motivation to carry out the duty or enjoy rights. The second is appropriate and sufficient authority, to perform the duty or enjoy or demand a right. The third is a set of human, economic and organisational resources, to use in carrying out the duty or enjoying of rights. The fourth is effectiveness and appropriateness of communication, to turn latent capacities into capabilities. A review of a human rights-based development programme must establish the extent to which the programme strengthened capacities in the supply and demand of human rights at all societal levels.

3.9 Particular Focus on Child Well-Being or Child Rights

- 3.9.1 The current programme is primarily about the well-being of children. In this case, the rights on which the programme should be presumed to have focussed are those of a child in Zimbabwe. In this regard, three human attributes for children must be borne in mind. The first is that all children are vulnerable and dependent on others, by reason of age. The second is that they are dependent on adults for well-being. The third is that they are future adults. There is international agreement, involving Zimbabwe, to ensure that programmes facilitate the respect, protection, promotion, and provision of the enjoyment of human rights. Two of the instruments that enshrine minimum ethical standards about the entitlements and manner of treating children are the Convention on the Rights of the Child⁸ and the African Charter on the Rights and Welfare of the Child.⁹ Zimbabwe has ratified both, signifying the commitment to fulfil child rights and comply with child rights principles.
- 3.9.2 The review focuses on the attainment of human goals agreed to be most important for every child. As in the case of general human rights, principles that must guide programmatic and other decisions and actions may affect children. In this regard, five principles are worth underlying. The first principle is that the short term and long term best interest of the child must be a primary consideration in all decisions and actions that may affect present and future children. The second principle is that no child should be discriminated against in the enjoyment of human rights. The third principle is sometimes loosely referred to as "First Call for Children". The fourth principle is that every child must participate according to her or his evolving capacities. The fifth principle is that there must be interdependence of rights and interdependence of social units for child rights enjoyment. This being a review of a human rights-based development programme, the review examined the Programme's compliance and promotion of child rights principles.

⁷. Fabio Sabatini, 'Case Study: Zimbabwe', in Urban Jonsson, *Human Rights Approach to Development Programming* (Nairobi; UNICEF, 2003) 131-154.

⁸, G.A. res. 44.25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A.44/49 (1989)

⁹. OAU Doc. BAB/LEG/24.9/49, Article 5

3.10 Programmatic Tools, Methodologies, and Requisite Skills

- 3.10.1 A human rights-based approach to programming does not entail an abandonment of all existing programmatic tools, methodologies, and programming skills. Indeed, in the approach, good programming becomes imperative.¹⁰ However, any tools, methodologies and requisite skills in the approach must be human rights compatible, capable of making maximum contribution to the enjoyment of human rights and abiding by human rights principles.
- 3.10.2 Tools however require methodologies to work. For a programme to be truly human rights-based, compatible methodologies must be chosen and used. The adoption of human rights-compatible methodologies took long in UNICEF as an organisation. Many countries, as a result were allowed to choose their own methodologies, especially for implementation. Later, a basket of methods, including Appreciative Inquiry, PHAST, and the community dialogue tool were recognised as useful.¹¹
- 3.10.3 Ability to work with particular methodologies and within particular conceptual frameworks presupposes requisite skills. It is important to have critical masses of trainers, facilitators and animators and adopt new communication strategies. This report notes the pertinent activities carried out under the programme and examines the sufficiency of the methodologies used in view of human rights principles.

3.11 The Methodology of the Review

- 3.11.1 A consultancy team of three, including one consultant identified by the Government, was commissioned to undertake and lead the review. Although there were severe time constraints for the review team, the review was participatory, in compliance with human rights principles. The overall oversight of the work was pivotally in the PDMC. The names of the members of the PDMC are attached as Annex 3 of this report. At the coordination and oversight level, the team worked not only with UNICEF staff, but also the multi-sectoral

The Roles of the Technical Reference Groups

- ⇒ Familiarisation with key documents for the review
- ⇒ Attending and participating in meetings, validating emerging results with interests groups represented
- ⇒ Sharing experiential and other knowledge with a view to refine the process and outputs of the review
- ⇒ Considering joining the consultants on at least one community interaction.
- ⇒ Make any contribution necessary and conducive for review.

Technical Reference Group, drawn from the Government, civil society, donors, and the UN Team in Zimbabwe. The names of the members of the reference group are included in this report as Annex 3. A complementary group mostly composed of young people were a second reference group with which the review team worked, with the assistance of youth participation facilitators. The names of the Children's Reference Group are included in this report as Annex 4.

- 3.11.2 Appreciative Inquiry guided the review, as a methodology. Appreciative Inquiry is a human rights-compatible methodology that stresses on positives and strengths, present and past, before focussing on what can be done to make matters better.
- 3.11.3 Within the framework of a human rights-based approach, a focus was on rights enjoyment or well-being. To avoid the conflation of such rights enjoyment across ages, the review followed the

¹⁰ . UNICEF, 'Programme Cooperation for Children and Women from a Human Rights Perspective' (New York; UNICEF, 1999), Distr.: General, 5 April, 1999, E/ICEF/1999/1,

¹¹ . UNICEF-ESARO, 'A Communication Strategy for Community IMCI (Nairobi; UNICEF, 2003)

life cycle and disaggregated the analysis according to gender and other human attributes that cannot be ignored without infringing the principle of non-discrimination.

- 3.11.4 The first phase of the review focussed on a distillation and re-interpretations of available information, to review the Programme. The analyses in the first phase focussed on key findings of previous work, key recommendations, and responses to such recommendations. The second phase involved the collection of new and verifying data.
- 3.11.5 The review enlisted additional data collectors for the second phase. They included two young people, a female and a male. The expanded research team underwent training on the concept and methodology of the research and the use of the research tools. The names of the expanded team of researchers are included in this report as Annex 5.
- 3.11.6 The team held discussions with representatives from all Government key ministries in so far as the Programme was concerned. Further discussions and interviews were held with representatives of all the UN agencies in Zimbabwe. Similarly, the review team held discussions and interviews with representatives from key civil society stakeholders based in Harare. The names of the people consulted in this regard are in Annex 6.
- 3.11.7 The research team held focussed group discussions and interviews with rural district teams in Zaka, Buhera, Gokwe North, Bulilima, and Mangwe. In these areas, the two review sub-teams further participated in community interactions. One community interaction in Masendu, for example, involved 47 people that included men and women who were community leaders, young, people, service providers, and children. One of the sub-teams further held discussions with 2 senior nursing sisters in charge of a PPTCT project in the City of Bulawayo. That sub-team also visited 1 junior rural secondary school in Mangwe, holding discussions on child rights with 45 pupils. The sub-team further visited the service areas of Pelandaba Clinic in the City of Bulawayo, holding discussions with the nurse involved in the counselling of parents under the PPTCT project the City is implementing. The names of the members of the Rural District Council teams that the review team met are also included in Annex 6.
- 3.11.8 Annex 6 further includes names of children and young people who participated in a forum in Gweru. At the forum, the review team and the participants used force field analysis to determine the constraints and strengths for the advancement of child well-being, as aspired by the participants. Children and young people undertook the force field analysis focusing on the life cycle and their aspirations about the ideal well-being of each age group.
- 3.11.9 In view of time and other resource constraints, the review team did not visit most areas where the Country Programme was being implemented. Discussions and interviews, further, did not involve all those who could be considered stakeholders, as the class would be too large. The usual logical step, in such circumstances, was scientifically to sample the areas and people to visit or consult. The review however deliberately adopted an appreciative mode and asked some key people involved in the implementation of the Country Programme to suggest districts, areas and people to be visited or consulted by the review team. The justification for this approach was to draw on strengths and experiences to enrich future programmes. Instead of searching for weaknesses, therefore, the approach of the review team was to focus on the positive without neglecting the negative. The choice, however, was not arbitrary, as the review team required compliance the following requirements:

- ❑ Participation and guidance from key stakeholders
- ❑ Interviews with programme staff within UNICEF
- ❑ Interviews with key Government stakeholders at the Central Government level
- ❑ Interviews with representatives of all the UN agencies based in Zimbabwe

- ❑ Interviews with key NGO partners involved in the implementation of the programme
- ❑ Interviews with key donors resident in Zimbabwe
- ❑ Community interactions
- ❑ Discussions with District Teams and other key implementers at the district level
- ❑ Separate discussions with children within communities

3.11.10 The methods used in the review to collect fresh data were interviews with implementing partners, focussed group discussions with district teams, and community interactions for communities and schools. The fresh data collection tools used for community interactions and other discussions are included in this report as Annex 7. The collected data was analysed and conclusions, according to patterns and exceptions drawn. Those conclusions and the supporting evidence were merged with the findings from the desk review, making necessary changes to the preliminary findings and used to draft the report.

3.11.11 The initial document-based findings of the review were presented at a UNICEF retreat in January, 2004. After the collection and analysis of the fresh data, in the second phase, a summary report containing key findings and recommendations was completed in February, 2004. That report was essential to input into the new programme preparation process, which was already underway. The review team presented the summary report to UNICEF's Country Management Team in February, 2004 and another presentation to the Technical Reference Group in March, 2004. At each stage, inputs in form of comments, observations, and questions were incorporated into the draft report, which would largely be for sharing. The review team later presented the draft report to UNICEF staff and the two reference groups, before finalising it for dissemination.

3.12 Summary and Conclusions

3.12.1 This part of the report has underlined that the review's process was human rights-based. Similarly, the questions for focus were drawn from the logic of the human rights-based approach. The review has also complied with the principles of human rights such as participation. The overall framework has been the programmatic quest to enhance child well-being in Zimbabwe.

3.12.2 In addition to little time, a major limitation of the review was that there was no systematic sampling of the areas visited and the people met. This limitation however is not serious for three reasons. The first is that the many previous reviews, audits and evaluations, contributed to the data that has been used in the compilation of this report. In this sense, this review avoided some duplication. The second reason is that the review deliberately adopted an Appreciative Inquiry approach, to underline strengths rather than magnify for weaknesses. This however does not entail that such weaknesses were omitted. Quite to the contrary, the identification of strengths for appreciation was not arbitrary. The broad guideline for the review was maximum contribution to child well-being.

3.12.3 Appreciative Inquiry did not entail idealising. Rather, the review team's focus was on child well-being and enjoyment of child rights. Achievements proffered by programmers, community members, and others were examined against the expected standards regarding child well-being. Strengths, actual and potential, were appreciated, and areas in need of improvement to make maximum contribution to child well-being were also duly noted. In the end, the review, respected human rights principles but made its determinations as to whether the Country Programme strategies and activities made maximum contribution to the enjoyment of child rights in Zimbabwe.

4. The Design and Evolution of the Country Programme

4.1 Introduction

- 4.1.1 There was noticeable decline in human development trends in Zimbabwe by 1999, the time the fourth Country Programme was designed. HIV and AIDS and macro-economic instability started to reverse the rising trend of human development experienced since 1980, when the Country became independent.
- 4.1.2 By the time of the development of the Country Programme, UNICEF, as one of the Government's development partners, had adopted a human rights-based approach to programming. The new and fourth Country Programme was developed and intended to be implemented with that approach.
- 4.1.3 This chapter reviews the design and evolution of the 2000 to 2004 Government of Zimbabwe and UNICEF Country Programme. Focus is on the response of the Programme to the situation of children at the design and mid term stages, when the structure and thrust of the programme were agreed and modified respectively. The chapter further reviews the relevance of the Country Programme Goal, objectives, and strategies.

4.2 Challenges to Child Well-being at the Design of the Country Programme

- 4.2.1 Zimbabwe had 7.3 million people aged 18 and below, in 1999, the time when the current Country Programme was developed.¹² The Situation Analysis that preceded the development of the Country Programme noted the varying needs and vulnerabilities for the child through the different stages in the life cycle.¹³ The situation analysis and the programme development processes recognised three key clusters of challenges. The first, and most threatening was HIV and AIDS. The second was severe poverty and deprivation in some parts of the country. The third was a set of natural disasters in the form of cyclones and droughts.
- 4.2.2 Underlying those challenges was Zimbabwe's multifarious culture whose main religion is Christianity. Patriarchy and gerontocracy, however, are major determinants of power relations. Authority is vested in the adult male. While there has been some erosion of this authority by developments such as girls' education and women's empowerment movements, the privilege of the adult male continues to be strong. The shifting of the responsibility for a child's formation towards teachers and older children has not included socialisation away from traditional discrimination. Rather than reversing sexist beliefs and attitudes, formal education has largely perpetuated and strengthened them. Girls are still regarded as physically, mentally, emotionally, and morally weaker than boys. Consequently, girls may form inferior perceptions of themselves. Whereas boys are socialised to be lead economic agents for their families, girls are largely socialised to housekeep, tend crops, and undertake other feminised duties.¹⁴

4.3 Zimbabwe, UNICEF, and Global Child Well-being Commitments by 1999

- 4.3.1 The Country Programme has been one measure between the Government of Zimbabwe and UNICEF to improve the well-being of children amidst a backdrop of international commitments. In 1990, a year after the adoption of the Convention on the Rights of the Child, Zimbabwe was

¹² . UNICEF-Harare, 'Growing Up in Zimbabwe: Considering the Rights of Zimbabwean Children and their Families: Summary of the 1999 Situation Analysis' (Harare, UNICEF, 1999)

¹³ . Ibid

¹⁴ UNICEF-Harare, 'Growing Up in Zimbabwe: Considering the Rights of Zimbabwean Children and their Families: Summary of the 1999 Situation Analysis' (Harare, UNICEF, 1999), at 38-39.

among the countries that agreed at the World Summit for Children to attain certain targets for the well-being of children. As was the case with most countries committed to reach such targets, Zimbabwe developed a National Plan of Action for Children. As the Government and UNICEF developed the fourth Country Programme, that national plan of action was drawing to the end of its implementation.

- 4.3.2 In the 1990s, Zimbabwe, most countries, and development organisations such as UNICEF expressed strong commitments to improve the well-being of their people, particularly children. UNICEF adopted its Mission Statement, reiterating its commitment to catalyse the enjoyment of child rights. Further, UNICEF resolved to make the Convention on the Rights of the Child its development ethos through its Mission Statement and Guiding Principles. UNICEF's unflinching commitment to realise child rights was similar to the Government of Zimbabwe's acclaimed social achievements in social development attained through social investment despite structural economic adjustments.¹⁵
- 4.3.3 As the decade progressed, the World, along with Zimbabwe, agreed in 1993 that human rights were interdependent, indivisible, and interrelated, at the Vienna Conference on Human Rights 1993.¹⁶ The following year, Zimbabwe was a party to the Declaration on Social Development,¹⁷ agreed at the World Social Summit in Stockholm. Various other global conferences confirmed the growing impetus to improve social development, particularly for people who may easily be vulnerable, such as children.¹⁸ A commitment to realise child rights and social development in general resulted in initiatives such as the 20/20 Compact, requiring both countries who provide development assistance and developing countries to commit at least 20% of their budgets each towards the delivery of basic social services.
- 4.3.4 As Zimbabwe and the rest of the World commemorated the 50th Anniversary of the Universal Declaration of Human Rights and as development tarried, the linkage of development work and the realisation of human rights increased. The United Nations embarked on a reform process that underlined that the realisation of human rights and compliance with human rights principles were the core of United Nations Development work. The United Nations Secretary General underlined that human rights must be practically emphasised in the programming of the United Nations.¹⁹ The United Nations Development Assistance Framework (UNDAF), based on UN country teams' situation analyses known as Common Country Assessments, CCA, were to highlight the enjoyment of human rights, for the response of UN programmes at the country level. UNICEF was the earliest of the UN agencies to issue programming guidelines on a human rights-based approach to programming, in 1998. UNICEF's Executive Director directed all country offices to adopt a human rights based approach to development programming.²⁰

4.4 The Process to Develop the Programme

- 4.4.1 The process of developing the 2000-2004 Country Programme²¹ was participatory, led and supervised by the Country Programme Development and Monitoring Committee (PDMC). The PDMC is made up of senior government officials representing sector ministries, senior UNICEF

¹⁵ . Rene Loewenso and Munhamo Chisvo, 'Rapid Social Transformation Despite Economic Adjustment and Slow Growth: The Experience of Zimbabwe', in Santos Mehrotra and Richard Jolly, *Development With a Human Face: Experiences in Social Achievement and Economic Growth* (Oxford; Oxford University Press, 1997), 179-203.

¹⁶ . Vienna Declaration and Programme of Action (A/CONF. 157/24)

¹⁷ . Declaration and Platform of Action and the Copenhagen Declaration and Platform of Action on Social Development

¹⁸ . E.g., International Conference on Population and Development (A/CONF.171/13)

¹⁹ . (Secretary-General Pledges 'Quiet Revolution' in United Nations, Presents Reform Proposals to the General Assembly, 17 July, 1998, Press Release SG/SM/6284/Rev.2, GA/9282).

²⁰ . Guidelines for Human Rights-Based Programming Approach, CF/EXD/1998-04, 21 April 1998.

²¹ . UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004' (Harare; UNICEF, 1999)

staff, and a representative of the NGO umbrella body, NANGO. The Ministry of Finance and Economic Development chairs the PDMC. The PDMC is an example of the human rights principle of interdependence in action, because it is multi-sectoral.

4.4.2 The Country Programme development process began in February 1998, with the first meeting of Situation Assessment and Analysis Reference Group. The draft strategy document was presented to the PDMC in September 1998. The final draft of the Strategy was presented and discussed at senior governmental level at a Strategy Meeting held in October 1998. A summary of the Strategy was submitted to the UNICEF Executive Board in January 1999.²²

4.4.3 The process to develop the Country Programme allowed space for stakeholder participation from the situation assessment and analysis stage, through, the development of the Strategy, and the Country Programme Recommendation. Throughout the process, the emphasis was on child rights.²³ This entailed assessment and clustering of rights least being enjoyed, causality analyses for the state of child rights enjoyment, identification of obligations at societal levels, and an analysis of key capacities. In keeping with the principle of participation, an advisory committee made up of representatives from the Government of Zimbabwe, UNICEF and NGOs developed the Strategy Paper.

4.5 The Relevance of the Country Programme's Goal, Objectives, and Broad Strategy

4.5.1 Conceptually, the broad goal and overall strategy of the Country Programme as developed were very sound. The goal of the Country Programme identified the goals of child rights: survival, development, participation and protection, as the aspirations to which the Programme was to contribute. The Country Programme developers recognised that contribution to these aspirations required the performance of correlative duties at the various levels of society. If child well-being or "children's full potentials" were to be realised, the Country Programme had to contribute towards the facilitation of "the capacity of various duty bearers to respect, promote, protect and fulfil children's rights."²⁴ Thus the recognition of the importance of duties was not too general, but according to the types of obligations correlative to human rights.

The Country Programme's Strategy:

Support the realisation of children's full potentials by facilitating various duty bearers to promote, fulfil, protect, and respect children's rights with particular emphasis on community capacity development.

4.5.2 The developers of the Country Programme appeared determined to regard the child as a rights holder and not as an object of charity, as is evidenced by the following statement.

The fundamental reason of the many shortcomings in the past and current pursuit for social progress is that we seldom look upon younger human beings as having the same rights that we adults have. When we look at them as human beings with human rights, we do not look at capability

²² . Description of the preparation process in UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004' (Harare; UNICEF, 1999), at 8-11

²³ . UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004' (Harare; UNICEF, 1999), 21-22

²⁴ . UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004' (Harare; UNICEF, 1999), at 22

constraints that they have in pursuing their rights. When we recognise the constraints, we leave to someone else, to do something about the situation of these children".²⁵

4.5.3 At the level of the overall objective, the Country Programme was more specific to Zimbabwe. In addition, special focus was to be on the reduction of the incidents and impacts of HIV and AIDS. The thematic areas corresponded with the recommendations of the United Nations Committee on the Rights of the Child,²⁶ in its response to Zimbabwe's initial report on the Convention. The objective was in further tandem to the country's development ethos. At the time, Zimbabwe's areas of focus in development were in poverty alleviation, HIV and AIDS, health, education, rural water and sanitation, orphan care and protection, land reform, constitutional review, youth, and gender.²⁷

The Overall Objective of the Country Programme:

To contribute to child survival, development, protection and participation in Zimbabwe, with special focus on reducing the incidence and impact of HIV and AIDS.

4.6 The Initial Structure of the Programme

4.6.1 As designed, the Country Programme had four major components or sections, each known as a "Programme". Three of these focussed on broad thematic programmatic areas. Each of the three had programme objectives and a set of sub-projects, which were more specific in focus. The fourth was cross-sectoral and was to support the delivery of the other three programmes.

4.6.2 The objectives of the Country Programme were meant to address the enjoyment of human rights for the child recognising the life cycle. The three programmes or sections were as follows:

- a) Rights Planning and Advocacy
- b) Child Learning and Life Skills
- c) Health, Nutrition, and Environment

4.6.3 At the programme level, the objectives were relevant to the results and many of the recommendations of the situation analysis, which preceded the design of the programme. The Programme did not develop objectives for each key cause for certain rights least enjoyed. The objectives addressed those only with regard to early childhood development, education, life skills, and environmental health. However, the Rights Planning and Advocacy Programme contained objectives that rested on human rights principles of participation and the human rights-based approach tenet that duties must be performed for rights to be enjoyed. Through advocacy and participatory processes, the Programme designers assumed that duty bearers and rights holders would identify duties to address causes of poor enjoyment of child rights and plan to address them.²⁸

4.6.4 The Country Programme, as designed, was not responsive to humanitarian situations, despite that the manifestations of the current humanitarian situation were identified during the situation analysis. Although the strategy was to encourage the participation of communities in the

²⁵ . UNICEF Programme Coordinator's Speech to the First UNICEF/Parliament of Zimbabwe First Forum on Children, at 1-2.

²⁶ .

²⁷ . UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004', at (Harare; UNICEF, 1999), at 19-21

²⁸ . UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004'

development of capacities, it was not clear from the onset whether the agendas for Triple A discussions would include humanitarian situation preparedness.

4.6.5 Nevertheless, the Country Programme was commendably amongst the first in the East and Southern African region to follow a human rights-based approach to development programming.²⁹ In its design, it was a sterling example of an attempt strategically to focus on key duty bearers and aim at facilitating the performance of duties correlative to child rights through participation. In this regard, the Master Plan of Operations was correct to claim that the Programme's components would:

Country Programme Objectives By Major Component

Programme	Objective
Rights Planning and Advocacy	Through a combination of monitoring, planning and support to direct action in the case of children at greatest: <ul style="list-style-type: none"> ❖ To ensure an increasingly rights-based, enabling institutional, legal and policy environment for the fulfilment of child rights. ❖ To facilitate the identification of roles and responsibilities of different actors toward children, with emphasis in decentralised levels of government. ❖ To strengthen the capacity of different actors to meet their obligations to children with special emphasis on orphans and other children at risk.
Child Learning and Life Skills	<ul style="list-style-type: none"> ❖ To contribute to the improvement of young child development through better caring capabilities of families, communities and ECD centres. ❖ To contribute towards the achievement of equity in education provision and the improvement of its quality and relevance. ❖ To contribute towards the improvement of the full development of children and young people and the reduction of HIV infection in selected districts.
Health, Nutrition, and Environment	To contribute to: <ul style="list-style-type: none"> ❖ Reducing the spread of HIV and AIDS, and assisting those that already infected and affected by HIV and AIDS. ❖ Arrest rising child mortality by improving IMCI in selected high risk areas. ❖ Preventing child morbidity and mortality by ensuring EPI sustainability. ❖ Prevent "hidden" malnutrition due to micronutrients such as iodine, Vitamin A, and iron deficiency anaemia. In particular, to reduce Vitamin A deficiency anaemia by one third and ensure all salt has the required level of iodine. ❖ Reduction of malnutrition of children 0 to 3 through improved caring practices of care-givers, families and communities with special emphasis to HIV-infected and AIDS affected children and women.

"aim to provide society with a greater chance of making significant strides in the **transition from welfare to well being**, from needs to demand and from charity to rights for children."³⁰

4.6.6 In this regard, the Rights Planning and Advocacy Programme was to be the engine of sustained transformation for child rights. The application and use of the essence of the Rights Planning and Advocacy Programme therefore would largely determine the degree to which the other programmes would remain human rights-based.

4.6.7 In addition to the gist of the Rights Planning and Advocacy Programme being used in the other two programmes, the extent of contribution to child well-being would also depend on the expected results of the Country Programme as a whole and those of each component in

²⁹ . Urban Jonsson, *Human Rights Approach to Development Programming* (Nairobi; UNICEF, 2003)

³⁰ . UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004', at (Harare; UNICEF, 1999), at 25

particular. As designed, with the exception of the reduction of Vitamin A anaemia and the iodisation of salt, the Country Programme was not results-specific.³¹

4.7 The Programme's Initial Components and HIV and AIDS

4.7.1 Although HIV and AIDS were probably the single greatest threat to child well-being and development in Zimbabwe, there was no dedicated Programme component. The Country Programme's components were carefully subdivided into projects to contribute to the intended focus of the programme, HIV and AIDS.

4.7.2 Each programme, nonetheless, was designed to have a project with a direct link with HIV/AIDS prevention, mitigation, and care.³² Four projects in the Rights Planning and Advocacy Programme were to have direct input into addressing the problems associated with HIV and AIDS. These were: Resource Allocation and Reduction of Social Inequality, Community Planning for Action, Community Responses for Children Affected by HIV/AIDS, and Reduction of Child Abuse and Exploitation. In the Child Learning and Life Skills Programme, again, four projects were to have a direct impact on the prevention, mitigation, and care related to HIV and AIDS. Those projects were: Innovative Community ECCD Initiatives, Equality in Access to Education and Girls Education, Strengthening the Support for Children and Adolescents, and Promoting Child and Adolescent Development and Participation. The third Programme component, Health, Nutrition and Environment, had five projects intended to input into the prevention, mitigation and care in HIV and AIDS-related matters.³³ These were: Improved and Integrated Management of Childhood Illnesses, Improved Care Practices for Nutritional Development, Safe Motherhood and Peri-natal Health, and Support for Community Health, Water and Sanitation.

4.7.3 The rest of the projects, by Programme component were as follows:

Programme Component	Projects and Subprojects					
	Project 01	01 Subprojects	Project 02	02 Subprojects	Project 03	03 Subprojects
Rights Planning and Advocacy (YT991)	Rights Promotion and Protection Advocacy Rights	<ul style="list-style-type: none"> ➤ Resources Allocation and reduction of Inequality ➤ Partnerships for Child 	Rights Monitoring and Planning	<ul style="list-style-type: none"> ➤ Decentralised Planning for child Rights ➤ Child Status Monitoring 	Community Action for Children at Risk	<ul style="list-style-type: none"> ➤ Community Response for Children Affected by HIV/AIDS ➤ Reduction of Child Abuse and Exploitation
Child Learning and Lifeskills (TY992)	Early Childhood Care and Development	<ul style="list-style-type: none"> ➤ Innovative Community ECCD Initiatives ➤ Early Childhood Education and Care 	Equity, Quality and Relevance of Education	<ul style="list-style-type: none"> ➤ Education, Quality and Relevance and Life Skills Education ➤ Equity in Access to Education and Girls Education 	Young People Development and AIDS Prevention	<ul style="list-style-type: none"> ➤ Strengthening the support for Children and Adolescents ➤ Promoting Child and Adolescent Development and Participation
Health, Nutrition and Environment (TY993)	Child Health and Nutrition	<ul style="list-style-type: none"> ➤ Improvement of Integrated Management of Childhood Illnesses ➤ Macronutrient Deficiency Control ➤ Improved Practices for Nutritional Development 	Reproductive and Adolescent Health	<ul style="list-style-type: none"> ➤ Safe Motherhood and Peri-natal Health ➤ Adolescent Reproductive Health ➤ Prevention of Mother to Child Transmission of HIV 	Hygiene Education, Water and Sanitation Health,	<ul style="list-style-type: none"> ➤ Water, and Sanitation Policy and Planning ➤ Support for Community Health Water and Sanitation

³¹ . UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004'

³² . UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004', at (Harare; UNICEF, 1999, at 25

³³ . UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004', at

4.8 The Worsening Humanitarian Situation

4.3.1 As the Programme approached its mid terms stage, the humanitarian situation observed at the design stage worsened, largely due to four factors. *Natural disasters* characterised by cyclones and droughts comprised the first set of factors. The 2001 Common Country Assessment³⁴ states that while government has in the past responded well to food shortages using a mix of commercial and donor-assisted food imports and a variety of food aid schemes, its capacity was constrained by extreme foreign currency shortages and reduced donor confidence.

4.3.2 *Macro-economic instability*, noted at the design of the Programme, continued to worsen. Beginning in 1999, Zimbabwe's economy experienced negative growth rates. Inflation has been rising rapidly, eroding savings and the purchasing power of incomes that have largely not kept pace with price increases. By December 2003, the inflation rate was at 620% and the money market was characterised by parallel foreign exchange rates. UNICEF's updated 'Situation Analysis'³⁵ stated that policies such as price controls, foreign exchange rate fixing and the cereal import monopoly of the Grain Marketing Board had severely reduced capacity of the private sector to contribute to the availability of food and other necessities.

4.8.1 *The effects of HIV prevalence and AIDS* have also been worsening. Infection rose from 9% in 1990 to 24.8% in 2002, according to the Ministry of Health official figures. The United Nations gives 33.7% as the 2002 HIV prevalence rate. The majority of reported AIDS cases were among 20-39 year olds, with cases peaking among women of 20-29 years and men of 30-39 years. The causes for these high prevalence rates included women's disproportionate representation among the poor, unequal gender relations, stereotyped images, and the general powerlessness of women. There were also continuing harmful sexual practices such as rape, defilement, and inter-generational sex. Still in existence were dangerous traditional practices such as wife inheritance and compromising relations between brothers and sisters in law, known as *chiramu*. Other causes include stigmatisation, migration, ineffective communication on sexuality and HIV, and inadequate adolescent reproductive health services.³⁶

4.8.2 The effects of the natural disasters, HIV and AIDS and macro-economic instability were by 2003 exacerbated by the problems associated with the *Governments land resettlement programme*. Unsupported by many donors and some among the white settler community, the Government resolved to implement the programme without further delays. The programme involved the movement of people, sometimes to areas where basic social services such as schools were in short supply. As some farmland changed hands, the continuity in food production, in the short term, was disrupted. This exacerbated the effects of the droughts and the cyclones and the worsening macro-economic instability.

4.8.3 The following table provides a summary of the humanitarian situation in Zimbabwe as assessed in June and July 2002.³⁷

Humanitarian Needs in June/July 2002

Area of need	Spread	4 Worst Affected Geographic Areas (In absolute Numbers)	Key Factor	Population Group in Need	Number Affected	Pop. %
Food	Whole country	Midlands, Mashonaland West, Masvingo, Manicaland	Drought, prices, loss of employment, reduced production,	19% of urban population, 50% of commercial	6.1 million	46%

³⁴ . United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001)

³⁵ . UNICEF-Harare, 'Growing Up in Zimbabwe: Considering the Rights of Zimbabwean Children and their Families: Summary of the 1999 Situation Analysis' (Harare, UNICEF, 1999)

³⁶ . United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001), at 28

³⁷ . UNICEF, 'Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update' (Harare; UNICEF, 2003, at 35.

			displacement,	farm workers, 54% of rural population		
Nutrition for children under 5 years of age	Whole country	Manicaland, Mashonaland West, Masvingo, Midlands			600 000	
Water and Sanitation	Whole Country	Manicaland, Matebeleland North, Matebeleland South, Masvingo	Drought, Cyclone Eline, Displacement	Rural households, Informal settlements	1.7 million	13%
Education	Whole country	Masvingo, Matebeleland North, Midlands, Mashonaland West			58 000	
Health	Whole country	Mashonaland East, Midlands, Matebeleland North, Mashonaland West			1 million	7.5%
HIV/AIDS	Whole country	Midlands, Mashonaland West, Masvingo, Manicaland			2 million	15%
Reproductive Health	Whole country	Mashonaland West, Midlands, Manicaland, Masvingo			1.4million	10.5%
Protection	Whole country	Mashonaland East, Masvingo, Mashonaland West, Manicaland			150 000	

4.9 The Programme as Modified at Mid Term Stage

4.9.1 In 2002, the Country Programme undertook a Mid-Term Review. The purpose was to take stock of the programme's implementation, to review the context, and determine whether any changes would be necessary for greater relevance and effectiveness.³⁸ As with the development of the Country Programme, the Mid Term Review was participatory. Participating was a variety of stakeholders from Government, civil society organisations, donors and UN agencies.³⁹ The Mid Term Review involved a project-by-project review of the country programme and examination of programme audit reports.⁴⁰

Summary of the 1999 Compared With the 2002 Situation Analyses	
<i>Summary of 1999 Situation Analysis Recommendations</i>	<i>Summary of 2002 Situation Analysis Update Recommendations</i>
<ul style="list-style-type: none"> Strengthen Society and Institutions for the realisation of the rights of children Prioritise children at all levels, address challenges of post ratification implementation of CRC, and institutionalise national and local monitoring Halt deterioration of basic health and environmental services <p>Increase investment in basic social services, improve effectiveness and efficiency of public expenditure directed at those at risk and improve information availability and policy development</p> <ul style="list-style-type: none"> Develop Children's emotional and cognitive capabilities <p>Reach disadvantaged children through community, pre-school, formal and non-formal education, and promote involvement of parents in cognitive and emotional development.</p> <ul style="list-style-type: none"> Construct a Child and Youth friendly social environment <p>Foster child-friendly environment through various strategies including social mobilisation and communication strategies.</p>	<ul style="list-style-type: none"> Protection of children from exploitation, abuse and discrimination <p>Strengthening capacities of families and communities to cope, strengthening capacity of children and adolescents to meet their own needs, government's role in protection and provision of basic social services, and an enabling environment for children and families</p> <ul style="list-style-type: none"> Reducing Poverty <p>Stable macro-economic environment, wider environment for participation in policy, socially responsible allocation of resources, breaking the link between HIV/AIDS and poverty, removing inequality and poverty monitoring and evaluation.</p> <ul style="list-style-type: none"> Preventing and mitigating the effects of HIV and AIDS <p>Framework for action including decreasing risk of infection, decreasing vulnerability and decreasing the impact of HIV/AIDS</p>

³⁸ . "Terms of Reference, in UNICEF", Preparatory Documents File for the Mid Term Review

³⁹ . UNICEF, Preparatory Documents File for the Mid Term Review

⁴⁰ . UNICEF, 'Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update' (Harare; UNICEF, 2003)

4.9.2 The Mid Term Review was further enriched by an updated situation analysis of the well-being of children and the context.⁴¹ The major findings and recommendations in the updated Situation Analysis and those in the 1999 Situation Analysis⁴² were strikingly different.⁴³ The emphasis in 2002 was about the protection of child rights enjoyment rather than advancement and promotion of those rights, as was the case in 1999.

4.9.3 It was correct to observe, as the Mid Term Review did, that humanitarian situation preparedness should have been integrated into the programme. However, in addition, the Mid Term Review observation that communities that had been engaged in Triple As coped better and were easier and more efficient to work with during the humanitarian situation entails⁴⁴ two useful lessons for future programmes. The first is that it is useful deliberately to facilitate Triple A processes to promote community organisation, mobilisation, and efficiency. The second lesson is that, if humanitarian situation preparedness is made an agenda of Triple A meetings, communities and others may prevent or be in control of humanitarian situations.

4.9.4 The Mid Term Review made recommendations on how the Country Programme, the Government and development partners could better contribute to the well-being of children. There were three main recommendations, which resulted in structural changes to the Programme. These were:

- ❑ That humanitarian programming should be integrated into the programme.
- ❑ That there should be a dedicated programme on HIV and AIDS.
- ❑ That there should be a dedicated programme on Child Protection.

4.9.5 The following is a summary of the rest of the findings and recommendations of the Mid Term Review:

Summary of MTR Recommendations

Focus Area	Observation	Recommendation
Programme Context	<ul style="list-style-type: none"> • The humanitarian situation had worsened, characterised by food shortage, economic instability, unemployment, parallel exchange rate, and high and rising inflation. • Capacities to perform child rights duties at all levels and to deliver the programme especially among government counterparts was fast diminishing. 	<ul style="list-style-type: none"> ▶ Humanitarian situation programming should be integrated into the country programme.
Programme Strategies	<ul style="list-style-type: none"> • Still relevant but need greater responsiveness to humanitarian crisis 	<ul style="list-style-type: none"> ▶ Directed at GoZ and repeated under 'cross-cutting capacity-related challenges
Budget Performance	<ul style="list-style-type: none"> • Relative success in mobilising resources in a difficult environment. • Financial implementation was relatively good under very challenging circumstances 	<ul style="list-style-type: none"> ▶ The greater focus on HIV and AIDS and child protection could attract more resources from donors.
Programme Components - overall	<ul style="list-style-type: none"> • In view of increasing number of vulnerable children owing to drought and HIV/AIDS more attention needs to be given to HIV/AIDS and child Protection 	<ul style="list-style-type: none"> ▶ Re-establishment of both HIV/AIDS and Child Protection as stand-alone programmes ▶ Through Child Protection Programme broaden focus from child-headed households to include those headed by grandparents, the very poor and the urban vulnerable

⁴¹ . UNICEF, 'Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update' (Harare; UNICEF, 2003)

⁴² . UNICEF-Harare, 'Growing Up in Zimbabwe: Considering the Rights of Zimbabwean Children and their Families: Summary of the 1999 Situation Analysis' (Harare, UNICEF, 1999)

⁴³ . UNICEF, 'Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update' (Harare; UNICEF, 2003)

⁴⁴ . Festo Kavishe, Mid Term Review of the Zimbabwe 2000-2004 UNICEF-GORZ Country Programme, Update Issues Paper (UNICEF-Harare, 2002)

	Issues	
Specific to RPA	<ul style="list-style-type: none"> The Programme was very diffuse. 	<ul style="list-style-type: none"> ▶ Broaden focus from child-headed households to encompass those headed by grandparents and the very poor ▶ Develop both process and impact indicators to measure progress in policy and legal reform for child rights. ▶ The gist of the RPA Programme had to evolve into a unit under the Office of the Representative. ▶ Devise and implement a dedicated component in the Country Programme on Child Protection.
Specific to HNE		<ul style="list-style-type: none"> ▶ Mobilise resources for procurement of vaccines and strengthening EPI cold chain. ▶ Government to promote use of appropriate and affordable technology in safe water provision
Specific to CLL		<ul style="list-style-type: none"> ▶ Support Government to re-strategize life skills education in and out of school ▶ Institute a programme of HIV/AIDS in the work place ▶ Support the development of support circles within communities ▶ GoZ to ensure nation-wide dissemination of the study of the impact of HIV/AIDS on the education sector
HIV/AIDS	The epidemic was growing, although awareness about infection was high.	<ul style="list-style-type: none"> ▶ Devise and implement a dedicated component on HIV and AIDS. ▶ Support activities aimed at reducing and/or eliminating school drop-out attribute to food shortages, HIV/AIDS and severe poverty ▶ Strengthen community mobilisation component of PMTCT plus including provision of paediatric drugs ▶ Provide more support for nation-wide distribution of nutrition guide for PLWAs ▶ Technical support and resource mobilisation to stem HIV/AIDS infection among young people through life skills education ▶ Aggressive resource leveraging for orphan care and support ▶ Facilitate sharing of best practice in targeting to reach the most vulnerable ▶ Pursue targeted advocacy actions that highlight the adverse effects of conditionality-driven ODA and provide advisory support on how best to tap into globally available resource pools for HIV/AIDS-related activities ▶ UNCT to renew efforts to broker dialogue between Zimbabwe and the international community
Humanitarian situation		<ul style="list-style-type: none"> ▶ Humanitarian situation preparedness and response should be integrated in regular development initiatives at all levels.
Cross-cutting Capacity-related Challenges		<ul style="list-style-type: none"> ▶ GoZ and non-state actors to utilise recommendations of 'Brain Drain' study and GoZ to explore feasibility of a regional approach to stem brain drain., GoZ to undertake critical analysis that will flag gaps in core skills within the public sector ▶ The UN to support the strengthening of the implementation and co-ordination capacity of RDCs ▶ The UN to provide technical and financial support to strengthen humanitarian situation planning and preparedness across all sectors ▶ - Sector ministries constrained by severe capacity shortages to explore the feasibility of training para-cadres as a short-term measure and institute requisite quality assurance monitoring mechanisms

4.9.6 Although Child Protection and HIV and AIDS were made dedicated components for focus, the Country Programme arguably had always sufficient potential to programme effectively on these themes. However, programmatic effectiveness, including the ability to raise funds, depended on three important aspects, which the Country Programme did not enjoy in sufficient supply. The first were technical resources to programme on these two themes. The second was clear and specific intended outcomes on these themes, including keeping an optimum balance between competing or synergistic activities. The Country Programme's lack of sufficient specificity in targets and intended results also applied to Child Protection, and HIV and AIDS, when those components became dedicated. The third was a vigorous results-based monitoring process.

4.10 Summary and Conclusions

4.10.1 The Country Programme, developed in 1999, was a bold and nascent initiative that could truly be described as based on human rights. Its objectives, strategies, and focus were consistent with the

human rights-based approach and the outcomes of the situation analysis, which was also human rights-based. The Country Programme, however, appeared weak in having specific benchmarks and indicators and thrusts as far as child well-being was concerned. In this sense, it would be difficult to measure the extent to which the Programme made significant contribution to child well-being, as is expected of human rights-based development programmes.

- 4.10.2 Central to the Country Programme's facilitation of the respect, protection, promotion and provision of the enjoyment of child rights was the overarching strategy, community capacity development. Instrumental to the strategy was the Rights Promotion and Advocacy Programme, which was to catalyse the implementation of the overarching strategy. The Programme's designers assumed that the promotion of child rights, within community capacity development, would result in the identification of duties and duty bearers and their capacities. Such assessments and analyses, would, in turn, result in sustained well-being for the child. However, the need to address capacity gaps appeared sidelined in the design of the Country Programme.
- 4.10.3 The Country Programme did not initially have dedicated Programme components on HIV and AIDS and child protection. By the Mid Term Review, the spread of HIV and AIDS and the humanitarian situation were resulting in declining well-being. As vulnerability increased, incidents of exploitation and abuse also increased. The Country Programme, at the Mid Term stage, was hence changed to make it more responsive to the humanitarian situation. Further, two dedicated programmes on HIV and AIDS and child protection were to be implemented for the remainder of the Country Programme. Unfortunately, these areas, all of them tending to focus on the duty to protect human rights, were assumed to be necessarily capable of catalysing the promotion of rights, which was the initial primary concern of the modified Rights Promotion and Advocacy programme, considered to be too diffuse by the Mid Term Review.

5. The Country Programme as Implemented

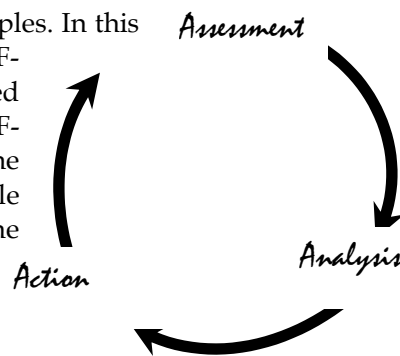
5.1 Introduction

5.1.1 The human rights-based approach to development programming requires that implementation complies with human rights principles. In a human rights-based approach to development programming, the process is as important as the outcome. As the human rights broad and specific goals guide the programme and project objectives, the process and strategies must comply with human rights principles.

5.1.2 This chapter reviews the processes used to implement the Country Programme. Community Capacity Development was the stated overarching strategy. The strategy was to apply in all the Country Programme's components and activities.

5.2 The Conceptual Tools of a Human Rights-Based Approach to Programming

5.2.1 UNICEF understood that the human rights-based approach to programming did not entail the abandonment of all tools previously not associated with the approach. Good programming becomes imperative in the approach, because programming is a matter of duty.⁴⁵ As a result, proven conceptual and practical programming tools could become useful if they advanced and did not infringe any human rights principles. In this regard, the 2000-2004 Country Programme,⁴⁶ like most UNICEF-supported Programmes in East and Southern Africa, adopted two conceptual tools that had proven to be useful in UNICEF-supported programming. The first was the *Triple A*, the recognition that in every day life and in programming, people undertake Assessments, Analyses and Actions (AAA). The second tool was a *causality conceptual framework*, adapted from programming on nutrition to reflect human rights and the importance of duties.⁴⁷



5.2.2 The Triple A, was incorporated into the conceptual framework to underline the importance of undertaking assessments, analyses, and actions to achieve a goal. Applied to the human rights-based approach to programming, *the Triple A had to be human rights-based*, to make maximum contribution to the enjoyment of human rights.⁴⁸ "To achieve this, *Triple A processes had to be iterative and complete*. Thus, the importance of experiential learning and reflection was crucial to allow improved actions iteratively."⁴⁹

5.2.3 The Triple A tool was shared to communities and partners under the Country Programme. In Zimbabwe, the Triple A became the major tool to catalyse participatory processes in communities.⁵⁰ The *popularisation of the Triple A* in Zimbabwe was immense, as communities

⁴⁵ . UNICEF, 'Programme Cooperation for Children and Women from a Human Rights Perspective' (New York; UNICEF, 1999), Distr.: General, 5 April, 1999, E/ICEF/1999/1,

⁴⁶ . Garton Kamchedzera, 'Human Rights-Based Approach to Programming (HRAP), in East and Southern Africa Region (ESAR): 2000 Development of HRAP HIV/AIDS Project Proposals: Core Facilitators Final Analysis Report' (Nairobi; UNICEF, 2000

⁴⁷ . UNICEF Regional Officer (ESARO), 'Operationalisation for ESAR of UNICEF Global Guidelines for Human Rights Programming (Nairobi; October, 2001), section 9, page 54.

⁴⁸ . UNICEF Regional Officer (ESARO), 'Operationalisation for ESAR of UNICEF Global Guidelines for Human Rights Programming (Nairobi; October, 2001), section 9.6, 55-57.

⁴⁹ . UNICEF Regional Officer (ESARO), 'Operationalisation for ESAR of UNICEF Global Guidelines for Human Rights Programming (Nairobi; October, 2001

⁵⁰ . UNICEF-Zimbabwe, Review of HRAP/CCD File (2000)

focussed on addressing well-being-related problems and worked together to achieve agreed goals. As a process that catalysed collective action and enhanced the ownership of decisions and actions, partners and communities in Zimbabwe agreed that the Country Programme activities promoted were empowering. This illustrates one good development programming principle, articulated by Nyerere:

“It is difficult for local people to respond with enthusiasm to a call for development work which may be for their benefit, but which has been decided upon and planned by an authority hundreds of miles away.”⁵¹

5.2.4 Where properly facilitated and understood, the Triple A processes would often result in *community action plans*.⁵² In Gokwe North, the first set of facilitated Triple As did not produce any community action plans. Facilitators returned to the communities for further Triple A processes. By 2003, the communities were generating very meticulous and well thought-through action plans, using clear tools, capturing causes, duty bearers, resources needed, outcomes, timeframes and indicators.⁵³

Headings of Columns in Gokwe North Community Action Plans

- ❖ Problem
- ❖ Causes
- ❖ Objectives
- ❖ Activities
- ❖ By Whom
- ❖ Resources
- ❖ Outcomes
- ❖ Timeframes

5.2.5 The Country Programme created a general but immense demand for Triple A processes. The initial 9 rural districts to which the processes were taken quickly expanded to 16 by 2003,⁵⁴ with Government desiring to spread the process to all the 57 districts in the country.

5.2.6 The second tool, the conceptual framework, is useful to explain how manifestations of a problem are linked to sets of synergistic immediate, underlying, and basic causes.⁵⁵ The states or degrees of enjoyment of child rights and compliance with human rights principles are manifestations that would be caused by immediate, underlying, and basic causes. The conceptual framework is useful at least in four ways in development programming. First, as an analytical tool, it explains causal links between causes and results. Second, it reveals that there is at least a three-tier hierarchy of causes for a problem. Third, the causality conceptual framework underlines that strategies and activities to solve the problem cannot just address one cause, but require a holistic and usually a multi-sectoral approach. Fourth, the conceptual framework shows that in terms of human rights enjoyment, the manifestations are usually at the household level, the immediate causes at the community level, the underlying causes at wider societal levels before the national level, while the basic causes usually operate as root causes.

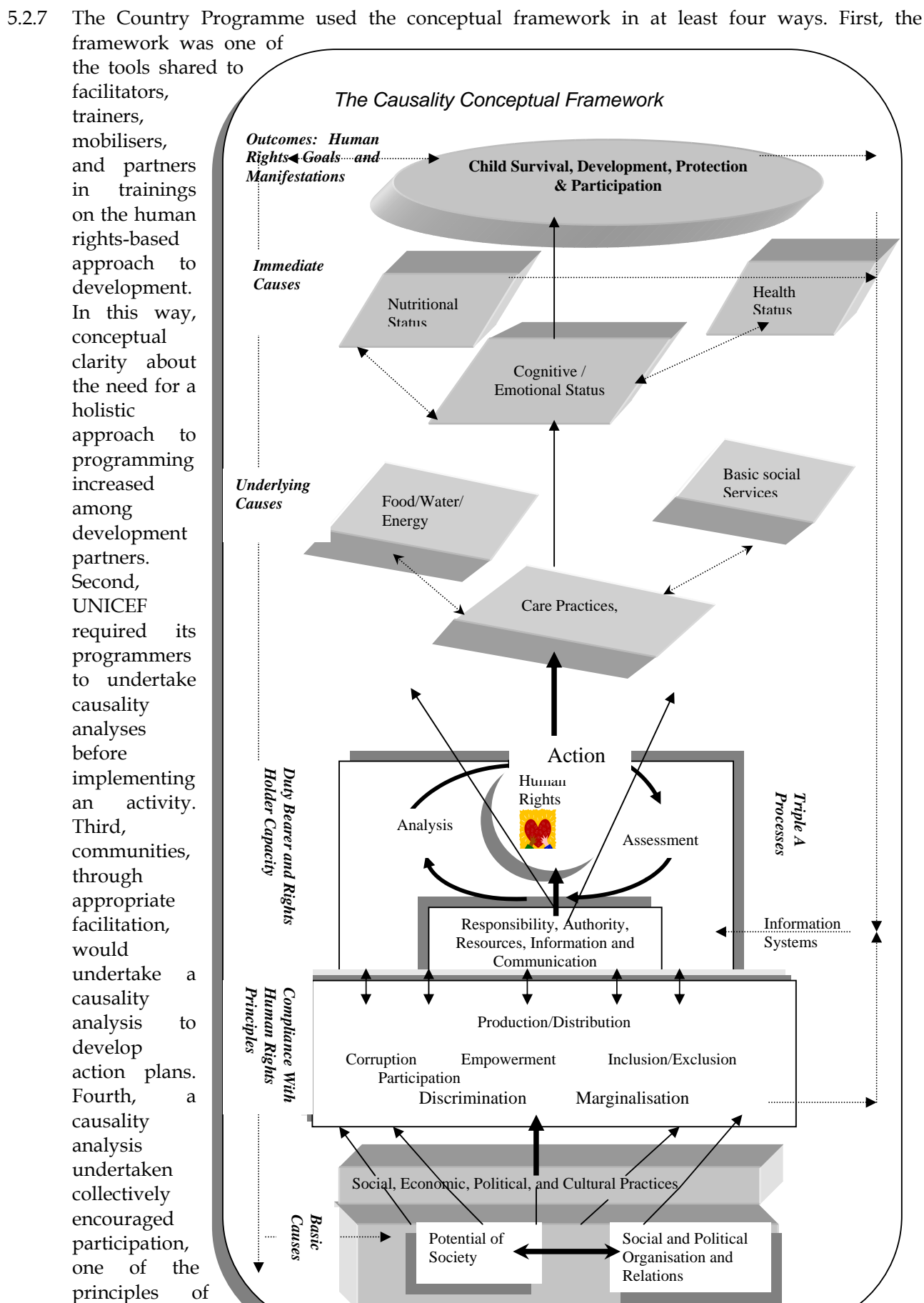
⁵¹ . Julius Nyerere, in a speech on decentralisation quoted by Dan C.O. Kaseje, ‘The Community Dialogue Tools Based on Principles of Partnership: Guidelines for Working with Communities and Households and Partners in the Improvement of Health and Development Status Through Behaviour Change: A Strategy/Tool for Working with Communities, Groups, Households Through Dialogue to Facilitate Behaviour Change in Malawi (February; 2001) at 12.

⁵² . UNICEF-Zimbabwe, Review of HRAP/CCD File (2000)

⁵³ . Gokwe North Rural District Council Development Committee, ‘Community Action Plans for Gokwe North’, (Gokwe North; Ministry of Local Government and Housing, 2003)

⁵⁴ . UNICEF-Harare, ‘Integrated Coordination in the 16 Convergence Districts: Brainstorming Session (Harare; UNICEF-Harare, 2003).

⁵⁵ . Urban Jonsson, *Human Rights Approach to Development Programming* (Nairobi; UNICEF, 2003)



human rights and hence enhanced ownership of decisions and actions.

- 5.2.8 In the early years of the Country Programme, the conceptual framework was sometimes referred to as the “*Mother Framework*.”⁵⁶ This entailed that programmers would need to develop more specific conceptual frameworks for particular thematic areas. Although programmers undertook such specific causality analysis in the course of implementing the programme, there were very few examples of templates that could be shared with partners in the same way as the “*Mother Framework*” was used.

5.3 The Concept of CCD and the Country Programme

- 5.3.1 The concept of community capacity development or CCD was understood ambiguously during implementation. Triple A processes, became so dominant that they were often referred to as “*CCD*.” This unfortunate conflation became widespread and overshadowed the initial definition of the programme’s overarching strategy, *CCD*, as promoted by UNICEF.⁵⁷

- 5.3.2 The conflation about CCD, where it happened, had four adverse programmatic consequences. The first was that the iterative Triple A, essential for capacity development, would not happen. The second was that the participatory Triple A processes would be just community-based, and often not replicated at the upper levels of society. Third, the process, in many areas, became merely a means for the programmer or service provider to know community problems and plans. Fourth amongst people sensitive to the use of the term “*human rights*,” the human rights-based approach to development programming was acceptably equated to *CCD*. Such a conflation in nomenclature often resulted in some of the consequences of the approach being hidden. For example, accountability and the demand to enjoy rights were not strong aspects of the 2000-2004 Country Programme.

Initial Definition of CCD in Zimbabwe (From *An Overview of Community Capacity Development Process, PDMC, Zvishavane, 6 to 9 August, 2000*):

Community capacity development is the strengthening and nurturing of a community's ability to take control of its own destiny and to manage and direct its development process through an interactive process of assessment, analysis and action (Triple A).

- 5.3.3 The nomenclature conflations about the human rights-based approach and *CCD* are not unique to Zimbabwe. UNICEF’s East and Southern African Region tried to change the terminology from *CCD* to *CCCD*, “*Community-Centred Capacity Development*.”⁵⁸ The new terminology however is yet to replace the dominance of the popularised term, *CCD*.

5.4. Implementation Methodologies and the Country Programme

- 5.4.1 In addition to the Triple A, there is value added to have implementation methodologies that are human rights-based. In the initial years of the Country Programme, training workshops on the human rights-based approach to programming sometimes included sharing of experiences on participatory methods.⁵⁹ Subsequent trainings have continued to cover participatory methodologies as part of the training of facilitators and trainers.

⁵⁶ . UNICEF, ‘Community-Centered Capacity Development: A Step-by-Step Guide on Training Facilitators’ (New York; UNICEF, 2003) with a slogan: “development of people by the people is a right”

⁵⁷ . Ibid

⁵⁸ .Ibid

⁵⁹ . E.g., UNICEF-Zimbabwe, *Community Capacity Development: A Handbook for Trainers of Trainers of Community Facilitators and Mobilisers* (UNICEF; 2000), UNICEF-Zimbabwe, *Community Capacity Development, National Training of Trainers Workshop, Karoi Twin Rivers 27th March to 31st March, 2000*, UNICEF-Zimbabwe, ‘Report on Training of Community Mobilisers in Community Capacity Development Conducted on 3/6/2000 to 6/6/2000

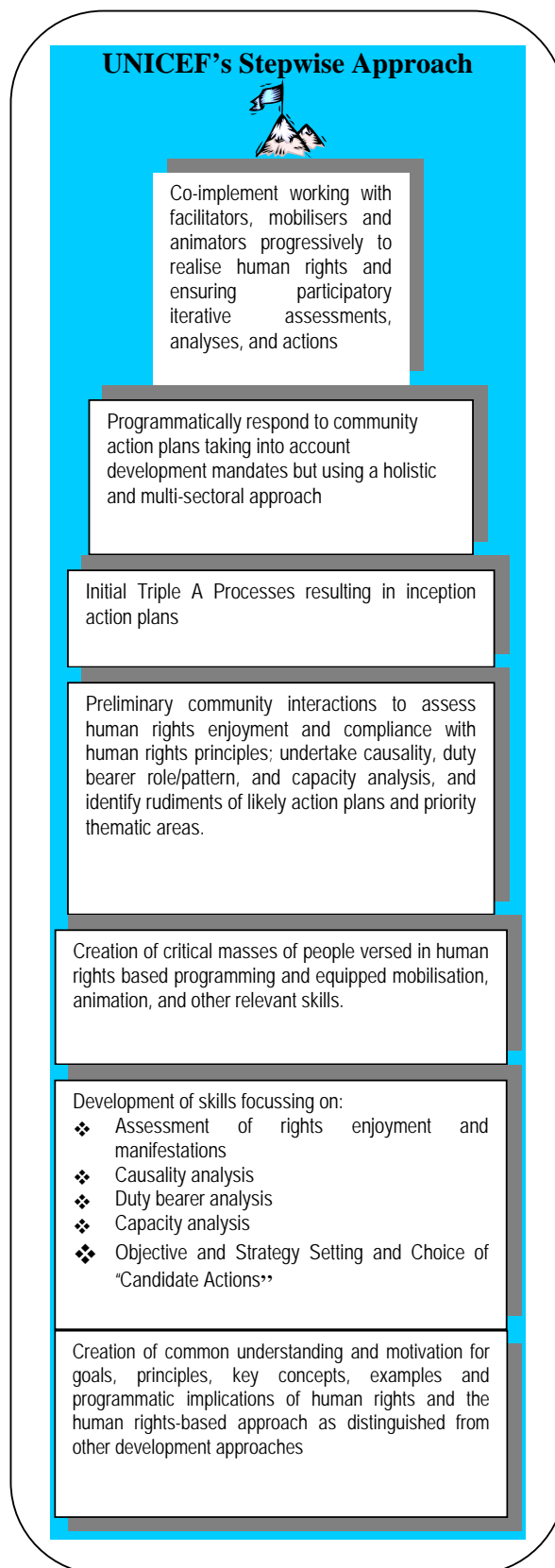
5.4.2 Other than the early attempts to share participatory development methodologies and coverage in subsequent trainings, however, there has been no adoption of human rights-compatible methodologies and pertinently developed skills for implementation. Instead, the Country Programme used the Triple A tool to facilitate community interactions. The Country Programme did not choose methodologies for use in implementation. This may partly explain the variations in the nature and degree of Triple A processes during community interactions.

5.5 The Country Programme and the HRBAP Step-Wise Approach

5.5.1 UNICEF in East and Southern Africa developed a stepwise approach to “operationalise” its guidelines on a human rights-based approach to development programming. The stepwise approach, extrapolated from the nature and logic of human rights discourse, emerged from the work of three groups established by the UNICEF Regional Director to explore ways for more human rights-based effective programming. The three groups were on human rights-based programming, community capacity development, and humanitarian situation programming. The development of the stepwise approach relied heavily on workshops to create a common understanding about the essence and nature of human rights and the human rights-based approach to programming. The workshops, focusing on thematic areas, especially HIV and AIDS also aimed at developing requisite programming skills amongst UNICEF-supported staff and their development partners.

5.5.2 In addition to the community interactions that workshop participants had to undertake, the training sessions were very practical, focussing on how to assess the enjoyment of human rights and societal compliance with human rights principles and how to undertake the approach’s three key analyses: the causality, duty bearer/role pattern, and capacity analyses. Usually, the early training workshops would end with how to identify “candidate actions” and produce a project proposal or other programmatic output that would feed into current programming.

5.5.3 As the rudiments of the stepwise approach were developing, UNICEF-Harare was using the emerging approach in its situation analysis, to prepare and determine the thrust and nature of the 2000-2004 Country Programme. The early experiences of UNICEF-Zimbabwe significantly contributed to the development of the new

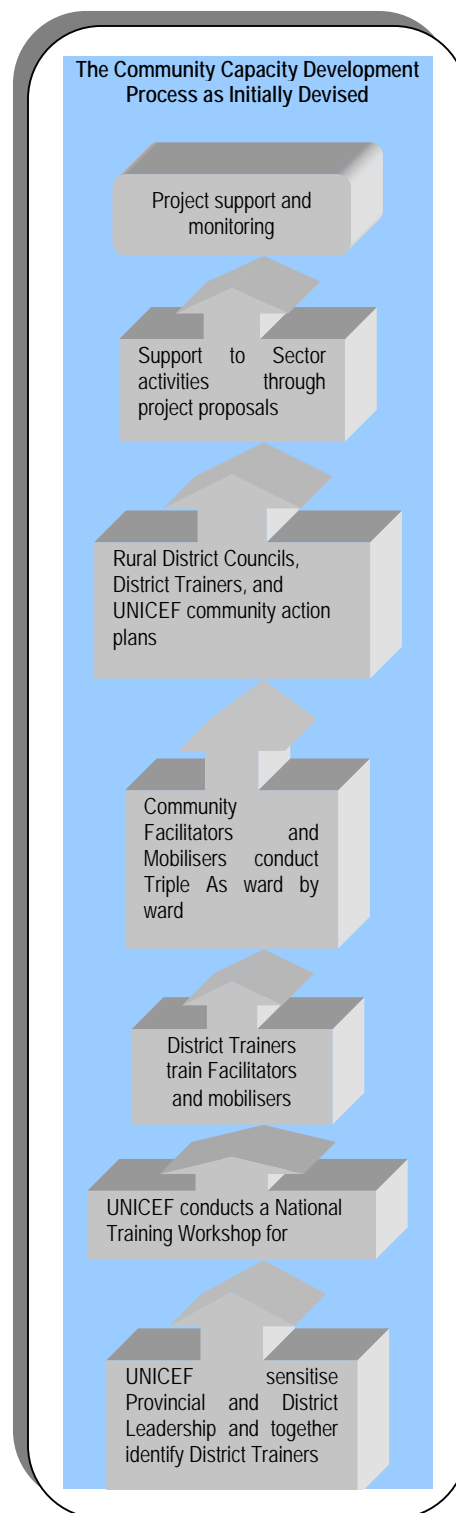


approach. The Programme Coordinator was among the early group of five people drawn from the Region who conceptualised the new approach and agreed to produce a document that would contribute towards programmatic guidance. A group of seven people drawn from the three initial groups that the Regional Director had established discussed and contributed towards the refinement of the document.

5.5.4 Although UNICEF-Harare was not represented on the reconstituted group, the country office's contribution was significant. Other programmers within UNICEF learned from the experiences of Zimbabwe in its conduct of a human rights-based situation analysis. The skills and experiences developed in the country offices were shared through e-mails, facilitation of workshops in Malawi, Zambia, and other meetings. In 2000, as UNICEF in East and Southern Africa was trying to create a pool of regional trainers and facilitators, one of the envisaged facilitators was from UNICEF-Zimbabwe.

5.5.5 The Country Programme was pioneering and mettlesome in adapting the emerging stepwise approach within a local context. The Country Programme first "*externalised*" human rights, before introducing the human rights-based approach to programming. This entailed individual reflection on the meaning of human rights, contemplating on and sharing personal experiences related to human rights violations. Early in the implementation of the Programme, UNICEF asked key partners to identify child needs by age group and match them to child rights. At this time, the emphasis was on the acceptance of the universality of human rights, based on ethical values and their respective cultural, social and political relevance. The "*externalisation*" process underlined common human virtues, social trust, interdependence, solidarity, "shared responsibilities, and obligations, in a pattern set by the community at various levels, from family to the state to the international community."⁶⁰

5.5.6 The implementation of the Country Programme, following the community development process, commenced with the sensitisation of the provincial and district leaderships. The provincial and district leaderships worked with UNICEF to identify district trainers, for a national workshop. The national workshop was the most significant strategy in the creation of the critical mass of trainers, facilitators, and mobilisers, proceeding from level to level. The instrumental outcomes of the process were community action plans, whose implementation was to be supported either by the Country Programme or by other development workers.



⁶⁰ . Fabio Sabatini, Presentation on ' Human Rights Approach, Zimbabwe Experience: 1998-2000' , at 4, initially presented at a Redd Barna Workshop on Child Rights Programming and Children's Participation, Harare, 21.09.200, and in the File for the 2000 HRAP/CCD Review

5.5.7 The Country Programme considered three options, known as the “3 Speeds of CCD” to implement the overarching strategy. These options or speeds were:

- *Speed/Option 1*: CCD as a standalone. The Programme considered this option as ‘the ideal’ but incomplete. It was considered incomplete because the support for the pursuit of entitlements or solidarity would not be assured.
- *Speed/Option 2*: CCD with the option of supporting selected community initiatives. This would result in partnerships to help communities to address priority problems.
- *Speed/Option 3*: CCD as a forerunner for a specific pre-defined and/or pre-designed initiative such as ahead of IMCI, community-based counselling, and other programmatic themes and strategies.

5.5.8 The Country Programme used all the three speeds, with the Rights Promotion and Advocacy Programme was perceived as the programme that housed CCD. Many programme activities would await the assistance of this Programme component. In this sense, Speed/Option 3 tended to dominate the implementation of geographically-specific project activities. Early experiences indicated that implementation would be slow.⁶¹

5.5.9 There were five major dilemmas about the implementation of CCD in view of the three speeds

and options. The first related to the concern that the human rights-based approach to programming and CCD were time-consuming. This perception remained until late in the Programme’s implementation.⁶² Five reasons may explain the apparent slow pace of CCD. The first was that there was some resistance against the new approach not only within UNICEF-Harare, but other UNICEF country offices as well. It was feared that the new approach would divert attention from implementing programmes to learning or experimentation. The second reason

was that within UNICEF, CCD was largely associated with the Rights Promotion and Advocacy Programme. Other programmatic activities, in many cases, had to wait until that Programme component had “facilitated CCD.” Third, there was pressure, often from donors, to show immediate results. Fourth, Zimbabwe was among the first to apply the human rights-based approach to a situation analysis and programme preparation in general. The situation analyses is the stage in the programming cycle that requires much assessment and analysis. Fifth, the introduction of the approach, starting with the creation of a consensus with provincial and district leaders to the creation of a sufficient critical mass of trainers, facilitators and mobilisers was bound to be trying and long.

The 5 Ambiguities of the CCD Process

- Fast programming versus time consuming processes
- How much to cover geographically and how deep to focus on a community
- Whether to use CCD for the Country Programme only or for general development
- Which community action plans to use
- How to support community action plans

The 16 Rural Districts

Binga	Mangwe
Buhera	Mt Darwin
Bulilima	Mudzi
Chegetu	Plumtree
Chipinge	Rushinga
Gokwe North	Tsholotsho
Hurungwe	Zvishavane
Hwange	Zaka

⁶¹ . UNICEF-Harare, Zimbabwe 2000 Annual Report (Harare; UNICEF, 2000)

⁶² UNICEF-Harare, Zimbabwe 2002 Annual Report (Harare; UNICEF, 2002)

- 5.5.10** A second ambiguity about CCD was about the width and depth, how far to spread and how concentrated activities could be before spreading. The Country Programme commenced in 9 districts and spread to 16, within a short time. By 2003, there was a demand that the CCD process should be in all 57 districts. The tendency of the Country Programme was positively to respond to such demands. However, such responses often happened before full coverage in the district where Triple A processes had been introduced. For example, in all the districts Triple A processes had been introduced, not all wards were covered. In addition, it was not all wards that were covered with the Triple A processes received programmatic support to implement their action plans. The work would have been lessened if the Triple A processes in particular communities were always followed by support to implement the plans, so that experiences could be deepened by iterative Triple As. It is usually the iterative Triple As that generate transformation. Social transformation in one community may animate other communities to demand the process and perceived well-being
- 5.5.11** A third ambiguity or dilemma about CCD was whether to use the strategy as a general empowerment process or a strategy to achieve the results envisaged by the Country Programme as designed. There was no doubt that those programme activities that required the participation of community members needed CCD to achieve envisaged programmatic results. Increasingly however, CCD was understood as a process for development programming and, concretely, for community-level planning. Hence, in some districts, the CCD process would be indicated as “completed”, neglecting the essence of the iterative Triple A processes as implementation activities.
- 5.5.12** A fourth ambiguity related to the nature of community action plans. In some instances, the community action plans could be correctly described merely as needs lists, with no special focus on child rights. Such cases were often associated with instances where CCD had become an end in itself. In some cases, it was questionable whether the action plans generated by the process were different from those that would be generated by a conventional PRA-based processes. Such cases were those in which the human rights-based approach was not followed. Instead, there were general Triple As on community problems.
- 5.5.13** A fifth ambiguity about CCD was about what to do with community action plans. Initially, the aim was that the next step after the community action plans would be project support and monitoring. As CCD became a catalyst for community activities and general development, it was clear that the Country Programme would not finance all the action plans. Some of the plans contained activities that would not make maximum contribution to child rights. Others were facilitated just to respond to community or partner demands for the CCD process. By August 2000, therefore, the aim of the CCD stage that was to provide “project support and monitoring” could change to mean “mobilising external resources.”⁶³ The Country Programme however never envisaged this role as difficult in a situation where some donors imposed sanctions against the Government and, in certain instances, the country. Shortage of resources was therefore often reported as a constraint,⁶⁴ until after the Mid Term Review. In those areas where there was a UNICEF-supported project, UNICEF and the RDC started to scrutinise the community action plans before they could be supported. This change could be dangerous against project ownership for community members, if the RDC and UNICEF substantially alter the plans or impliedly send out messages on the requirements for programmatic support.

⁶³ . Fabio Sabatini, Presentation on ‘ Human Rights Approach, Zimbabwe Experience: 1998-2000’, initially presented at a Redd Barna Workshop on Child Rights Programming and Children’s Participation, Harare, 21.09.200, and in the File for the 2000 HRAP/CCD Review

⁶⁴ . UNICEF-Zimbabwe, Annual Report 2000 (Harare; UNICEF, 2000), UNICEF-Zimbabwe, Annual Report 2001 (Harare; UNICEF, 2001), UNICEF-Zimbabwe, Annual Report 2002 (Harare; UNICEF, 2002)

5.5.14 Despite these ambiguities and although the Country Programme could generate community action plans that other PRA methodologies might have generated, the implementation of the Programme had a unique characteristic: *the focus on duties or obligations*. In the words of one of the programmers:

The fundamental reason of the many shortcomings in the past and current pursuit for social progress is that we seldom look upon younger human beings as having the same rights that we adults have. Where we look at them as human beings with human rights, we do not look at the capability and constraints that they have in pursuing their rights. Where we recognise the constraints, we leave it to someone else, to do something about the situation of these children.⁶⁵

5.5.15 By September, 2000, the Country Programme was able to claim a shift from a needs approach to a human rights-based approach. The “single most important concept that allowed the shift from needs to rights”, a presentation stated, was the analysis of the claim-holder duty bearer patterns of relationships at various levels of society.”⁶⁶ Such analysis, “moved the focus from the child alone to the duty bearers, with the child becoming a subject of rights.”⁶⁷

5.6 Mixed Experiences with Compliance with Human Rights

5.6.1 The programmatic experiences on human rights principles were mixed. The facilitation of community Triple As very much encouraged compliance with the principle of participation. The selection of districts for the programme greatly and commendably complied with the principle of universality, as the selection criteria entailed a prioritisation of actions for children who were least enjoying certain rights. However, there was evidence that participation still had to improve in certain geographical and thematic areas. In Gokwe North, for example, where the inhabitants include people of Tonga ethnic origin and those of the Apostolic Faith, members of the RDC team indicated that these two groups did not want to be involved in development programmes and had accordingly been abandoned to themselves by the service providers. Thematically, the participation of children and women was subservient in the Triple A processes.⁶⁸

5.6.2 The principle of independence was well illustrated through the work of rural district councils, RDCs, the PDMC, and UNICEF staff. The compositions of these was cross-sectoral and worked through joint planning and review meetings and other collaborative activities. Current work to have a

The Criteria for the Selection of Focus Districts

- Extent of non-prevalence of basic social services
- Prevalence rates of STDs/STIs
- Child population

Groups of Rural People in Danger of Being Excluded During Programming

- Children
- Young mothers
- Members of the Apostolic Faith
- People of the Tonga Ethnic Origin

⁶⁵ . Fabio Sabatini, Speech to the First UNICEF/Parliament of Zimbabwe First Forum on Children, Nyanga, 1-3 October, 2000, at 2, included in the File for the 2000 HRAP/CCD Review

⁶⁶ . Fabio Sabatini, Presentation on ‘ Human Rights Approach, Zimbabwe Experience: 1998-2000’, initially presented at a Redd Barna Workshop on Child Rights Programming and Children’s Participation, Harare, 21.09.200, and in the File for the 2000 HRAP/CCD Review

⁶⁷ Ibid

⁶⁸ . Fabio Sabatini, ‘Case Study: Zimbabwe’, in Urban Jonsson, *Human Rights Approach to Development Programming* (Nairobi; UNICEF, 2003) 131-154

national body to coordinate the implementation of programmatic activities for child well-being may improve efficacy and results if such structure is replicated at all levels of implementation. This is necessary to respond to the community action plans, which are not based on sectors, but on the people's perceived needs to enjoy human rights. On their part, Rural District Council service providers express great pride about two new ways of working that can be attributed to the Country Programme. The first is programmatic multi-sectoralism, resulting in greater effectiveness. The second is enhanced teamwork at the district level. The multi-sectoralism and the teamwork have been inevitable because the community action plans are about human well-being, a holistic concept.

5.6.3 Failure to apply with the principle of interdependence could compromise contribution to child well-being even when the programme activities are child focussed and in cognisance of correlative duties at the community level. An example of this point is the experience of Community Integrated Management of Childhood Illnesses in Zaka, illustrated in Case Study 1. Integrated Management of Childhood Illnesses (IMCI) is particularly amenable to the human rights-based approach to programming because the care practices at the household and community levels, can easily be translated into duties correlative to the child's right to health. As developed, IMCI recognises that the tertiary and secondary components of health care cannot succeed without compatible actions at the household and community levels. The experiences in Zaka demonstrate that although there is much consensus about the 17 care practices at the community and household levels, the clinic or secondary and tertiary levels of the IMCI need to respond to the community component. The community component, as is evidenced from Case Study 1 is struggling to make effective demands

Case Study 1: The Demand for Synergy for IMCI Components in Zaka

Zaka was one of the first 4 districts (referred to as reference districts) in which IMCI was introduced. Implementation of IMCI activities began in the second half of 2000. UNICEF has provided support to the District community-IMCI facilitation team through the Rural District Council. The team has been able to work intensively in 8 out of the 32 wards in the district.

Implantation has included training two trainers of trainers, a district multi-sector team and 1800 community mobilisers in CCD. 1100 IMCI focal persons have been trained and equipped with various skills, village health workers have been trained and community-based counselling for HIV/AIDS introduced. 400 adults and 300 in-school children have been trained as counsellors. Home-based care kits have been provided and fencing materials for community gardens availed.

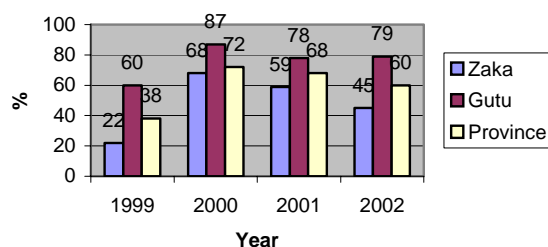
Actors at community, district and provincial levels acknowledge the IMCI intervention in the district as a success. There is much to show for it at community level. The focus has clearly expanded beyond just the childhood illnesses to include care and support for orphans. IMCI has been an entry point for wider community reflection on the situation of children. Despite the community level enthusiasm and belief in the usefulness of IMCI, there are no specific indicators to illustrate the impact of the initiative. There is however data on Measles immunisation coverage, a pertinent issue in IMCI.

The Immunisation coverage data shows that immunisation coverage in Zaka has been on the decline. The decline has been more rapid and deeper than in other districts resulting in the gap between Zaka and the provincial average for Masvingo increasing substantially. The trends in measles immunisation coverage show that Zaka has continuously lagged behind Gutu (the best performing district in the Province) and the provincial average (See chart below).

The gap between Zaka and Gutu and that between Zaka and the provincial average narrowed between 1999 and 2000 before widening again in 2001 and 2002. The trend for measles is repeated for other antigens.

Health personnel in both Zaka and Masvingo attribute the relatively poor performance of Zaka in measles coverage to constraints at health facility level. The constraints largely arise from the non-delivery on the health facilities and personnel skills components. Staff attrition is also blamed for the poor performance. The Country Programme was not responsible for the secondary component of IMCI, there being a WHO-supported programme for that purpose. However, lack of compliance with the principle of interdependence between the implementers of the respective components of IMCI has resulted in little holistic and multi-sectoral approach and low achievements in immunisation.

Immunization Coverage in Zaka Compared



from the other components of IMCI. This is an example of the need to comply with the interdependence and other human rights principles in the delivery of development programmes.

- 5.6.4 The mixed experiences with general human rights principles extended to child rights principles. At least four examples underlined the Country Programme's focus on child participation. First, the documentation of "Children's Voices" to capture the views and aspirations of children resulted in valuable sources of young people's ideas and viewpoints. Second, youth friendly corners promoted the Programme's work on reproductive health rights. Third, peer counselling, as part of a strategy to popularise counselling in the context of HIV and AIDS helped young people to prevent, cope, and mitigate against the effects of HIV and AIDS. Fourth and predominantly, the Country Programme worked with the Junior Parliament and Junior Councils. Case Study 2, however, illustrate the deficiencies of the participation of children as predominantly supported by the Country Programme. Junior Council participation, a predominantly prominent form of officially sanctioned child participation, was initially promoted by the colonial government, continued after independence, and is still predominantly urban. The fora largely involve youths trying to influence public life. The fora, further, tend to be predominantly school-based.

Case Study 2 – Youth Participation through the Junior Council in Buhera

During the knowledge, attitudes, behaviour and practices (KABP) study of 1999, young people in Buhera had identified the need for youth participation in the affairs of the district through a junior council. After four years, in 2003, the RDC approved the idea. Elections of junior councillors have been conducted through clusters of schools. Although the original idea had been for the junior council to include any young person below the age of 24 years, all the councillors elected were in-school children. The district team could not shed light on the role that the junior council would play as they were leaving the young people to do their own planning. The RDC had however procured gowns for the junior mayor and mayoress. The new junior council has held one meeting and is yet to develop its plans.

The Junior Council in Buhera is modelled along the lines of the urban junior councils. The urban junior councils were initiated during the colonial government. They were continued after independence. Buhera is one rural district that attempted to replicate the largely urban phenomenon.

A discussion on the exclusion of out-of-school youth gave some reasons for the limited focus on out-of-school youth. These were that out-of-school youth are difficult to control, difficult to mobilise, may negatively influence the in-school youth and are mobile. Although the junior council is vehicle for participation, there has been no discussion on how the it will participate in the processes and decision-making of the RDC

- 5.6.5 Persistent advocacy on child-friendly budgets is an illustration of the Country Programme's attempt to encourage compliance with the principles of First Call for Children. Two challenge however remained. One was to promote this principle at the community and family levels, where resources are still allocated based on superior status. The second was the need for effective advocacy for the principle during the humanitarian situation.

5.7 Country Programme's Partnerships

- 6.7.1 The 2000-2004 Country Programme, unlike many UNICEF Country Programmes, took advantage of the country's decentralisation efforts to implement the Programme according to its initial duty bearer analysis. A duty bearer analysis, as was the case in Zimbabwe, reveals duty bearers at all societal levels, synergistically linked. Connected to the causality analysis, the duty bearer analysis further underlines that the various levels of causes correspond to certain societal levels and the failure of key duty bearers to perform duties correlative to human or child rights.
- 5.7.2 Community capacity development entailed that focus had to be on the well-being of people, especially children, living in communities. Inevitably, the Country Programme had to identify partners working at the community level. The 2000-2004 Country Programme therefore worked with community-based organisations more than its precursor programme. There were further links with non-governmental organisations working at the community level. The trained

facilitators increasingly worked with village or community leaderships to mobilise people for Triple As.

5.7.3 The trainers and coordinators for community level actions were primarily the Rural District Council, RDC. The Rural District Council largely stimulated community Triple A processes and received the resultant action plans. The Country Programme hence strengthened links between lower level duty bearers and rights holders and the district level governmental duty bearers.

5.7.4 As the community action plans were about well-being, it would be difficult for the RDCs to work exclusively according to sectors. RDCs learnt quickly that matters of well-being, in response to the community action plans had to be multi-sectoral. The RDC, during the period of the Country Programme, increasingly worked as a team within the country's decentralisation programme, to respond to the community action plans. Hence, CCD, over the years of the Country Programme, has created a strengthened duty bearer in the name of the RDC, at the district level.

**A Member of the RDC Team
in Mangwe:**

“We are also proud because we now work as a team and we do no longer plan for communities.”

5.7.5 The Government's provincial system primarily coordinated the work of district councils. In the inception of CCD, UNICEF worked with Provincial Councils to identify district level facilitators and trainers. After the community action plans, the Provincial Council's role was to work with district councils to consolidate district level plans and send them to Central Government. In this way, the RDC, as district level duty bearers had an opportunity to demand their rights from the Provincial Council. However, the Provincial Council's role was largely bureaucratic and contributed little to the capacity of the RDCs. The reason was that their function within CCD was merely to receive, consolidate, and send the district plans to central government.

5.7.6 The Country Programme had partnerships at the national level. There are at least three explanations for such partnerships. The first is that the duty bearer analysis carried out before the design of the programme confirmed the prevalence and need for duties at the national level for sustained child well-being. The second explanation is that the development of community capacities cannot be at the community levels alone, but at the national and other levels. This is because duties correlative to child rights are synergistically prevalent at all levels of society. The third explanation is that the Country Programme was signed at the Central Government level, signifying the leadership of Central Government in implementation. The Country Programme National level partnerships with the Government were largely in policy, legislation, and in those areas that were implemented nationally. Examples of initiatives implemented with national level partners include EPI activities and child rights advocacy, and an advocacy-dependent initiative against child abuse and exploitation, Zero Tolerance on Child Abuse.

5.7.7 Government partners were generally well satisfied with the Country Programme. However, the relationship between UNICEF and the Ministry of Health, due to differences in management styles, could have been improved. That, however, was offset by the RDCs strong appreciation of their working relationships with UNICEF.

5.7.8 Although the relationship between UNICEF and its Government partners were satisfactory, the decentralisation process is still evolving in the country. The Country Programme made strides in providing technical support on the decentralisation process, thereby fashioning an indispensable foundation for sustained community capacity development work. Such work is critical for the delivery of governmental services and general performances of duties by the Government, the principal duty bearer for child rights.

5.7.9 Even if the decentralisation process in Zimbabwe was complete, Government, like Governments elsewhere, cannot deliver on every aspect necessary for people's well-being. The gaps that Governments cannot address or which they overlook are often tackled by non-governmental and community-based organisations. The Country Programme, inevitably because of its focus on community capacity development, forged partnerships for

Case Study 3: Government's Perceptions of the Country Programme

For its programmes with government, Unicef's port of call is the Ministry of Finance and Economic Development) before it implements any project in any Ministry. The role of the Ministry of Finance is to mobilise, coordinate and harmonise resources for all development assistance for the government of Zimbabwe. The Ministry also initiates and organises aid missions and it also gives guidance on priority areas for the government. In its cooperation with any organisation, the Ministry does not determine the collaborating partners for any organisation, as the mandates of the organisations differ. Its role is to ensure that partnerships are within the framework of Government priorities.

In the implementation of the Country Programme, UNICEF worked with a number of Government Ministries and departments. These included the following:

- Water and sanitation through MLGNH
- Decentralised Policy Framework -MLGNH
- Child protection and child rights -:MJLPA
- Review of the Legal system to incorporate tenets of CRC and CEDAW -:MJLPA
- IMCI, EPI, Therapeutic Feeding, HBC, PMTCT, CBC, Vitamin A Supplementation, Child Supplementary Feeding Programmes -MHCW
- Day of the African Child, Child Parliament -:MYDGEC
- HIV/AIDS Education -:MOESC
- Girl Child Education, ECEC, OVC, -:MOESC
- Life Skills and HIV/AIDS Education -:MHTE
- Social Statistics, Development Information -:CSO

Government partners acknowledge that the Country Programme raised awareness of child rights and sensitised communities on the rights of children. The programmes have also provided a channel through which some departments can link up with organisations dealing with similar issues.

The partners indicate that CCCD has enabled communities to identify their own problems and come up with solutions to improve their situations. They also stated that CCCD had influenced a change in the thinking of some Ministries (e.g. MLGNH). There was general agreement that there was now more emphasis in capacitating districts and communities as they are the beneficiaries in all the efforts. Government Ministries and departments highlight the need for UNICEF to focus on the following issues in its next programme:

- Partnership with Government ministries and NGOs should continue to provide the -necessary technical capacity for the implementation of the CP
- Continuous capacity building of RDC staff is needed in light of the high attrition among experienced personnel
- There should be close cooperation and coordination between UN agencies to avoid duplication of programmes and thus ensure better value and greater impact of the programmes
- Hold extensive consultations with local leaders and RDCs as it is more effective and sustainable to work with existing structures and boost capacity from within than to set up parallel structures
- Continue to support CCCD to empower communities
- Follow up implementation strategies at the community level to see if they are effective
- Desist from giving out free handouts to able-bodied people but create projects where people learn to help themselves
- Recognise that the child is raised by the family and a wider system and hence open up the scope of work and focus on other stakeholders that impact on the well being of children
- Recruit qualified, widely experienced Zimbabweans who are well acquainted with the circumstances, cultures and focus of the IMCI programme in the country
- More collaboration with the Inter Ministerial Committee on Human Rights should be enhanced
- There must be timely release of reports on surveys so that the results can be implemented within the shortest possible time for them to be effective
- Include children of all age groups to promote child participation
- Put greater emphasis on ECEC to increase access to schooling

child rights, for effective work at the community and district levels. UNICEF-Zimbabwe noted that such partnerships increased under the current programme. In particular, leading organisations joined the implementation of the Country Programme and brought proven expertise in critical areas for a human rights-based approach to programming using CCD.

5.7.10 Four critical attributes, which some of the NGO partners contributed to the Country Programme deserve emphasis. The first is strength in community-based delivery of basic services such as water and sanitation, exemplified by Mvulamnzi Trust.⁶⁹ The second is practical ability to be guided by human rights concepts and principles in the design and implementation of people-centred projects, as illustrated by SAHRIT's track record. The third is the niche to transfer participatory methods and skills, as exemplified by the Water and Sanitation Development Institute. The Country Programme, in 2003, negotiated a contract with this institute to play a greater role in implementing CCD. The fourth was proven track records of development solidarity, exemplified by World Vision.

5.7.11 Non-Governmental organisation indicated that they found the implementation of the Country Programme satisfactory, as Case Study 4 illustrates. The technical and financial support received from or facilitated under the Country Programme was well-appreciated

among non-governmental organisations. Such organisations regarded UNICEF as child rights-focussed and characterised by respect for its partners. In the humanitarian situation, most NGOs

Case Study 4: The Appreciation of the Country Programme by NGO Partners

NGO partners indicate that their collaboration with UNICEF has been valuable. They consider UNICEF to be apolitical in the context of the complex humanitarian situation. The partners acknowledge that HRBAP/CCCD has broadened their scope of operation and conceptualisation and focus on children's issues. They notice that CCCD has helped communities to be more open to discuss child abuse and focus on real needs of vulnerable groups. The partners further appreciate increased project ownership, owing to the Country Programme's participatory style. The financial assistance from UNICEF has helped some partners to develop manuals on human rights and gender mainstreaming. NGOs state that the creation of Child Protection Committees provides opportunities for reporting cases of abuse.

NGO partners are in agreement that the Country Programme's niche was unrivalled in HRBAP, CCD, community empowerment through information, child participation, capacity development for partners, and the promotion of economic and social rights for women and children.

Examples of support well-appreciated included financial, technical, and logistical support. Notable support included training workshops, transport, advocacy through special events such as the Day of the African Child, and the construction of latrines and drilling of boreholes. The NGO partners agree that future Country Programmes should maintain the following partnerships and processes:

- MOESC targeting school children on child rights and abuse awareness
- Child Parliament to raise awareness on child rights and abuse
- Poverty Reduction Forum
- Echo support for child headed families
- Local Authorities
- MHCW
- Mvuramanzi Trust regarding work in Water and Sanitation
- Save the Children (UK)

NGO partners however indicate that the Country Programme could have enhanced its effectiveness if it worked more with NGOs, as they are less bureaucratic and more in touch with communities than central government. In this connection, NGO partners appreciate the Country Programme's strategic partnering with RDCs. Some NGO partners further indicate that the media could be more engaged in child rights advocacy. Others added that communities must be challenged to pool their resources for the advancement of child well-being rather than just depend on inputs from development and Government programmers. The following are additional indicated areas for further improvement:

- Extend funding to cover longer periods
- Lengthened partnerships with implementers
- Sharpening local authorities' focus on children's issues since they do not take them as a priority
- Revival of the National Child Welfare Council through the Department of Social Welfare
- Coordination of child focused organisations
- Initiating project and get partner to implement then let partner continue on their own but with financial backing from UNICEF
- Capacity development for partners in HRBAP and CCCD
- Speeding up disbursement of funds for UNICEF projects from MFED
- Work closely with partners at grassroots level to promote UNICEF agenda and effective implementation of the programmes
- Partner capacity analysis and compliance with human rights before agreeing on a partnership
- Training beneficiaries communities more than the RDCs staff
- Development of child friendly materials on HIV and AIDS
- Access to AIDS treatment for rural women
- Skills development for young people through financial support
- Taking into account out of school youths
- Harmonisation of children's rights and traditions
- Strengthening skills training e.g. for crafts, production of pumps for sustainability of communities should be strengthened
- Need more capacity building of RDCs for M and E of projects
- Relating children's rights to the home, family and community levels

⁶⁹ UNICEF-Zimbabwe, 'An Integrated Report on the Implementation Progress of UNICEF Supported Projects in Zimbabwe: Programme Audit Exercise 2003 (Harare, UNICEF, 2003)

stated that UNICEF was apolitical, an attribute that enabled them to work in communities where it would have been politically sensitive to implement projects without association with UNICEF.

5.7.12 In addition to working with NGOs, the Country Programme played a key role in practical UN joint programming. Three UN agencies, UNFPA, UNICEF and UNAIDS collaborated on a joint project in Buhera. The exercise, according to community members and Government service providers, suffered from poor coordination and lack of concrete support to the implementation of community action plans. Although rich in potential and provision of information, the Government District Team and community members felt that the joint programme underachieved in Buhera, as Case Study 5 shows.

5.7.13 Like the Government and the NGO partners, the UN agencies regarded UNICEF's implementation of the Programme as apolitical, considering the partly politicised humanitarian situation prevailing in the Country. Similar to the NGO partners, the UN agencies regarded UNICEF as a child-focussed development agency, effectively leading in child rights work within UNDAF. Of particular significance among UN agencies, was UNICEF's intellectual and practical leadership in developing the capacity of other UN staff to design and implement programmes using the human rights-based approach. A workshop that UNICEF facilitated on the approach was cited as having clarified the importance of the approach for sustainable development. That workshop and similar initiatives

Case Study 5: UN Collaboration in Need of Greater Coordination in Buhera

UN activities in Buhera have mostly been done through funding provided by the UN/Turner Foundation. A variety of interventions have been made including peer education, youth friendly corners, community-based counselling, provision of sporting equipment to keep young people occupied, a training session on how to start a business and funding for some income generating projects.

UNFPA was identified as having worked with Msasa Project on women's economic empowerment projects on a pilot basis in Wards 8 and 14. The projects included milling, garment making, poultry, mushroom production, butcheries, soap making, and candle making, among others. The contribution of UNICEF was identified as promoting CCD, supporting home-based care, community-based counselling and 2 consolidated gardens. UNAIDS was identified as being responsible for channelling funds to the community and supporting the training of HIV/AIDS-related programme structures.

Among the promising interventions that had not been adequately followed up was the training how to be involved in the Government's Start Your Own Business (SYB) initiative for which a single training session was offered.

Overall, the intervention was viewed as fraught with problems of with regard to coordination and non-delivery on promises. Some funds promised in 2002 were not yet disbursed by February 2004. Many of the income generating projects were said to be collapsing due to the rising costs of inputs and the inadequacy of the initial support provided. People stated that future interventions of a similar nature should involve joint planning at the district level as well as joint monitoring and review. Despite all the challenges at community level, there was a consensus that the various initiatives had shown the community possibilities in life and the people had gained knowledge.

Observations on the Case Study

- a) UN collaboration in Buhera absorbed part of the burden of responding to community needs that are not specific to children away from UNICEF.
- b) While the collaboration made a significant difference, future interventions could benefit from better coordination and joint planning and monitoring between the agencies and the district partners.
- c) The economic decline in the country continued to undermine interventions that aimed at economic empowerment.
- d) The focus of interventions for young people may need to be revisited as it appears to have been premised on the assumption that HIV/AIDS prevention could be achieved through occupying young people in sport. While sport could be used to bring young people together, such gathering fell short of the needs and aspirations of young people. Additional interventions cognisant of the increasing age-related responsibilities for young people, to contribute to family welfare as well as pursue their own aspirations into an adult life would have been valued.
- e) The collaboration as described by the District Team and communities fell short of the potential represented by the UN Country Team in Zimbabwe.

created demand for the approach and CCD. Partners agreed that the approach and CCD were necessary to facilitate the implementation of other development programmes.

5.7.14 Although there was strong satisfaction among the UN partners, UNICEF's Zimbabwe-based donors stressed significant areas for improvement. Chief of such concerns was for UNICEF to demonstrate that the human rights-based approach is not just about process but also impact on well-being. Connected to this recommendation, the donors indicated that UNICEF should demonstrate practical results in leading a growing number of agencies and organisations that are embracing a human rights-based approach. To achieve these two goals, the donors

Case Study 6: The Donors' Demand for Demonstrable Impact on Well-being

The Zimbabwe-based donors appreciated the work done under the Country Programme but demanded proof of impact on well-being. Well-appreciated were UNICEF's long experience in Zimbabwe, intellectual capacity, and versatility to work in both humanitarian situation and normal times. The donors indicated that they collaborated with the Country Programme on life skills education, the construction of schools, HIV and AIDS, EPI, PPTCT, Vitamin A supplementation, nutrition, girls education and OVC programming.

Donors agreed that the Country Programme added value to their work for three reasons. First, the Programme supplied valuable information on the situation of children. Second, the Programme had a broad base of partners, to undertake development programming. Third, the Country Programme was a conduit for donors through which development assistance could be channelled to communities, even in view of disagreements with Government. The donors further observed that the Programme was quite holistic in approach and deliberately situated itself in poor districts.

Whilst the donors appreciated the role and potential of the Country Programme, their reservations and suggestions were discordant. Some wondered whether the Country Programme should not just have concentrated on managing projects rather than trying to implement project activities. Some wanted UNICEF to cover all districts. At the same time, there were others who wanted a UNICEF-supported programme to remain focussed on its core business, child rights – probably a suggestion that the Country Programme had broadened its scope towards the excessive. There were also many sentiments from the donors that UNICEF needed to develop programming skills such as proposal writing, report compilation, monitoring and evaluation, advocacy, and being assertive against the Government on alleged human rights violations.

The most consistently expressed concern from the donors was the need for the Country Programme demonstrate that the human rights-based approach to development programming can demonstrably result in improved well-being. The donors noted that the human rights-based approach to development programming was fast gaining approbation from other international and national development workers. Within that context, the donors expected a UNICEF-led Programme to demonstrate the verifiable contribution of the approach to improved well-being. The expectation was on UNICEF because the donors perceived the agency as having taken an early lead in advocating and attempting to work with the approach.

stressed the need for strong and abundant skills in UNICEF to write proposals, stimulate participatory development processes, and show the ability for timely accountability. Case Study 6 captures the donors' sentiments regarding the implementation of the Country Programme.

5.7.15 Although many donors had imposed sanctions on the country largely due to its land resettlement programme and electoral processes, they respected UNICEF point of principle to work and address the needs of children in a humanitarian situation irrespective of prevailing political experiences. Few, as was the case with some NGOs, expected UNICEF to champion human rights against alleged incompatible Governmental organisations.

5.8 Perceived Bottlenecks

5.8.2 Operationally, Government and NGO partners wished for greater sustainability and regularity without restrictive bureaucracy with regard to the support from the Country Programme. Three areas require emphasis, in this regard. The first, partly connected to the release of funds from donors, was that financial support from the Programme tended to accrue to implementation partners towards the end of the year, as accounts were approaching closure within UNICEF.

5.8.3 The second source of perceived bottlenecks related to the process required to liquidate funds disbursed by the Country Programme. RDC members complained that both UNICEF and the Ministry of Finance required RDC to submit receipts verifying use of the money when many

RDCs lacked photocopying facilities. It transpired that the photocopying costs were not built into proposals and budgets and the RDCs had to use funds from other sources to account to UNICEF and the Ministry of Finance. To some extent, the Programme's insistence on verification of each and every receipt by UNICEF was regarded as a demonstration that UNICEF was yet to repose trust in its partners and their accountability systems that they used. The results were that some partners were subjected to multiple accounting systems whilst UNICEF itself would be, necessarily, daunted with enormous paper work.

5.9 The Development of Requisite Skills

- 5.9.1 As the human rights-based approach to programming was new in Zimbabwe, it was necessary to ensure that programmers within and outside UNICEF had the requisite skills. Such skills had to be those compatible with the methodologies chosen and, above all, within the human rights-based approach to development. Traditional office-based programming would not necessarily work. Instead, it was vital to facilitate Triple As at all levels of society among rights holders and duty bearers. Advocacy, adult education delivery, child participation, training, planning, facilitation, listening, and conflict resolution skills became crucial, focussing on having animators at the community or household levels, and using human rights-based communication strategies.
- 5.9.2 The Country Programme vision to create pools of critical masses of trainers, facilitators, and mobilisers was later to be followed by other UNICEF-supported programmes in the East and Southern Africa Region. The main difference was that the programmes that adopted this vision late benefited from developed training tools, which included facilitation skills.⁷⁰
- 5.9.3 The Country Programme created pools of trainers, facilitators, mobilisers and animators, as an essential task of the CCD process, starting with the creation of consensus at the Provincial and District levels, UNICEF trained District Trainers. The trainers, in turn, trained District facilitators, who would then train community facilitators and mobilisers. It was the task of community facilitators and mobilisers to facilitate community Triple As, ward by ward.⁷¹ The Triple As resulted into action plans, which UNICEF and others could support. In addition to the training of trainers, facilitators, and mobilisers, the country programme also trained people in programmatic areas such as IMCI, juvenile justice, and activism against child abuse. Such trainings were means to transfer skills to partners and other key implementers or contributors to the goals of the programme.
- 5.9.4 However, there were three areas that could have been improved in the next Country Programme. The first is that no assessment of available skills was undertaken to determine the extent and level of the training. Second, although almost all the trainings were evaluated by those trained, the trainees were not assessed after the training. Third, there was no follow up to determine the extent to which the acquired skills were being used. Fourth, the Country Programme did not maintain and or update a database on transferred skills.
- 5.9.5 Nevertheless, the Country Programme's intensity on training and capacity development for implementers remained significant. The UNICEF Office involved some of its personnel in training on the human rights-based approach to programming. Learning through reflection, debate, and exchange of information was encouraged though resisted by some. Useful e-mail exchanges and trip reports discussed the implementation of the new approach.⁷² Amongst partners, training was a major component of community capacity development. The training did not just pertain to the implementation of community capacity development, but also the creation

⁷⁰ . UNICEF-ESARO, UNICEF-ESARO, 'Manual: Human Rights Approach to Programming' (Nairobi; UNICEF; 2003)

⁷¹ . UNICEF-Zimbabwe, 'Community Centred Capacity Development': A Step by Step Guide on Training Facilitators' (Harare; UNICEF, 2003)

⁷² . UNICEF-Zimbabwe, Compiled Materials for the HRAP/CCD Review (Harare; UNICEF; 2000)

of complementary capacity at the national level. Hence the personnel from the Central Statistical Office were trained in the management of data.⁷³ Some judges were sponsored to attend short trainings and courses abroad.⁷⁴

- 5.9.6 Regrettably, with time, the capacity in the Office and created among partners waned. Some key staff left UNICEF or were transferred. Amongst the partners, many were transferred to other districts. Others died, significantly due to AIDS. The overall result was reduced capacity to implement the Programme both on part of UNICEF and the key partner, Government.

5.10. The Nature and Synergy of Programme Activities

- 5.10.1 The uneven spread of the programme's activities that transcended Triple A processes resulted in poor visibility of UNICEF and the Programme at the community level. It was difficult for community members to link programmatic activities with the Country Programme. It was easier to attribute them to the work of the Rural District Council or a non-governmental organisation. In certain areas such as Madabe in Plumtree however, UNICEF's collaborative activities with non-governmental organisations were identifiable even at the household level. This however was with regard to the provision of basic services and construction of toilets and protected wells for those households that were living with orphaned children. In some of such cases, UNICEF and Mvulamnzi Trust took it upon themselves to provide such services.

- 5.10.2 The programme activities, as manifested in community action plans, attempted to specify roles or duties, but there were few activities for rights holders to demand or claim their rights. In this sense, the Country Programme enhanced a general sense of responsibility, but did not advance accountability except through the use of the community action plan as a demand tool to upper level duty bearers. In many cases, increased sense of responsibility and accountability were low because activities to promote greater knowledge and understanding on child rights did not address key duty bearers. Case Study 7 on the promotion of child rights in Buhera illustrates the point. The experience on child rights in Buhera does not only underline the importance to work with parents in child rights advocacy, but also the fact that exposure to knowledge on child rights does not necessarily result in the performance of correlative duties. It is crucial to ensure that child rights advocacy is capable of making people link the rights with correlative duties. Case Study 7, further, underlines the point that knowledge and training may

Case Study 7: Child Rights Advocacy in Need of Focus on Correlative Duties: The Case of Buhera

Buhera is one of the districts that have a relatively long engagement with the 2000-2004 Country Programme. Among its prized experiences are the travels of its Chief Executive Officer to share experiences on CCD in Zambia, its hosting of a meeting of Provincial Governors to reflect on CCD and HIV/AIDS and the greater focus on children that now exists in the district.

Many of the staff that have been in the district at the beginning of the CCD process have moved on. Very few of the original team remain. The district team stated that the only time when engaged in discussions on child rights being at the time of the fieldwork of the Knowledge, Attitudes, Behaviours and Practices (KABP) study in 1999. Some recall having participated in workshops that linked rights and responsibilities. They note that what made the workshops useful was the use of pictures. However, despite this exposure, the dominant view was that in CCD there was no focus on child rights after the KABP.

The discussion revealed some of the discomforts that members have with Child Rights. There were concerns that Child Rights is a foreign concept that interferes with the up-bringing of children. A need to help parents understand the difference between socialisation and child abuse was highlighted. The strategies used in promoting child rights were questioned. The members were of the view that child rights education has focused primarily on children without making sufficient effort to help parents understand such rights. A consequence of such approaches is that parents encounter rights through children challenging their parents' actions and instructions resulting in conflict between children and parents. In contrast, the ECEC project staff felt they had had wider acceptance of child rights in their work owing to the focus on parents that is largely driven by the absence of the opportunity to focus child rights education on the child.

⁷³ . UNICEF-Zimbabwe, Annual Report

⁷⁴ . ProMS

not necessary result in paradigm shifts about the essence of child rights.

- 5.10.3 Although there were activities to counter negative role players, the communities were generally yet to start developing strategies to make negative role players accountable. The strong exception on this was the campaign on Zero Tolerance on Child Abuse. Under the campaign, after the training, and simultaneous with the widespread advocacy, was the expectation that people would start reporting child sexual abuse cases to the Police and other authorities. An increased sense of accountability and possibilities to be held responsible are important in the human rights-based approach, to reduce or eradicate incidents of negative role players.

5.11 The Effect of Humanitarian Programming on the Country Programme

- 5.11.1 The escalating complex humanitarian situation in Zimbabwe negatively transformed the implementation of the Country Programme. By the time of the Mid Term Review, the implementation of the Programme was predominantly based on a relief approach, in response to deteriorating enjoyment of human rights.⁷⁵ The Country Programme, as the humanitarian situation became pronounced, received and started implementing advice from relief experts, who were not necessarily conversant with a human rights-based approach to programming.
- 5.11.2 There are at least four factors that resulted in the pressure on the Country Programme to be dominated by relief-based programming. The first is that the capacity to implement the Programme decreased at all levels, but particularly within Government. Key partners lost people due to migration and mobility between jobs. Some sought greater economic security in other parts of the country, neighbouring countries, or beyond. In opposition to the Government's policies and style, most donors withdrew, delayed, or reduced development or relief assistance. This resulted in reduced economic capacity and increased dependency at all governmental levels. As the economy deteriorated, the provision of goods and services by the Government declined. Mobile clinics, for example, became non-operational in certain areas such as Gokwe North. UNICEF's initially low financial resources were stretched, but improved dramatically following an humanitarian appeal.
- 5.11.3 The second factor that made the Country Programme more relief-based was that the Country Programme, not being humanitarian situation-responsive in design, struggled to combine the attainment of the Country Programme's objectives and the need to provide relief. When the Mid Term Review recommended that the Country Programme had to integrate humanitarian response, there were no clear human rights-based guidelines on how that could be done programmatically. Apart from the dedicated programme components on child protection and HIV and AIDS, the other components largely understood this recommendation to entail increased relief-based activities. In this regard, 2002, the year of the Mid Term Review was a watershed. From that year, ProMS entries increasingly reflected activities to provide relief and meet the expressed needs of partners and the Country Office.⁷⁶ Therapeutic and other feeding, supply of school construction materials, provision of learning materials to make shift schools, and procurement of vaccines, recruitment of staff with humanitarian programming skills, and procurement of material needs for partners who indicated reduced capacities were among the increasingly dominant activities that characterised the Country Programme. The result was that by 2004, it was not clear whether the Country Programme, as designed, had integrated humanitarian programming or vice versa.

⁷⁵ . UNICEF-Zimbabwe, Draft Report on the Mid Term Review of UNICEF and Government of Zimbabwe 2000-2004 Country Programme (Harare; UNICEF; 2003)

⁷⁶ . UNICEF-Zimbabwe, ProMS Records

- 5.11.4 The third factor was that the urgency to respond to the humanitarian situation when other development partners withdrew their support negatively impacted on good programming. In ProMS, there was since 2002, increasing lack of correlation between project objectives strategies and activities. There is an appearance in ProMS across all programme components that many activities were deemed relevant if they would contribute to some relief. The logical connection between such activities, as required by the original or properly drawn logical framework was either non-existent or weak. Compliance with human rights principles slackened. For example, many programmers and partners felt that there would be no time for community members to participate in the planning and monitoring of programme activities. This was largely due to the perception that participation had to be according to established Triple A processes, which were thought to be time-consuming. Glossed over was the fact that Triple A processes always occur in individuals, families and communities even during emergencies. The required integration of humanitarian situation programming did not consider how development work would link into such processes. Where participation was indicated as having occurred at the community level, it was not human rights-based. For example, community members would be told to identify who should receive food or other aid. In other words, programmers would determine the needs, the extent of such needs, how to overcome the problem, and largely the modalities and forms of delivery. The community, usually only the leadership, would be involved merely to identify the beneficiaries. As human rights principles would mostly not influence the decisions and actions, there were allegations of discrimination or unfair exclusion within the classes of beneficiaries.

Case Study 8: Community-Based Management of Water, Humanitarian situation and Dependency on Donors

The experiences of community-based management of water underlines the point that The long-term survival of empowerment processes can very easily be threatened by political developments.

Community-Based Management of water supplies was originally introduced in Zimbabwe in 1990 as Community-Based Maintenance of water supplies. In 1992, UNICEF supported the first pilot in Chivi District. Between 1994 and 1997 the number of pilot districts increased to include Beitbridge, Mutoko, Matobo, Gwanda and Kwekwe. In 1997 the approach was documented and principles and guidelines produced in 1998 and 2000 respectively. By 2000, 22 RDCs had developed proposals to implement CBM.

Over the years, there have been changes in the key actors in CBM. The District Development Fund (DDF) who had been the government department responsible for water point maintenance had dropped off (1998) with the National Action Committee (NAC) and National Coordination Unit (NCU) taking on the lead role in promotion of CBM. In 1997 UNICEF secured funding from Ireland Aid to support implementation of CBM in 3 districts over a period of 3 years (1998-2000). The project was evaluated in 2001.

The evaluation found that while the project was relevant and had made major contributions in the promotion of CBM, there were several weaknesses that needed to be addressed. While the project had intended to balance the delivery of hardware with participatory health and hygiene education (PHHE), the later aspect had received very little attention, there had been inadequate attention to strategic areas of systems development and information management, and there were distortions that made adoption of CBM appear costly. The evaluation team taking cognisance of the length of time CBM has been piloted recommended that a future UNICEF supported intervention on CBM should focus less on direct delivery and more on strategically selected interventions to enhance capacity and support replication. UNICEF prepared a proposal to Ireland Aid and obtained a funding commitment with the project due to commence in July 2002. The new project included a greater emphasis on policy development, PHHE and mainstreaming of HIV/AIDS. Components were identified at district, provincial and national level.

The water and sanitation sector, largely driven by donor funding, has suffered due to donor withdrawal. The loss of donor funding has come at a time when there has been substantial population movement related to the land redistribution exercise. There have also been cyclones that have destroyed safe sanitation facilities. The combined effect has been a reduction in both safe water and safe sanitation coverage rates. CBM for all its value and promise has been under threat due to declining community capacity to meet the costs of water point maintenance, the increased focus on family survival during times of food shortage and the rapid interventions to respond to emergencies that negate the principles and foundations of CBM. At project level, Government owing to lack of funding disbanded NCU, the main project partner. UNICEF managed to secure funding for 6 months on condition the Government would take over and fund the Unit. The donor for the project however also felt that they were no longer in a position to fund national level policy work and preferred that funding already availed be utilised at district and provincial level

5.11.5 The fourth factor that resulted in the pressure to compromise the realisation of Programme objectives as designed was, ironically, the readiness to assume the duties of other people. The Country Programme was torn between continued focus on duty bearers and itself providing for the enjoyment of child rights. Hence, just as it had become established that the State was the duty bearer for the delivery of vaccination services, Government's indicated reduced capacity forced the Country Programme to play a more direct role in procuring and administering vaccines. Undoubtedly many lives were saved by such pragmatism.⁷⁷ After such interventions were made, however, the Country Programme needed to underline that the Government remained a primary duty bearer. The Country Programme's unequivocal contribution then would have been merely to focus on the authentically identified capacity gaps amidst accountability that resources were being utilised to the maximum extent.

5.11.6 The general shift to the provision of more relief however resulted in the Country Programme, assuming duties in many areas and at all levels. For example, at the community level, the Country Programme in areas such as Mandambe and Gokwe North, would work with local implementers to construct toilets for orphaned children. It was clear that such communities could have played greater roles not only to have latrines for households where orphaned children lived, but also to ensure that the whole community had latrines. The low involvement of community members as duty bearers resulted in a slowed implementation progress, measured against community capacity gaps and needs. In a Gokwe North community, for example, the local implementing non-governmental organisation indicted two major successes. One was the existence of 2 Rope and Washer wells at the two households that supported orphaned children. The second was that the prevalence of toilet facilities in the community had improved from 0.1% to 8.1 % households, during the implementation of the Country Programme. The community had 3,500 households, according to the local implementing non-governmental organisation. As it was in February, 2004, the prevalence of diarrhoeal diseases in the community was very high, according to community members.

Case Study 9: Community Capacity Development, School Rehabilitation, Construction of Toilets, and Supply of Textbooks in an Humanitarian situation

5 schools in Buhera District were assisted following the destruction wrought by cyclones. Reconstruction included teachers' houses and classroom blocks. Furniture was also delivered to the schools as well as vouchers for the purchase of text books.

Some of the schools that were supported failed to finish construction on time as cement was delivered late. The delay in some cases was up-to 7 months. Similarly, when the vouchers for the purchase of books were received, much time had elapsed and costs had risen severely limiting the number of books that could be bought.

The provision of books was not limited to cyclone affected schools only. Among the schools that had not been affected by the cyclone that received books was Saint Bernard's School in Ward 8. The school has received books for grades 1 to 7 in accordance with its own needs. About 11 books had been bought for each class of 42 children. The books were few but made a significant contribution where there would have been even fewer or none. In addition to the books purchased, the school had received in the past the 'Lets talk about AIDS' series. In this series there were no books for grades 4 and 5 in the school. Grades 6 and 7 had fewer than 40 books to be shared among 181 children.

The in-school life skills programme runs the risk of missing some of its target population owing to the non-availability of some teaching materials. Already there exists some hesitation in teaching on HIV/AIDS and the lack of materials could support such hesitation.

5.12 Monitoring and Evaluation

5.12.1 Prior to this report, the Country Programme used twelve major methods for its own monitoring and evaluation. The first were reviews involving UNICEF staff and implementing partners. At

⁷⁷ . UNICEF-Zimbabwe, Draft Report on the Mid Term Review of UNICEF and Government of Zimbabwe 2000-2004 Country Programme (Harare; UNICEF; 2003)

the Programme oversight level, the PDMC held biannual meetings, to review progress and refine plans. Related to the meetings of the PDMC were annual reviews. Largely taking the form of a workshop, this method was participatory, involving UNICEF and its partners.⁷⁸ The review session, undertaken towards the end of the programming year, would consider reported successes and constraints. The outcomes, as required in UNICEF-supported programming, would be project plans of action, to be implemented in the next programming year. The reviews were mechanisms for implementers and other stakeholders to take stock, check each other and aim at improving the quality and effectiveness of programming. From a human rights-based perspective, these reviews were practical illustrations of the principles of interdependence and participation, facilitating collaboration and checks.

- 5.12.2 The second method, the annual report, was less participatory than the annual reviews, although the annual reviews inevitably input into the annual report.⁷⁹ At the end of the programming year, UNICEF produced annual reports, as required. The Annual report is internal to UNICEF, and is often not shared with partners. Instead, it is often shared with UNICEF's Regional Office and Headquarters. As every UNICEF country office has to prepare and submit an annual report, UNICEF's Headquarters issues guidelines on the contents, structure, and even the length of the report. The annual report is a useful learning tool within UNICEF, but not necessarily for partners, let alone rights holders.
- 5.12.3 The third method, also internal to UNICEF, is the Programme Manager System or ProMS. This standard computer software for UNICEF has functions for recording plans, budgets and funds utilisation, and progress reports. As the major work processes that cost money for UNICEF must be entered in ProMS, the system is a useful tool to capture and analyse the status and trends in financial programme implementation. However, the monitoring and evaluation role was limited almost by lack of the use of the progress report function.
- 5.12.4 The fourth method was to conduct sentinel surveillance exercises.⁸⁰ The result of such exercises would be reports indicating the state of child well being in Zimbabwe. In the early years, there was a deliberate attempt to relate findings of subsequent surveillances to previous findings. The latest report, however, is an example of sentinel surveillances that would not facilitate the determination of trends in child well-being without further analyses or research. The problem was exacerbated by the general poor quality of data at the country level. The data on well-being is often out of date, or if current, mostly obviously in need of cleaning and hence, inaccurate. Within such a context, sentinel surveillance exercises that aim at tracking progress would make a priceless contribution to the availability and use of data in the country.
- 5.12.5 The fifth method was commissioned studies. Many of the terms of reference for the studies did not use previous sources as baseline sources. This limited the ability of the studies to indicate programmatic impact on well-being. Commendably, however, the Country Programme synthesised the findings from the growing number of studies to capture the programme component that commissioned the study, date, partners, the background, the purpose of the study, the methodology used, key findings, lessons learned, and the Programme's utilisation of the findings, lessons and recommendations. The resulting untitled document⁸¹ was and remains potentially useful for better programming. It may need to be packaged into a user-friendlier manner and shared with partners, many of whom may not have the opportunity to read and digest the original reports.

⁷⁸ . E.g. The Government of Zimbabwe and UNICEF, 'Minutes of the 4th Annual Programme Review Meeting (14th PDMC Meeting)', Crown Plaza Monomotapa Hotel, Harare, 10th December, 2003 (Harare; UNICEF, 2003)

⁷⁹ . UNICEF-Zimbabwe, Annual Report 2000 (Harare; UNICEF, 2000), UNICEF-Zimbabwe, Annual Report 2001 (Harare; UNICEF, 2001), UNICEF-Zimbabwe, Annual Report 2002 (Harare; UNICEF, 2002)

⁸⁰ . UNICEF-Zimbabwe and Government of Zimbabwe, 10th Round Sentinel Surveillance Surveys (Harare; UNICEF, 2003)

⁸¹ . UNICEF-Zimbabwe, [Synthesised findings and recommendations of studies]

- 5.12.6 The sixth and potentially useful method for tracking progress were Programme Audits⁸² and field monitoring. The utility of Programme Audits, regarded as significant by the Country Programme, was however severely restricted by lack of focus on the Programme's impact on child well-being. The programme audits traced the implementation of planned activities and perceptions of implementing partners about the effectiveness of the Programme based on their knowledge and experiences. In so far as they tracked what had happened where the Programme was implemented, the audits were useful tools to undertake post-implementation monitoring. The Field Monitoring Report System, as developed and used in Zimbabwe, has been held out for adoption by other UNICEF country offices. These have great potential to input into programmer's iterative Triple A process, to improve programming.
- 5.12.7 The seventh method, special to the human rights-based approach to development programming was a review conducted in 2000. The materials prepared for this review⁸³ indicated a deep sense of reflective learning, caution, and determination by the Country Programme to achieve programmatic success. The materials included a documentation about the approach and how it had been operationalised in Zimbabwe, e-mail exchanges on experiences, trip reports, and a sample of community action plans. This review was a remarkable opportunity for the Country Programme to consolidate its vision and address challenges. The current review however failed to find documentation of the findings and recommendations of the 2000 HRBAP-dedicated review.
- 5.12.8 In contrast to the 2000 review on the human rights-based approach to programming, the findings of the eighth method, the Mid Term Review, were well-documented.⁸⁴ The Mid Term Review, involving studies and various review meetings, resulted in a report containing recommendations for the adjustment of the Programme. Although the Mid Term Review found the Country Programme's overarching objectives and strategy still relevant, there was no definite attempt to evaluate the impact of the Programme. The need to incorporate humanitarian situation response into the programme and the urgency to provide relief, dominated the focus of the Mid Term Review.
- 5.12.9 The ninth method for monitoring and evaluation, prominent during the inception and second year of the Country Programme, was reflective learning. The Country Programme required members of UNICEF staff to internalise the essence and elements of the approach and reflect on the feedback and results from the practice. In addition to sessions such as the dedicated review in 2000, UNICEF staff exchanged e-mails and debated about the usefulness and challenges of the new approach.⁸⁵ The culture of reflective learning, however, faded with the growing humanitarian situation.
- 5.12.10 The tenth method, a village register system, was introduced late in the Country Programme. These registers, still under pilot in 2004, appear complicated and very detailed. As tools, they are not necessarily child focussed, as the Central Statistical Office clearly wants to use the tools to collect other data as well. The Country Programme however prepared user manuals⁸⁶ and trained those who would use the registers. The early indications are that programmers and community leaders can work with the registers. Although the indicators collected are not necessarily in the form that community members may have formulated, the village registers can potentially inform and improve the Triple A processes.

⁸² . UNICEF-Zimbabwe, 'An Integrated Report on the Implementation Progress of UNICEF Supported Projects in Zimbabwe: Programme Audit Exercise 2003 (Harare, UNICEF, 2003)

⁸³ . UNICEF-Zimbabwe, Compiled Materials for the HRAP/CCD Review (Harare; UNICEF; 2000)

⁸⁴ . UNICEF-Zimbabwe, Draft Report of the Mid Term Review

⁸⁵ . UNICEF-Zimbabwe, Compiled Materials for the HRAP/CCD Review (Harare; UNICEF; 2000)

⁸⁶ . E.g., UNICEF-Zimbabwe, 'Zimbabwe Village Register: Operational Manual' (Harare; UNICEF. 2003)

- 5.12.11 The eleventh method, though unrecognised as monitoring and evaluation process, were the series of Triple A processes. In a human rights-based approach, iterative Triple As, considered as part of the implementation of the Programme, would have allowed community members to be involved in monitoring and not just be monitored. In some areas such as Masendu, other processes to assess well-being and examine current work followed the initial Triple A. In such processes, duty bearers have the opportunity to account for the performance or non-performance of duties. If interfaced with the work of professional or expert monitoring and evaluation people, the Triple processes can become a two-way empowering process that does not just extract information from community members.
- 5.12.12 The last monitoring activities consisted of a set of activities and strategies that required further development to be programmatically useful. A database on development information was introduced, but its utility was hampered by the lack of up to date data. In 2003, there was a related attempt to have district profiles. However, the utility of the 2003 district profiles were restricted by lack of baseline data. Subsequent district profiles will be more useful, as the 2003 data will constitute baseline profiles.
- 5.12.13 The value of these monitoring and evaluation tools was limited by the absence of process indicators. Although, there were planned results every year, the Country Programme did not use benchmark and indicators to gauge the quality of employed processes. Whilst it was possible therefore to report on completed activities and some process outcomes such as new Governmental decisions and community action plans, there was no dials to steer by to control the quality of the processes used. One result of the absence of process indicators was that the quality of the implementation process, though generally well-appreciated, was uneven.

5.13 Summary and Conclusions

- 5.13.1 At inception, the adherence to human rights concepts and principles by the Country Programme was excellent. The focus districts were carefully chosen, reflecting human rights principles. Activities, as much as possible, were to be at all societal levels, synergistically linked. The new programmatic focus on duties was underlined. Further, the Country Programme, recognised and required the use of two instrumental conceptual tools, the first was the human rights enjoyment causality conceptual framework and the Triple A, which required processes of the essence of assessment, analyses, and action taking in both ordinary life and programming. The Country Programme used the Triple A concept to engage communities in participatory development programming, generating community action plans. Many of such community action plans worked as demand tools against upper level duty bearers in a country where a sense of accountability to rights holders still needs development. As the community action plans were on well-being, service providers, especially at the district level, were compelled to work as teams, clear evidence of multi-sectoralism and interdependence.
- 5.12.3 From the inception of the Country Programme, the stepwise approach proffered in ESAR as a practical way to implement the human rights-based approach to programming was excellently adapted for Zimbabwe's governmental and societal structure. In the chain of key duty bearers, the rural district council, whose capacity was admirably strengthened by the country programme, was the key to the implementation of the programme as service providers at that level directly interfaced with those at the community level and community members. The escalating humanitarian situation, however, eroded the capacities at that and other levels that had been improved through widespread training. As the many training sessions under the Country Programme lacked proper monitoring, it was difficult for the country programme to gauge the capacities of RDCs to help achieve the Country Programme's objectives.

- 5.12.4 The overarching strategy has been in growing demand, very much as a planning tool for communities, government, and other development workers. However, the success of the overarching strategy was uneven across the focus districts and the country as a whole. Where the implementation of community action plans from the Triple A processes were programmatically supported as initially envisaged, the Triple A processes were iterative and sustainable. Where initial community action plans were not practically programmatically supported, the result was subsequent inaction, dependency, or frustration. Where Triple A processes were iterative, the processes also worked as mechanisms for accountability among participants and enhanced community capacity to respond to interventions or problems such as the humanitarian situation. In such cases, project ownership was high, as community capacities increased, usually significantly dependent on democratic leadership at the community level and multi-sectoralism from service providers.
- 5.12.5 The Country Programme was largely well-appreciated by partners mainly because of the evident contribution of Triple A processes to community and other capacities and partly because of trainings in human rights-based approach to programming. On these two aspects, the Country Programme established intellectual and practical leadership that will continue to be in demand in the Next Country Programme. However, as some donors underlined, the Country Programme under review needed to match the intellectual leadership with practical demonstration that the human rights-based approach to programming improves well-being. The perceived insufficient demonstration by the Country Programme that the human rights-based approach to programming cannot just be attributed to the escalating humanitarian situation, which obviously subtracted or restricted gains in well-being. The Country Programmes lack of specific targets, unflinching linkage of Triple A processes to child rights enjoyment, and monitoring and evaluation that was not human rights-based added to the uneven and conflated use of community capacity development and Triple A process within the human rights-based approach.
- 5.12.6 Despite the noted set-backs, the implementation of the Country Programme has created sufficient demand for the next Country Programme to deepen and widen the human rights-based approach to development programming. Refinements of some implementation measures including community capacity development itself, will ensure that the promising foundation established by the 2000-2004 Country Programming results in greater respect, protection, promotion and provision for the enjoyment of child rights in Zimbabwe.

6. Child Well-being and the Programme's Effectiveness

6.1 Introduction

- 6.1.1 The overall objective of the Country Programme was “to contribute to child survival, development, protection and participation in Zimbabwe, with special focus on reducing the incidence and impact of HIV and AIDS.”⁸⁷ Despite that human development has declined in Zimbabwe, the achievements of the country programme require recognition or its contribution to child well-being underlined.
- 6.1.2 This chapter highlights the achievement of the Country Programme with reference to child well-being and the overall objective of the Country Programme. The achievements are discussed according to the major tenets of the Country Programme's objective. In addition, the chapter further underlines the actual and potential transformational effect of the overarching strategy, community capacity development. Examples of many process-related results that may potentially contribute to greater child well-being are also noted.

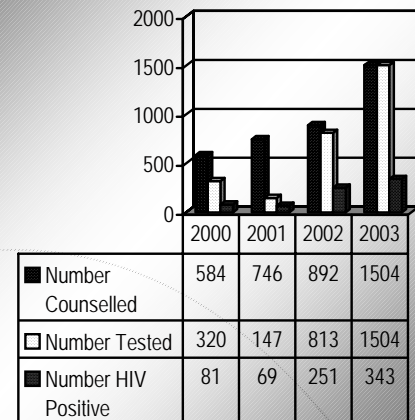
6.2. Contribution to Child Survival

- 6.2.1 As child survival declined and as the humanitarian situation increased, the Country Programme directly contributed towards the mitigation of child mortality and morbidity. The Health, Nutrition and Environmental and the HIV and AIDS Programmes made direct contribution to the minimisation of losses in child health survival. As the Government's capacity declined due to the humanitarian situation and sanctions from donors, immunisation coverage manifested a decline as early as 2002. The Country Programme, in collaboration with WHO and GAVI, supported the Ministry of Health and Child Welfare to procure vaccines, liquid propane gas, fuel, and other supplies to reverse the trend. That support reached 368,653 children under five years of age and 475,681 pregnant women. The Government was also, through this support, able to maintain the elimination of polio, neonatal and maternal tetanus. The coverage for measles immunisation and Vitamin A supplementation was 95% and 90% respectively.
- 6.2.2 As food shortage increased, many children became or were in danger of being malnourished. Part of the Country Programme's humanitarian situation responsiveness was to provide supplementary and therapeutic feeding. 772,634 children under five years of age benefited from supplementary feeding under the Programme. Those that received therapeutic feeding numbered 4,566.

⁸⁷ . UNICEF, 'Government of Zimbabwe and UNICEF Programme of Cooperation Master Plan of Operations 2000-2004' (Harare; UNICEF, 1999)

- 6.2.3 A striking and shining example of effective programming holistically to improve child well-being was a project on the Prevention of Parent to Child Transmission (PPTCT), in the City of Bulawayo. Case Study 10 illustrates that the PPTCT project in Bulawayo is proof that programming that is child-focussed, human rights-based, and holistic increases dignifying utilisation of services and results in sustainable outcomes. The key to the success is that the City Council implementers of the project consider the importance of both processes that exemplify human rights principles as they achieve project outcomes. The project in the City of Bulawayo has so deepened and is well-appreciated by community members that it deserves to be replicated in other areas of the country.

Trends in PPTCT-Based Counselling and Testing in Bulawayo City (Source: Health Services Department, City of Bulawayo)



6.3 Contribution to Child Development

- 6.3.1 The reduced capacity for most duty bearers including the state has adversely affected the delivery of services to ensure the optimum development of many children in Zimbabwe. The development of early development education, for example, has been slow in the country. However, in certain areas, as Case Study 11 shows, the Country Programme has significantly contributed to a sound foundation for early child education.

Case Study 10: The Synergy of Process and Outcome in PPTCT Programming in the City of Bulawayo

In the City of Bulawayo, a PPTCT project started at Pelandaba Clinic in June 2000. Two more clinics joined Pelandaba, Nkulumane and Luvere.

The number of people being counselled at the clinics have increased every year from the project's inception year, in 2000. In 2001, only 19.7% of those counselled accepted and underwent an HIV test. As people's confidence in the service provision grew, the utilisation rates rose dramatically. Of the 892 people counselled in 2002, 91.1% underwent an HIV test. By December, 2003, the number of people counselled grew to 1504. All of these, 100% underwent an HIV test. Whilst there was no man registered under the project's inception, they were 117 registered by February, 2004. In other words, men increasingly took greater roles in the management of pregnancies and the prevention of HIV from parents to children.

The growing utilisation of PPTCT services in the City of Bulawayo is explainable by at least five factors. The first is that community members have noticed the utility of the PPTCT services, as offered by the three clinics in the City of Bulawayo. For example, senior and junior nurses involved attested to the fact that access to Neverapine reduced the likelihood of HIV infections from parents to children. In Bulawayo, 13 babies born to HIV-positive parents had tested negative. In addition, the senior and junior nurses indicated that access to Neverapine reduced stigma as people increasingly gained hope in the fight against HIV and AIDS. The second explanation is that the project is delivered in compliance with human rights principles. The project underlines participation by mothers, fathers, youths, community leaders, and the rest of the community. The nurses involved stress the need to respect the dignity of clients, who are involved in decisions through counselling sessions before and after the test. Third, the staff work as teams and strive to collaborate with community leaders, the youth, employers, and other key actors on whom the intended outcomes are partly dependent. Fourth, the nurses believe in the participation of key players, especially the rights holders. Fifth, the health staff perform their functions as a matter of duty whilst respecting the clients. In one instance, a father who was refusing to attend the PPTCT clinic, expressed strong appreciation of the way the health staff at Pelandaba Clinic work and served him when they rendered dignifying care to him when he became sick., Said he to the nurses, "You, nurses here are nice."

6.3.2 At the primary school level, the country has experienced resource-related difficulties and the Country Programme mostly responded to protect the declining enjoyment of the child's right to education that in the 1980s had distinguished Zimbabwe as shining example on the possibilities and the potentials of free primary education.

Case Study 11: The Promising Foundation Through ECEC

Support for ECEC in Buhera has been provided by UNICEF since 2000. The district has used financial support from UNICEF to sensitise churches, business leaders, traditional leaders, school development associations, school heads and community members on the importance of ECEC. On average, the awareness workshops have reached 450 participants in 7 wards in each year of implementation. The focus of the workshops has been on the importance of ECEC, the roles that parents and teachers can play in ECEC, and in-service training of ECEC teachers.

In the wards that have been covered, ECEC centres are having some equipment made, some of the teachers are being paid by communities, there is more assistance to the centres from professionals, the contribution that all sectors can make to the development of the child is appreciated, there is construction of shelters, more children are enrolled and communities are providing food for the children.

One anecdotal result is that children who receive early childhood education in Zimbabwe were reported to approach primary schooling more confidently and had relatively higher attainment levels than those who did not go through systematic early childhood education. However, teachers, steeped in traditional pupil control and lesson delivery systems found such pupils "difficult to control."

6.3.3 The most significant contribution in the context of declining accessibility and quality of educational services, however, has been in response

to the destructive effects of cyclones and the Government's controversial resettlement programme. The cyclones destroyed many schools and homes. The resettlement programme, in many cases, resulted in children living in areas where the nearest schools were very far. The refusal of some donors to assist the

Case Study 12: School In a Box Kits for Satellite Schools

When the Government of Zimbabwe embarked on the land reform programme in 2000, one aim was to benefit those people staying in areas that were not agriculturally productive. Movement of families to new areas entailed that school-going children had to move with their parents to the new resettlement areas. This movement created the need for schools in the new resettlement areas.

In order to ensure that children continue to enjoy their right to education, the Government established satellite schools in the resettlement areas. The satellite school was attached to an already established school, which could assist in terms teaching, and teaching and learning materials.

When the satellite schools were established, the usual inspections that are carried out by the MHCW and MOESC to ensure that a school is established in an environment that has all the basic facilities were not conducted. Government regarded the establishment of the schools as urgent.

In 2002, UNICEF conducted a survey of the satellite schools to determine if the children in the resettlement areas had access to education. What emerged from the survey was that there was a serious shortage of physical facilities, basic textbooks and other teaching and learning materials. There were also high drop out rates, particularly among girls.

UNICEF distributed 450 school in box kits to 346 primary satellite schools throughout the country. Intending to reach 58 968 children and 1490. Each kit consisted of 36 components with 26 of these for the teacher and 11 for the student. The students' components were meant for 80 students. The contents for the teacher ranged from pens, chalk, exercise books, cubes, scissors, cello tape, tape measure, posters, rulers and a bag. Contents for the students consisted of wax crayons, A5 exercise books, pencils, carrier bag, scissors, slates, eraser, and pencil sharpeners.

The contents of the box were meant to be used by any class from Grade 1 up to secondary level. However, the kit did not contain any textbooks, as these vary from class to class. The kits thus helped teachers and students with the basic materials one needs to teach a class. This contribution to the enjoyment of the right to education is well appreciated by the Ministry of Education and other stakeholders.

Government in the resettlement and its own decreasing financial capacity entailed shortage of learning materials. The Country Programme, particularly after the Mid Term Review, responded with two main strategies. The first was the provision of learning materials to satellite schools. Through the provision of kits known as 'School in a Box', the Country Programme relieved the teaching and learning problems encountered by satellite schools.

- 6.3.4 The second form of response was the construction of schools to replace those that had been destroyed by the cyclone. On record, UNICEF had in February, 2004, 177 classroom blocks and 26 teachers houses constructed. The records further show that 10,462 students desks were supplied, accompanied by complementary chairs. The estimated number of pupils reached through such assistance was 3.0 million.

6.4 Contribution to Child Participation

- 6.4.1 Although the dominant form of child participation supported by the Country Programme was through the largely symbolic Junior Councils and Junior Parliaments, the review found pockets of more inclusive and more effective child participation in areas where Triple A processes were iterative. Parents and community leaders in Masendu mention their young people and their collective activities as among the aspects of their

'The Golden Rule', A Poem Performed by a Girl at Masendu on 10/02/2004

The Golden rule is prevention is better than a cure
There is no cure yet this is a fact
Umhlaba umi ngezinyawo
Yeyeni batayi
Buchitheka bugayiwe,
Bebukele betshaya izandla
Bethi bhewu uphewe awubutheki
Zawuchwapha izinja
Nanzo-ke ziquthe enzikini yomuzi
Zibhekise amabona-bona kaGcugcwa emazulwini

Mbedumehlwana bani le?
Esihlasele isizwe sikaMthwakazi
Izolo ingwevu bezisithi
'egwazayo ibonakala ngamanxeba'
Lamhlanje yembeswa luthuli kwabathuleyo

Okumqoka yikuvikela
Imithi yokwelapha iyi-wa-a
Who is to say there is no AIDS?
Either you are infected or affected
Kekho oyisihlenge kwelika Mthwakazi omuhle
Kekho njalo osendle ongumahamba yedwana

Get involved
Spread the message and not AIDS
For prevention is better than a cure

Basakazile abasakazi
Babhalile abalobi
Bafundisile abezempitakahle
Bakhankasile langeSingisi
Bethi It's as easy as A B C
A for abstain, B for be faithful, C for Condoms
Ababalisi batolikile bethi
Limuka kumancansi
Thembeka komunye wakho,
Loba sebensiza amakhondomu
For prevention is better than a cure

Yesterday they were saying 'men make a difference'
Yesteryear they said 'children living in a world of AIDS'
Let us fight together for their lives
For prevention is better than a cure

Hamba ku New Start Centres
Thesita isimakanjani nge \$50 kuphela
Bontanga lingathola ulwazi ngokukhula kanye lezinye
inhlupho
Ngaphandle kwembadalo,
Yazi isimakanjani sakho

Phumela egcekeni okwamadolo embuzi
Phumela egcekeni okomtshayeli wethalakitha
Uhulumende uzakuncedisa
Kulilungelo lakho,
Ngakho buzizisa

Prevention, ukuvikela
Prevention, Ukuvikela is better than a cure

community of which they are proud. On their own, the youths manage a trust fund that is used as a source of small businesses. Through drama, poetry recitals, dance, and sport, the young people openly express information, messages, and opinions on their and the community's well-being on topics that are still taboo in many areas. In Masendu, young people are able to perform openly, communicating information and messages on gender, HIV and AIDS, child care, and any topic. Within the context of a formal Triple A meeting, traditional leaders, leaders of faith organisations, mothers and fathers watch in admiration and approvingly as boys and girls communicate freely, seriously and clearly about HIV and AIDS, sexuality, gender, and other matters that affect their well-being.

- 6.4.2 Another practical and theme-focussed youth and child participation that deserve replication is manifested through the activities of the PPTCT project in the City of Bulawayo. The managers of the project in the City collaborated with some members of the local Junior Councils to involve young people in practical advocacy activities on the importance of HIV testing, sharing parenthood roles between mothers and fathers during pregnancy, and youth friendly services. The nursing staff and managers of the PPTCT project in the City of Bulawayo acknowledge that the use of voluntary counselling testing (VCT) in the city is increasing rapidly among youths that are aged 15 to 19. One lesson the managers have learnt in the City of Bulawayo is that such increase is most marked in situations where the nursing staff who interact with the young people are also young.

6.5 Contribution to Child Protection

- 6.5.1 Child protection was initially implemented mainly through the Rights Promotion and Advocacy component of the Programme,⁸⁸

Case Study 15: The End of Ugwayi and the Purification of Chiramu

Although the origins of these practices are not known, adults such as grandmothers and grandfathers could play with little children by saying that their genitals are snuff. Since old people are more prone to taking snuff (*ugwayi*), they play the children's genitalia saying it is snuff pretending to put it in their noses and sneezing. Participants reported that this makes children accept people touching them intimately and makes it difficult for them to develop like skills against the advances of an abuser.

In Masendu, people are now able to analyse local culture and discuss its costs and benefits within the prevailing socio-economic and political environment. One example that still draw heated debate but is obviously being refined is the relationship between a man and his wife's sister and or nieces. This is commonly known in Shona as *chiramu*. A man's wife's sisters, female cousins of her generation and nieces are classified as potential wives in many patrilineal societies. In the institution of *chiramu*, which in Masendu is called *kadzana* in Kalanga, (literally junior wife), a man has joking relations with such in-laws. The joking relations might include touching of breasts and other parts of body of the in law or cousin, but was not supposed to include sex. Sexual relations, rapes, defilements, and even marriages would sometimes result.

People of Masendu say that the physical contact is wrong because the man might get carried away and have sex with a minor or a woman against her will. They say that although there is nothing wrong with the institution of *kadzana* men are now forbidden any physical contact with their *kadzana*. Junior in-laws are treated as children like any other minors.

⁸⁸ . UNICEF-Zimbabwe, 'Annual Report 2000' (Harare; UNICEF, 2000)

particularly through the 'Community Action for Children at Risk' project. Three strategies were prominent in the advancement of child protection. These were processes as manifested through the inclusion of child protection activities in community action plans, community-based counselling tackling the psychosocial and therapeutic aspects of vulnerability, and training in counselling.

- 6.5.2 As the toll of HIV and AIDS on society increased and as the complex humanitarian situation grew, it was clear that the Country Programme's activities on child protection were losing effectiveness. After the Mid Term Review, the dedicated programme on child protection adopted a vigorous campaign on child abuse called "Zero Tolerance on Child Abuse." Some community members acknowledge that community consciousness about the need to be vigilant in curbing child abuse has increased. In communities such as Masendu, where the Zero Tolerance Campaign had pitched into iterative Triple A processes, the effectiveness is obvious. Community members in Masendu increasingly report child abuse and desist from harmful practices that were considered "traditional. These were more and more being regarded as unacceptable and fast being abandoned, as Case Study 13 shows.
- 6.5.3 At the national level, in child protection programming, the Country Programme has been associated with noticeable reduction of the numbers of children in prison, owing to a focus on diversionary measures. In 1999, there were 768 children in prison. In 2000, the first year of the programme, the number dropped by 61.3%, to 297. There was a rise to 349 in 2001 before dropping to 142 in 2002. The number of children under 2 years living in prisons or institutions also dropped from 477 in 1999 to 146 in 2002. Similarly, the Country Programme contributed to the introduction of BEAM, meant to assist orphaned and other vulnerable children with school fees.

6.6 The Country Programme and the Incidence and Impact of HIV and AIDS

- 6.6.1 All the Country Programme's components were to focus on HIV infection and the prevention and alleviation of the effects of HIV and AIDS. In this regard, the sterling example of

Case Study 14: The Compatibility of Community-based Counselling to Principles of Human Rights

Community-based counselling as implemented under the Country Programme reflects the principles of human rights and is one practical strategy to operationalise the human rights-based approach to programming and the community capacity development in the context of HIV and AIDS. The strategy assumes that skills to deal with the psychosocial effects of HIV and AIDS are or can be developed primarily at the community level. In this sense, the methodology is empowering for communities, and an effective measure against fatalism and helplessness.

Counselling, as a therapeutic strategy reflects at least four essentials of the human rights-based approach to programming. The first is the willingness of the programmer or the counsellor to listen. The second is the involvement of the person adversely affected in the assessment, analysis and solution of her or his problem. The third is the respect of the person's dignity as the primary actor. Above all, and in summary, counselling expresses the humaneness and the willingness to empathise. The contribution of humaneness and empathy to well-being are obvious in the generation of self-well, hope and positive and purposive living. Hence communities involved in community-based counselling appreciate the Country's Programme's contribution to the well-being of their children and their communities.

contribution of child well-being is the PPTCT project in Bulawayo, which may have some replicas in the country.

- 6.6.2 In addition to the PPTCT project as implemented in the City of Bulawayo, there is one more HIV and AIDS-related example under the Country Programme that has made significant contribution to child well-being. This is the popularisation of community-based counselling, a strategy that reflects principles of human rights, as Case Study 14 shows.
- 6.6.3 As the HIV and AIDS and growing humanitarian situation takes its toll in Zimbabwe, the psychosocial adverse effects on those infected, those ill, orphaned children, widows, relatives, care givers, and community members as a whole is untold. The trauma and misery affects other aspects of well-being, including childcare and work to sustain or develop livelihoods. However, this review noticed two positive aspects on which effective programming could be built. The first was the fact that the communities were still coping and not completely hopeless, though increasingly helpless. The second was that there was commendable work, necessitated by people's needs, on counselling, done by some non-governmental organisation. The Country Programme decided to popularise such commendable work by partnering such organisation.⁸⁹ Within the context of Triple A processes, the Country Programme facilitated training on community-based counselling to some 20,000 people including 5,027 orphaned and vulnerable children. In Zaka, for example, 400 adults and 300 in-school children were trained as counsellors.
- 6.6.4 The Country Programme supplied over 2,664 bicycles to support the work of the community-based counsellors, who make close to 1 million visits a year countywide. The work was further supported by home-based care kits, over 900 of which had been provided by February, 2004. Though threatened by the intra-and-inter country mobility of trained counsellors, community-based counselling is well appreciated as having alleviated the suffering occasioned by HIV and AIDS. Through the popularisation of the strategy, the Country Programme significantly contributed to the coping capacities of communities against the effects of HIV and AIDS. Such achievements were more pronounced in those areas that combined the community-based counselling with iterative Triple A processes, which proliferate and refined such skills.

6.7 The Transformational Effect of CCD

- 6.7.1 The most vivid contribution to child and community well-being observed during the review was linked to the potency of the Country Programme's major strategy, community capacity development. In the limited time available, the review adduced evidence that transformation is possible even in complex humanitarian situations. One community that stands out as an illustration is Masendu. That community used to be one of the poorest and most helpless in the country. Although there was no baseline data for comparison, by February 2004, the community was vibrant, largely self-reliant, happier, and full of hope and energy.

⁸⁹ . UNICEF-Zimbabwe, 'Annual Report 2000' (Harare; UNICEF, 2002)

6.7.2 The energy for transformation in communities such as Masendu was directly linked to iterative Triple A processes supplemented by practical support to community action plans. The most unique characteristic of such communities is the openness and the willingness to engage in dialogue to improve well-being. Through iterative Triple As, communities have learned from past experiences. They have allowed new knowledge to strengthen the capabilities of their communities. The result has been improved well-being including child well-being. As the quality of life is ever-progressive, such communities have kept improving their lives, becoming broad-minded and confident of their energy to transform their quality of life.

6.7.3 If iterative Triple A processes

Case Study 15: The Transformation of Masendu : A Dream Coming True

Situated close both to the Botswana and South African borders, Masendu was in 2000 widely regarded as one of the poorest communities in Zimbabwe. The community was mostly food-insecure and suffered the misery of high child mortality and morbidity rates. Enrolment rates were high, and there were no preschools. Casual sex among the youth and extra-marital sex was common. As HIV and AIDS took its toll on the community, the number of orphaned children and AIDS patients increased. Care burden become increasingly onerous especially for women. The gender roles were strongly biased against women, who could were expected to be subservient to men. Gender-based violence was highly prevalent, partly to maintain the inferior images of women. There were many cases of rape and defilements. Many men could marry as many women as they could. Traditional customs, some which were harmful, were strongly embraced by the community. Most out of school young people were unemployed but largely sexually active, having sex mostly in surrounding bushes. The dream for young and other men was to cross the border and earn foreign cash or stay in the more economically secure Botswana or Zimbabwe. These problems were exacerbated by the complex humanitarian situation predominantly characterised in Masendu by drought and food shortage.

The Country Programme facilitated Triple A processes in the community, with the overarching strategy of community capacity development. Working with the progressively strengthened Rural District Council, the Country Programme's partnership with the people of Masendu resulted in community action plans. These community action plans were shared with the Kellogg Foundation, which provided monetary and other logistical support. The initial community action plans were implemented amidst iterative monitoring and accountability through Triple A processes. Subsequent community action plans would result and the community took the predominant role to implement them with the Kellogg Foundation and the RDC largely focussing on capacity gaps. The implementation of community action plans and general behaviour progressively complied with human rights principles. "Our teaching here is respect each other", stated a community leader.

As of February, 2004, Masendu was a happy and proud community within a country increasingly engulfed by a complex humanitarian situation. Gender roles were fast changing and gender-based violence fast being eradicated. The women, especially those in middle age, are very articulate, assertive, open and well respected even in the presence of senior male leaders. The Community meetings often involve the counsellor, members of various village committees, village heads, youth associates and ordinary members including young people. The people are proud of their community-managed pre-schools, where volunteers serve, income generating activities such as collective basket making, their primary school going children, youth clubs and the exemplary behaviour of their youth. The community is able to use good tradition to bring up their children, using Triple A processes to refine and abandon harmful traditional practices. The youths are involved in village banking and managed their own trust fund. The youth and children also participate in community meetings usually through drama and other forms of art on topics that were initially regarded as taboo for young people and children. A motto for the out of school theatre group, Masendu Theatre Group is "You, Yourself, are the Dream."

The people are especially proud of their CCD processes. They state that as a result of Triple A processes, they know more, have cemented toilets, bore holes, nutrition gardens, a clinic just about to be completed, much training in peer education, and community-based counselling. School children are receiving food at school and have access to books and the services of dedicated teachers. Some of their young members who left for foreign countries send contributions to boost community development initiatives. On their own, the community members have constructed a school. On their own, they resolve most conflicts through parents, the clan head, and the chief. The community further express vigilance to report child and other abuse cases to the Police.

The dream for Masendu progresses. The community would now like to go into soap making, have access to the telephone to communicate with development workers and service providers, have an information centre, have a secondary school a community hall for their Triple A meetings.

provided the energy for transformation, complementary practical support to community action plans explains the sustainability of iterative Triple A processes. In Masendu, for example, it was not just the Rural District Council Team that ably supported the initial and subsequent community action plans. In addition, the Kellogg Foundation provided programmatic support to enable the community to implement the action plans. The communities, as a result, express satisfaction in and enjoy Triple A processes, which are highly participatory.

6.8 Results Potentially Instrumental to Greater Child Well-being

6.8.1 Most of the Country Programmes documented achievements can be described as either catalytic or potentially instrumental. It is not easy to show the contribution on child well-being for such results, as they require implementation or follow up. The achievements are mostly process-related and there are many. Those enumerated in this review are but key examples and fall into six categories: studies, policies and plans, legislation, training, and documentation and the country's participation in global and regional processes for child well-being.

6.8.2 The first set of these contributions constitute seminal research. By 2004, 12 study and research reports had been digested for easier use and follow up on recommendations and findings.⁹⁰ In addition, the Country Programme commissioned situation analyses,⁹¹ audits,⁹² sentinel surveillances,⁹³ and, of course, this review. In all the Country Programme's components, there was support towards assessments such as nutrition and the impact of the growing humanitarian situation.⁹⁴ Significantly, with the support of the Country Programme, Zimbabwe was able to complete and submit its report to the Committee on the Rights of the Child. However, the studies and researches alluded to the human rights-based approach to development programming. The utility of all that information, depends on three factors. The first is converting them into baselines. The second is to present some of the findings in appropriate reports to clearly and easily show trends. The third is to disseminate them in user-friendly forms and ensure that community members know some of the findings and recommendations.

⁹⁰ . UNICEF-Zimbabwe, [Synthesised findings and recommendations of studies)

⁹¹ . UNICEF-Harare, Growing Up in Zimbabwe: Considering the Rights of Zimbabwean Children and their Families: Summary of the 1999 Situation Analysis (Harare, UNICEF, 1999); UNICEF, Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update (Harare; UNICEF, 2003)

⁹² . UNICEF-Zimbabwe, 'An Integrated Report on the Implementation Progress of UNICEF Supported Projects in Zimbabwe: Programme Audit Exercise 2003' (Harare; UNICEF, 2003)

⁹³ . UNICEF and Government of Zimbabwe, 10th Round Sentinel Surveillance Surveys (Harare; UNICEF, 2003)

⁹⁴ . E.g., UNICEF, 'A Pre-Humanitarian Assistance Recovery Programme Assessment of the Nutritional Status and Food Security Situation in Zimbabwe' (Harare; UNICEF, 2002); UNICEF, 'A Pre-Humanitarian Assistance of the Eater and Sanitation Situation in Zimbabwe' (Harare; UNICEF, 2002); UNICEF, 'Assessment of Impact of Community Based Counselling and Psychosocial Support for OVC' (Harare; UNICEF, 2002); UNICEF Knowledge, Attitudes, Behaviour and Practices of Various Duty Bearers in Zimbabwe; (Harare; UNICEF, 2001); UNICEF, 'Study on Children Orphaned by AIDS' (Harare; UNICEF, 2001); UNICEF, 'Study on Children Infected With AIDS' (Harare; UNICEF, 2001); UNICEF, 'Study on children With Disabilities' (Harare; UNICEF, 2001); UNICEF, 'Study on Sexually Abused Children' (Harare; UNICEF, 2001); UNICEF, 'Study of Street Children' (Harare; UNICEF, 2001); UNICEF, NGO Profile Study' (Harare, UNICEF, 2001); 'Study on Child Rearing Practices' (Harare; UNICEF, 1999); UNICEF, 'Public Expenditure Review/Children's Budget' (Harare; UNICEF, 1999)

- 6.8.3 The second set of potentially instrumental results relate to reviews of laws and policies. In this regard, a major report completed was a review of laws that affect child and women's rights.⁹⁵ That report is a rich source of information on the comparison between the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, on the one hand, and Zimbabwe's positive laws, on the other hand. However, comparison of national laws with national standards is not necessarily human rights-based. For example, child well-being or rights enjoyment as an expression of aspirations for the country was not the mainstay of the review. As a result, there was no synergistic focus on the goals and principles of child rights in relation to any gaps between the aspirations and the current situation. As making maximum contribution to human rights enjoyment whilst advancing human rights principles was not the framework of the review, it did not optimally comply with human rights principles. For instance, experts dominated the review and communities did not participate. The causality analyses further did not capture the positive and negative contribution of the law. As the correlative duties were not identified, the review concealed what should be done or what the law should stipulate as duties and processes. There was no evaluation of the effectiveness in holding duty bearers accountable and responsible. As the focus was not on rights and correlative duty bearers in view of the country's aspirations and current reality, there was no determination of the capacities of rights holders and duty bearers in the supply and demanding of human rights enjoyment.
- 6.8.4 The third potentially facilitative result and tool for informed programming and Triple A processes is the village register. Recently, the Country Programme has started piloting village registers to collect and use data about communities. Though somewhat complex, the Government well-appreciates the value of the registers though some within the Government hope that the information gathered through the registers will effect more effective collection of taxes.
- 6.8.5 The Country Programme, as a fourth category of process results that may contribute to child well-being, produced and disseminated some of the reports, training manuals, and information sheets.⁹⁶ Partners agreed that the Country's record to produce and package such materials was impressive and facilitative.
- 6.8.6 The fifth category of contributions, which requires follow up, consists of policies and plans. Notable process outcomes in this regard are the National Plan of Action for Orphans and Other Vulnerable Children.⁹⁷ of action, completed within the deadline set by the Medium Term Strategic Plan. A Sexual offences Act,⁹⁸ further, was passed and the Child Protection Act

⁹⁵ . UNICEF-Zimbabwe, 'The Conventions and the Laws: A Desk Review' (Harare; UNICEF, 2004)

⁹⁶ . E.g., UNICEF, 'Unleashing Community Experiences with Community Capacity Development in Zimbabwe' (Harare; UNICEF, 2002)

⁹⁷ . E.g., Government of Zimbabwe, 'Zimbabwe National Orphan Care Policy' (Harare; Government of Zimbabwe, Undated); Government of Zimbabwe, 'National Plan of Action for Orphans and Other Vulnerable Children' (Harare; Government of Zimbabwe, 2003)

⁹⁸ . Act No. of

amended to ensure better legal provision for the enjoyment of child rights.⁹⁹ A policy to mitigate the adverse effects the abolition of free primary school in Zimbabwe, the Basic Education Assistance Module, was adopted to assist orphaned and other vulnerable children with school fees.¹⁰⁰ The scheme is in implementation as is a budget in for CNSPN within the Social Development Fund. Several Government departments, materially in so far as the Country Programme is concerned, adopted Community Capacity Development. For example, the Ministry of Local Government and National Housing applied it to pro-poor strategies. Other ministries that expressed adoption of the strategy were the Ministry of Social Welfare and the Ministry of Health.¹⁰¹

- 6.8.7 The four set of process results that must be followed up to ensure maximum contribution to child well-being was training. All the programme components undertook training before and after the Mid Term Review.¹⁰² By the end of 2002, 260 district facilitators and 8070 community mobilisers were trained. In the Education component, 9 deputy Provincial Education Directors and 55 district ECEC were trained in ECEC and the human rights-based approach to programming by 2004. In the same Programme component, 400 teachers and 230 teachers were trained on girls' education and ECEC respectively. Also trained in ECEC were 1100 school heads and teachers. 2200 community members were trained in toy production. In the area of community-based counselling, 20,000 were trained. In the Health and Nutrition Programme, both men and women were trained as village pump minders. Training on the human rights-based approach to development programming was extended to UN agencies and non-governmental organisations.
- 6.8.8 The effect of the training to child well-being is difficult to evaluate for two reasons. The first is that there is no baseline with which to compare the effect of the training. The second is that it is not known how many of those who were trained are practising the skills acquired through the respective training. The problem is compounded by the high mobility, morbidity, and mortality amongst those who were trained. For example, in Bulilima and Mange districts, only 5 of the 12 CCD facilitators trained are still available.
- 6.8.9 The last category of achievements pertains to the Country Programme's support for Zimbabwe's continued participation in international processes for the well-being of children. Notably, Zimbabwe participated and agreed with other countries on the Millennium Development Goals. Zimbabwe also participated in the United General Assembly Special Session of Children.

6.9 Orphanhood and Child Vulnerability-Centred Programming

- 6.9.1 Despite activities in all the Country Programmes components and a dedicated Programme after the Mid Term Review, the incidents of orphanhood and

⁹⁹ . Children's Protection and Adoption Amendment Act, 1997

¹⁰⁰ . Government of Zimbabwe, [.....]

¹⁰¹ . UNICEF-Zimbabwe, Draft Report on the Mid Term Review of UNICEF and Government of Zimbabwe 2000-2004 Country Programme (Harare; UNICEF; 2003)

¹⁰² . UNICEF-Zimbabwe, Annual Report 2000 (Harare; UNICEF, 2000), UNICEF-Zimbabwe, Annual Report 2001 (Harare; UNICEF, 2001), UNICEF-Zimbabwe, Annual Report 2002 (Harare; UNICEF, 2002)

vulnerability are increasing in Zimbabwe. This area remains a major challenge in the context of HIV and AIDS and the growing humanitarian situation.

- 6.9.2 Most OVC programming in Zimbabwe is charity or welfare-based. The Country Programme was the major development initiative that promised a human rights-based approach. The strength of the approach in the Country Programme as human rights-based, however, slackened as the humanitarian situation escalated and capacities of duty bearers decreased. In general for the country, the primary outcomes have been education, access to safe water, improved sanitation, and general protection. Little regard was given to the process and other aspects of the child's well-being, especially participation. Although there was a general agreement that another outcome of the programming should be improved protection for such children, it was largely assumed that relief and access to certain basic services constitute the protection needed. Protection from discrimination, for example, is yet to become prominent in the programming.
- 6.9.3 A human rights-based approach to OVC programming would not only enhance a rare niche in development programming for the country, but also help address orphanhood and other forms of vulnerability more holistically. It would mean more systematic human rights-based causality analyses on orphanhood and other major forms of vulnerability. This would result in the development of project objectives that are not merely remedial, but those that can reduce incidents of orphanhood and vulnerability, prevent the adverse effects of orphanhood and vulnerability, and in cases where the effects have emerged, mitigate them. A proper human rights-based approach would focus on the rights of the orphaned and vulnerable child according to the life cycle, as they progressively develop into adults. Aspects of prevention of orphanhood and vulnerability would hence emanate from the preparation of children and young people as future adults and focus on capacity strengths and duty bearers and rights holders. Increased accountability in OVC programming in Zimbabwe would be a great achievement in development programming.

6.10 Summary and Conclusions

- 6.10.1 This review's focus in determining the success of the Country Programme remained the well-being of the child. Despite the general decline in human development in the Country Programme, the Country Programme made notable contributions to child well-being. Those contributions provide a sound foundation for the next Country Programme.
- 6.10.2 The Country Programme's contribution to child survival was largely through mitigation of loss of life and recovery or prevention of morbidity. The Country Programme made such contribution mainly through supplementary and therapeutic feeding, the relative success of IMCI, and significantly through PPTCT. PPTCT particularly stood out as an example of human rights-based programming, holistically focussing on a thematic area, and respecting human rights principles even during and humanitarian situation, and able to demonstrate well-being-related outcomes.

- 6.10.3 Notable contribution to child development largely related to reactive measures adopted to protect the enjoyment of the right to education. Strategies such as the supply of 'Schools in Boxes' for satellite schools in resettlement areas, and attempts to construct and rehabilitate schools that had been destroyed by cyclones are worthwhile investments in current and future child well-being. This contribution is appreciable mainly because many providers of development assistance curtailed or stopped their support to Government that resolutely pursued its land resettlement programme.
- 6.10.4 Contribution to child well-being through a focus on child participation were very mixed. Whilst it was difficult to gauge the contribution to well-being made through collaboration with the Junior Parliament and Junior Councils, youth initiatives that resulted from iterative Triple As in certain communities were outstanding. Such achievements mitigated the overall tendency of the Country Programme to work with adolescents as implementers designed by programmers and other adults.
- 6.10.5 Enormous challenges for the Country Programme related to child protection. The increasing recognition for greater focus on child protection resulted in a separate Programme component after the Mid Term Review. The results of this change are yet to be manifest though there are already well-being related changes where the Zero Tolerance on Child Abuse Campaign has pitched into iterative Triple As.
- 6.10.6 From inception to its final year, the Country Programme has struggled with HIV and AIDS. Though difficult to measure, the contribution of community-based counselling is obvious and well-appreciated. Such human rights principle-based strategies may need more emphasis in the next Country Programme. That may multiply the example of PPTCT as implemented in the City of Bulawayo.
- 6.10.7 Another towering contribution to child well-being as the PPTCT model in the City of Bulawayo is directly related to the overarching strategy itself, CCD. Lives were transformed where Triple A processes were iterative and generated plans that were received necessary support in implementation. A shining example of the transformational effect of CCD is evident in Masendu, one of the poorest communities before the inception of the Country Programme but which has quickly become vibrant and increasingly self-reliant as its members live in dignity despite the humanitarian situation.

7. The Challenge of Human Development Trends

7.1 Introduction

7.1.1 Development programmes, in a human rights-based approach to programming, must always strive to make maximum contribution to the enjoyment of human rights. This entails that the context must continuously be reviewed. In this regard, the Country Programme completed an updated 'Situation Analysis' in 2003, consolidating "findings from various studies and surveys on the situation of children."¹⁰³

7.1.2 This chapter notes the continuing and fresh challenges for child-focused development programming in Zimbabwe, for years after its development. The chapter identify the problems that are key to improved child well-being in Zimbabwe for the next Country Programme.

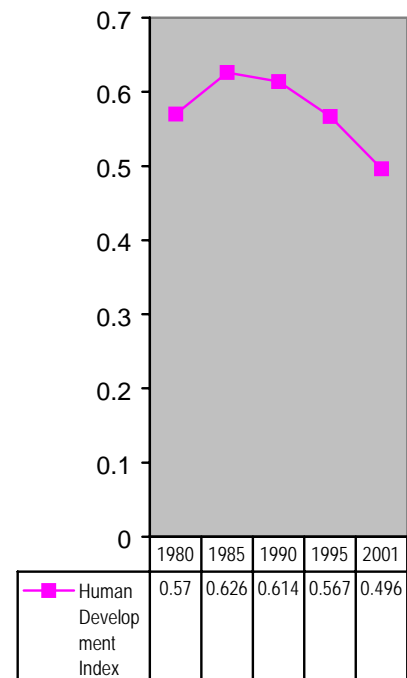
7.2 Declining Human Development in Zimbabwe

7.2.1 As the new Millennium advanced, amidst persisting development challenges such as growing poverty and increasing threats from HIV and AIDS, the World strengthened the commitment to advance human development. The Millennium Development Goals, with specific targets to be attained by 2015, were agreed, with Zimbabwe as a party.

7.2.2 The Millennium Development Goals¹⁰⁴ require states to halve the population living in income poverty, halve the number of people suffering from hunger, reduce infant and under-5 mortality rates by two thirds, and reduce maternal mortality. States are further required to combat HIV/AIDS, malaria and other diseases, and ensure environmental sustainability including access to safe and clean water and a reduction of people living in slums. The goals further underline enlargement of capacities through education just as they emphasise the need to accelerate efforts aimed at achieving gender equality.

7.2.3 In Zimbabwe however, human development has been decline in Zimbabwe since the early 1990s. The Human Development Index for the Country rose from 0.570 in 1980 to 0.626 in 1985. It dropped to 0.614 in 1990 and has been dropping since then, given as 0.496 in 2001.¹⁰⁵

Human Development Index Trend
(Source: UNDP, *Human Development Report 2003*)



¹⁰³ . UNICEF, 'Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update' (Harare); UNICEF, 2003), at

¹⁰⁴ . Millennium Declaration, New York, <http://www.un.org.millennium.declaration/ares552e.html>

¹⁰⁵ . UNDP, *Human Development Report 2003* (Oxford; Oxford University Press, 2003)

Zimbabwe and the Millennium Development Goals as of 2003

No	Goal	2015 Target Unless Otherwise Stated	Select Zimbabwe Indicator			
			Indicator	Previous	Latest	
1	Eradicate Extreme Poverty	Halve the population of people living in poverty	% of real GDP growth, 1990, and 2003	7.0	-13.9	
			Inflation rate	15.5	620	
			Per Capita Real GDP, 1990 and 2003	5.5	-14.1	
			% of poverty gap ratio 1990-2001		9.6	
		Halve the population of people who suffer from hunger	% of poorest 20% in national income or consumption, 1990-2001		4.6	
			% of children under 5 underage, 1995-2001		13	
2	Achieve Universal Education	Ensure that children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	% of undernourished people, 1990-92 and 1998-2000	43	38	
			Net enrolment ratio (%), 1994 and-2002	82	93	
3	Promote Gender Equality and Empower Women	Eliminate gender disparity in primary and secondary education at all levels not later than 2015	% of children completing primary school, 1994 and 2002	82.6	76.1	
			Ratio of girls in primary education, 1990-91, 2000-2001	0.99	0.97	
			Ratio of girls to boys in secondary education, 2000-2001		0.88	
			Ratio of girls to boys in tertiary education, 2000-01		0.60	
4	Reduce Child Mortality	Reduce by two thirds the mortality rate among children under five	% of Female share of non-agricultural wage employment, 1990 and 2001	15	20	
			Under-five mortality rate, 1990 and 2001	80	123	
			Infant mortality rate, 1990 and 2001	53	76	
5	Improve maternal health	Reduce by three quarters the maternal mortality ratio	% of one year olds fully immunised against measles	87	68	
			Maternal mortality ratio, 1984-1994 and 1995 to 1999	283	695	
			% of births attended by skilled health personnel, 1988 and 1999	76	90	
6	Combat HIV/AIDS, Malaria and Other Diseases	Halt and begin to reverse the spread of HIV/AIDS	% of HIV for population aged 15 to 49, 2000 and 2003	25	34	
			Prevalence rate among those aged 15-24, 2000		32	
			Orphans' school attendance rate as % of non-orphans, 1995-2001		85	
		Halt and begin to reverse the incidence of malaria and other major diseases	Clinical malaria cases per 100,000 people, 1990 and 2000	65	122	
			Life expectancy at birth (years)	61	43	
			Tuberculosis cases per 100,000 people, 2001		291	
			Estimated deforested hectares per year		100,000-320,000	
		Reduce by half the proportion of people without sustainable access to safe water	% of population with sustainable access to an improved water source in rural areas, 1990 and 2000	65	75	
		Achieve significant improvement in the lives of at least 1000 million slum dwellers	% of rural population with access to improved sanitation, 1997 and 1999	56	58	
		7	Ensure environmental sustainability	Integrate the principles of sustainability development into country policies; reverse loss of environmental resources		
Reduce by half the proportion of people without suitable access to safe drinking water	% of population with access to safe water, 1997 and 1999				73	75
Achieve significant improvement in lives of at least 100 million slum dwellers by 2020	% of people with access to safe sanitation, 1999					56
8	Develop a Global Partnership for Development	Develop further an open trading and financial system that is rule-based, predictable, and non-discriminatory.				
			Address the least developed countries special needs			
			Address the special needs of landlocked and small island developing countries			
			Deal comprehensively with developing countries debt problems	% of external debt against GDP, 1998 and 2003	64	173
			In cooperation with the developing countries, develop decent and productive work for youth			
			In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries			
In cooperation with the private sector, make available the benefits of new technologies, - especially information and communications technologies						

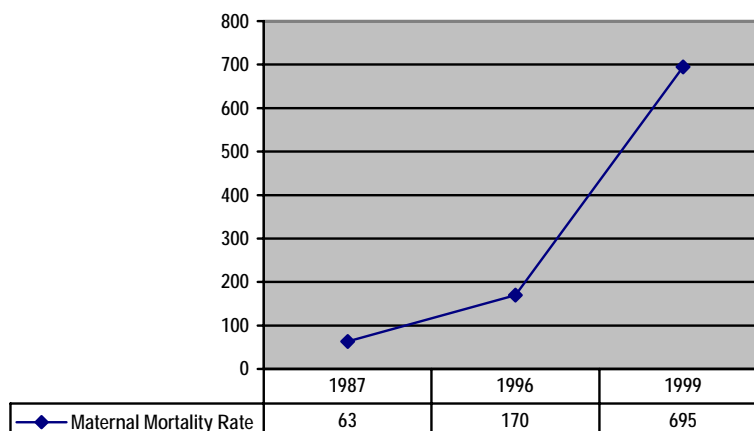
7.3 Manifestations of Poor Human Development Among Children

7.3.1 The declining human development in Zimbabwe is observable among the country's children. In general, the survival, development, participation and protection of children has come under increasing threat in the past decade.

7.3.2 According to the Convention of the Rights of the Child, the child must start, as soon as she or he is conceived, start holistically enjoying her or his rights to enable her or him optimally survive, develop, participate and be protected.

However, in Zimbabwe, the signs of threatened quality of life or poor enjoyment of child rights start early, during the 0-3 year period. The hospital-based Maternal Mortality Rate increased from 63/100,000 in 1987 to 170/100,000 in 1996.¹⁰⁶ By 1999, the Maternal Mortality Rate had reached 695/100,000.¹⁰⁷ The 2001 Common Country Assessment, for an unspecified year, states that between

The Trend in Maternal Mortality Rate in Zimbabwe



60,000 and 70,000 abortions take place. Abortion-related mortality at 23% in urban areas was higher than in rural areas (15%).¹⁰⁸

7.3.3 Upon birth, registration of children is low, adversely affecting the tracking of those children who may miss essential health services such as immunisation. While Zimbabwe made significant progress in reducing infant mortality in the 1980s, mortality figures have increased substantially in the 1990s. Between 1999 and 2001, Infant Mortality Rate increased from 65 to 76 while the Under-5 Mortality Rate increased from 102 in 1999 to 123 in 2001. The proportion of children who are born infected with HIV/AIDS increased from 9% in 1997 to 12% in 2000. In 1999, only 39% of infants were exclusively breastfed up to 4 months of age. Between 1999 and 2001, immunisation coverage declined across all antigens. However, it began to show signs of recovery in 2002. In that year, the rate rose from 43% to reach 85% for 1 year olds, partly due to more direct material and logistical support from UNICEF.

7.3.4 The respect, protection, promotion, and provision of the enjoyment of child rights for the 0 to 3 stage, to a large extent, determines child-well-being in the 3 to 6 stage. The observations made for children in the 0 to 3 years stage also

¹⁰⁶ . UNICEF-Harare, 'Growing Up in Zimbabwe: Considering the Rights of Zimbabwean Children and their Families: Summary of the 1999 Situation Analysis' (Harare, UNICEF, 1999), at 16.

¹⁰⁷ .Central Statistical Office, *Zimbabwe Demographic and Health Survey 1999* (Central Statistical Office and Macro International Inc., 2000)

¹⁰⁸ . United Nations Country Team in Zimbabwe, *Common Country Assessment* (Harare; UN Team in Zimbabwe, 2001)

apply to children aged between 3 to 6, save that there is decreased degree of vulnerability. It is however crucial to continue to address the survival and protection aspects of the child's life, when the child is over 3 years old. In Zimbabwe, stunting and other manifestations are very vivid for children between 3 and 6 years. Children aged 5 and below who were moderate to severely stunted increased from 27% to 41.3% between 1999 and 2002. The rate of moderate to severely underweight children increased from 13% to 24.4% over the same period.¹⁰⁹ In terms of enjoying the right to early education, the enrolment has been low but increasing. In 1998, the rate of children accessing formal early childhood education was 35. This rose to 48% in 2000.¹¹⁰

- 7.3.5 In addition to the rights essential for earlier age groups, certain rights require priority emphasis for the 6 to 12 age group. Subject to age and ability, the child must enjoy the right to express views in matters that may affect her or him¹¹¹ and generally to participate.¹¹² During the primary school years, the development of many Zimbabwean children remains under threat. From 1994 to 2000, there was a continuous upward trend in net primary school enrolment. The ratio increased from 81.9% in 1994 to 92.5% in 2000.¹¹³ The upward trend was interrupted in 2001, when net primary enrolment declined to 90.4%. Although this compares well with other countries in Southern Africa, only 75% of primary school pupils complete 7 years of schooling. The 2001 Common Country Assessment shows that net primary school enrolment varies between regions.¹¹⁴ Harare was found to have the lowest net enrolment, at 71%. The low net enrolment for Harare was attributed to the high costs in the form of school fees and levies. Inability to pay fees, further, adversely affects retention in school. Of the children who drop out of primary school in Harare, 38.8% cite school fees as the main reason.¹¹⁵ As income poverty in Zimbabwe increases, therefore, and as there is no provision for free and compulsory education, the net enrolment and drop out rates will continue to worsen.
- 7.3.6 Adolescence is critical for the immediate preparation for adulthood. According to the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, adulthood occurs at 18. Biologically, physically, emotionally, cognitively, mentally and spiritually, many children undergo changes or affirm their personalities and gain or lose attributes that are essential for the preparation of adulthood. Indicators further show continued threats to the enjoyment of child rights, particularly for girls during adolescence in Zimbabwe. In Zimbabwe, the rate of girls

¹⁰⁹ .

¹¹⁰ . UNICEF, *Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update* (Harare); UNICEF, 2003, at 47-48

¹¹¹ . CRC, Articles 12 and 13.

¹¹² . CRC, Article 17, CRC, Article 14, CRC, Article 15, CRC, Article 16, CRC, Article 28

¹¹³ . United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001)

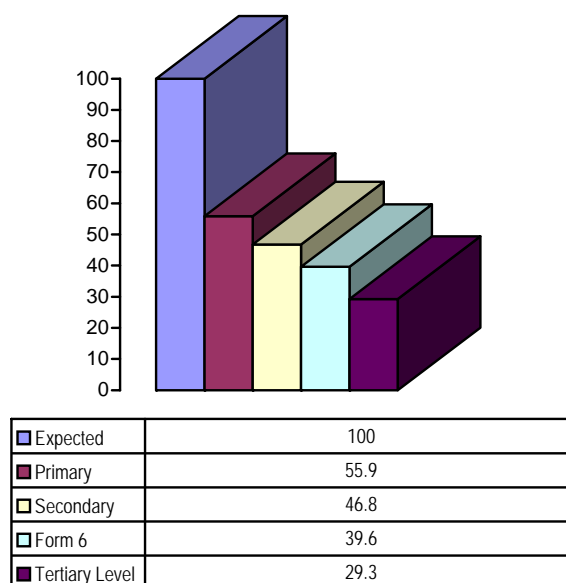
¹¹⁴ . United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001), at 58

¹¹⁵ . United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001), at 61

enjoying the right to education decreases as the girl approaches and becomes an adolescent. The Common Country Assessment suggests that 55.9% of school age girls are in school, indicating a lower transition rate from primary to secondary school.¹¹⁶ At secondary school level, girls constituted 46.8% of pupils in 2000. At Form 6 level, girls constituted 39.6%, declining further to 29.3% at tertiary level. Pregnancy is cited as one of the main contributors to the dropout rate for girls. As the 2001 Common Country Assessment points out, in times of economic hardship, girls' education is sacrificed as increasing number of girls are called upon to look after terminally-ill family members or to take care of younger siblings. The education of the girl child is further threatened by early pregnancies. The proportion of girls aged 19 who are already mothers or are pregnant rose marginally from 44% in 1994 to 45.6% in 1999. During the review, communities and service providers reported high prevalence of teenage pregnancies, the extent of which need to be established by research.

7.3.7 The prevalence of HIV infections and sexually transmitted disease among young people, especially girls, is alarming. An estimated 5,000 children below the age of 15 years are infected with HIV. The HIV infection ratio of females to males among those aged 15-19 years is 5:1. The 2001 Common Country Assessment states (no year given) that 14% of those aged 14-19 years have had a sexually transmitted infection. 30% of HIV/AIDS cases are among people infected during adolescence, a group within which levels of knowledge and practices to prevent infections is low. Knowledge of where to get condoms was in 2000 reported to be at 31.7% among boys and 50% among girls. However, condom use during a last sexual encounter of survey respondents was low for females, at 14.7% compared to 57.8% for males aged 15-19 years. While 32% of females aged 15-19 years were sexually active, only 11.2% were on any form of contraception. The assessment is that current programming is not meeting the reproductive health rights and needs of adolescents.¹¹⁷

Decreasing Rates of Girls and Education by Level



7.4 The Growing Incidents of Orphanhood and Vulnerability of Children

7.4.1 In all the age groups, there are orphaned and other vulnerable children, whose numbers and gravity of suffering have been increasing. In 1999,

¹¹⁶. United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001)

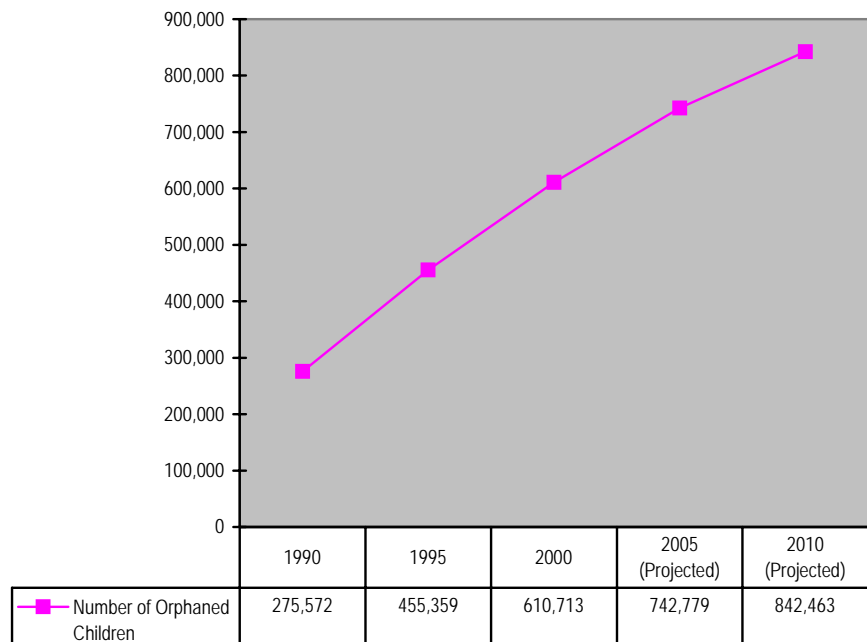
¹¹⁷. Adolescent Health Needs Assessment

650,000 children were orphaned (one or both parents deceased). The number grew to 780,000 in 2000. The proportion of children under the age of 15 who were orphaned was 23.7% in 2000.¹¹⁸ The effects of orphanhood include poor socialisation, poor nutrition, inadequate schooling, psychosocial scarring, and physical, psychosocial and sexual abuse.¹¹⁹ Like other vulnerable children, orphaned children are easily victims of infringement of human rights principles because of their social, psychological, and economic vulnerability. They tend not to enjoy the rights related to participation and live with violated dignities, being treated as social problems or objects of charity or suffering discrimination. Particularly affected are the rights to education, adequate standard of living, alternative care, periodic review of a child are in alternative placement, protection from abuse and exploitation, protection from neglect, access to reproductive health services, food, and information. In addition, the children least enjoying these rights are often discriminated and treated as objects of charity.

- 7.4.2 In Zimbabwe, amongst children, those orphaned, relatively and in general least enjoy their human rights both in terms of scale and gravity of deprivation. Zimbabwe has been identified as one of the three countries that will have the highest proportion of orphaned children, with more than one in every 5 children, by the year 2010.¹²⁰ Orphanhood is associated with all the seven major causes of declining

human development identified in this review. Firstly, the macro-economic instability is most adversely affecting those that are vulnerable. Households of or with orphaned children are "likely to become poor"¹²¹ largely due to high dependency ratios or

Estimated Number of Orphaned Children



¹¹⁸ . United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001)

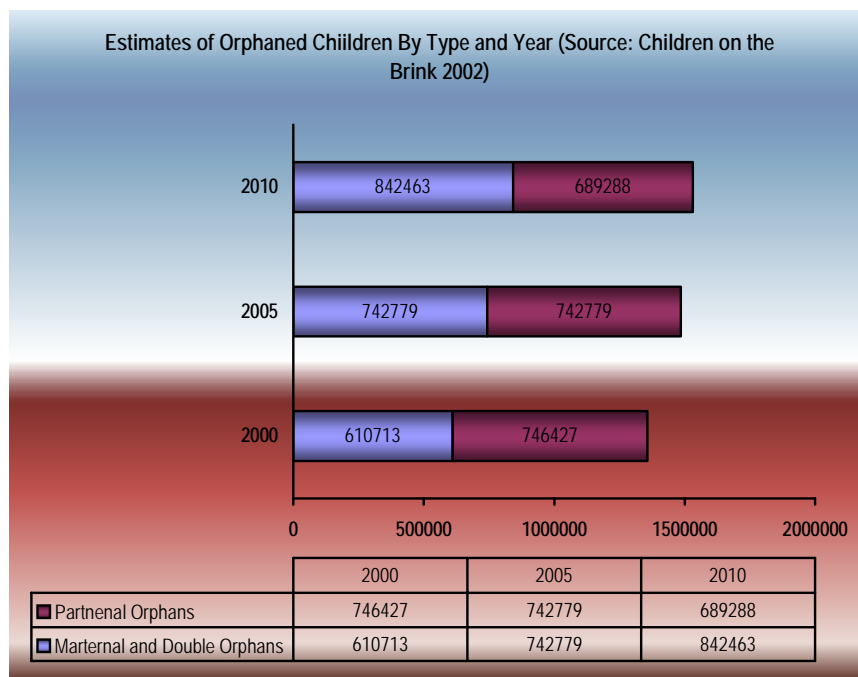
¹¹⁹ . UNICEF, 'Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update' (Harare; UNICEF, 2003).

¹²⁰ . UNICEF, Africa's Orphaned Children (New York; UNICEF, 2003), at 9

¹²¹ . UNICEF, Africa's Orphaned Children (New York; UNICEF, 2003), at 15.

children fending for themselves or siblings. In rural Zimbabwe, in 2002, households with orphaned children “earned on average 32 per cent less than households without orphans.¹²² The representation of orphaned children in the poorest quintiles increased by 12% between 1994 and 1999.¹²³

7.4.3 Trends and predictions indicate that whilst there were more paternal orphaned children in 2000, there will be more maternal and double orphaned children by 2010. One reason for this trend is the escalating maternal mortality rate in the country. This indicates that, in general, more orphaned children will lack maternal care from their biological parents.



7.4.4 The persistent immediate causes of these manifestations of poor enjoyment of human rights are largely connected to HIV and AIDS and its effects. These include the death of a parent or parents. Many of these die because of AIDS, contracted largely due to unprotected or careless sex. The result is absence of or weakened duty bearers, when parents or willing relatives are dead or unable to care for the child due to illness. These problems are exacerbated by unavailability of food, expensive schooling. The major missing component in the Zimbabwean context to minimise these problems are weakening parental skills, the sexual powerlessness of women, and inadequate or weakening social safety nets, such as the extended family.

7.4.5 Still underlying the poor enjoyment of child rights for orphaned and vulnerable children are set of key factors. The first is Government’s inability to facilitate adequate access to ARVs. The second is weakened capacity for the health systems effectively to manage illnesses especially opportunistic diseases, inheritance practices that disadvantage children, and the tolerance or quickness of society to understand the neglect of children. This is linked to weak appreciation of duties, underlying the need for the continued advancement of the human rights-based approach to programming. From a programming perspective, there is

¹²² . UNICEF, Africa’s Orphaned Children (New York; UNICEF, 2003), at 17

¹²³ . UNICEF, Africa’s Orphaned Children (New York; UNICEF, 2003), at 16

low holistic development programming to address HIV and AIDS. Many of these causes can be linked to the increasing poverty, unequal gender relations, and bottlenecks in the delivery of basic services.

7.4.6 At the basic level, there are strong patriarchy, patronage, and a weak culture of accountability to rights holders on part of service providers and other duty bearers. In the KABP survey¹²⁴ on child rights, there was no indication that communities are aware that service providers can be made to account to community members and other rights holders. This is linked to the absence of adequate and effective controls of public and national resources to enable the general public control public functionaries.

7.4.7 In addition to orphaned children, there are at least nine categories of vulnerable children in Zimbabwe. However, an orphaned child is more likely to be among each or more of the other groups of vulnerable children. The first six categories have for long been recognised as vulnerable children while the last three are still not regarded as programmatic areas by many programmers.

Groups of Vulnerable Children in Zimbabwe

- ⇒ Orphaned children
- ⇒ Child heads of households
- ⇒ Children with disabilities
- ⇒ Children working or living on the street
- ⇒ Children in conflict with law
- ⇒ Children in harmful forms of labour
- ⇒ Children in especial danger or subjected to physical and sexual abuse

7.4.8 In addition to orphaned children, the second group of vulnerable children, much related to orphaned children, are child heads of households and others forced to assume adult roles. As poverty deepens and widens, the number of children assuming adult roles is also increasing. The third group of vulnerable children are those with disabilities, in 1999 estimated to be 150,000, mostly from preventable causes.¹²⁵ Children with disabilities often suffer discrimination. The fourth group of vulnerable children in Zimbabwe are those living or working on the street, estimated to number 12,000. 40% of these cited poverty as the main reason that pushed them onto the street while 30% indicated The fifth group of vulnerable children in Zimbabwe are those in conflict with the law. The numbers of these children have been falling largely due to diversionary measures in the juvenile justice system. However, the problem is not yet eradicated. The sixth group are children involved in harmful labour, in 2000 estimated by the ILO¹²⁶ to constitute 26.3% of Zimbabwean.¹²⁷ The seventh and eighth groups of vulnerable children seem to have group of vulnerable children are those subjected to or in especial danger of being physically and sexually abused or exploited. The number of reported cases of sexual abuse of girls rose from 1,128 in 1995 to 1,426 in 1996 before declining to 612 in 1997.¹²⁸ No reasons are cited for the decline. Of the reported cases of rape involving children aged 16 and

¹²⁴

¹²⁵ UNICEF and SARDC, []

¹²⁶ ILO, [.....]

¹²⁷ ILO, [.....]

¹²⁸

below, 53% were of children aged 13-16 years, 39% of children aged 6-10 years and 8% involved children aged 2-5 years. Culturally, girls that have attained puberty are regarded as ripe for sex. The humanitarian situation in Zimbabwe has exacerbated the vulnerability of children to sexual exploitation including increased incidents of rape and defilement. The humanitarian situation sparked new forms of exploitation, especially sexual exploitation by relief and other service providers and child trafficking for exploitation. Although the extent of the phenomenon is yet to be established, children living in border districts such as Beit Bridge are most prone to being trafficked for sexual exploitation in foreign countries, particularly South Africa and Botswana.

- 7.4.9 The two groups that demand non-conventional OVC programming are those living in destitute families and teenage mothers and their children. Children living in destitute families are most prevalent in child-headed and female-headed households. Vulnerable people resort to difficulty coping mechanisms that degrade their dignity and deny enjoyment of human rights. People beg. They borrow. Foodstuffs and other basic needs are sold. Durable commodities become inaccessible. Some people exploit others in the labour and general market.¹²⁹ Others are exploited sexually. Many become susceptible to abuse. Many suffer discrimination, stigma, and exclusion. The ninth group, often not programmatically addressed, are teenage mothers and their children.

7.5 The 5 Major Causes of Key Threats to Child Rights Enjoyment

- 7.5.1 Five synergistic clusters of factors have largely caused the declining human development and the manifestations in the threat to the quality of life among children. Three of these, HIV and AIDS, income poverty, and increasing inability to cope against a humanitarian situation, were known during the design of the Country Programme though their respective escalation were not predicated. Two, reduced capacities at all levels and declining support from the international community, have been consequences of the humanitarian situation in the country and the Government's disagreements with certain national and international actors about the country's land resettlement programme.
- 7.5.2 The 2000-2004 Country Programme required focus on HIV and AIDS because the sets of incidents associated with the spread and effects of HIV and the impact of AIDS were recognised as threats against human development and, in particular, child rights enjoyment. Such threat to human development continue, as the Country Programme draws to its end. Infection has risen from 9% in 1990 to 25% in 1998 and to 33.7% in 2002. A lower prevalence rate attributed to the methodology of the research was given as 24.8%. The majority of reported AIDS cases are among 20-39 year olds, with cases peaking among women of 20-29 years and men of 30-39 years.

¹²⁹ . For example, Garton Kamchedzera, 'The Management of Macro-Economic Instability and Child Rights in Poor Countries', in Eugene Verhellen (ed.), *Understanding Child Rights* (Gent; Unicity of Gent, 2001), 363-375.

- 7.5.3 The second set of causes of the poor enjoyment of child rights relate to poverty, in general, but to income poverty caused by macroeconomic instability in particular. Households living below the poverty line increased from 26% in 1990 to 35% in 1995. In terms of the consumption poverty line, the rate of households in poverty increased to 62% by 1996, compared to 40% in the 1980s.¹³⁰ In 1995, 62% of the population was classified as living below the food poverty line.¹³¹ The incidence of poverty was higher among female-headed households than male-headed households, 72% and 58% respectively. In 2002, 80% of the population was classified as poor.¹³² Urban poverty has also been on the increase. In 1997, the income share of the poorest 40% was 10%.¹³³ Vulnerable groups identified in the 2001 Common Country Assessment include: former farm workers, the urban poor, the unemployed, female-headed households, households with members suffering from long illnesses such as tuberculosis and those that have lost a breadwinner.¹³⁴ Added to these should be the unemployed in a country where social security systems are weakening. In 1996 the labour unions estimated unemployment to be at 44%.¹³⁵ In the same year, the ILO estimated a similar rate of unemployment noting that the unemployment rate was higher among women (55%) compared to men (32%). In 1992, unemployment was highest (66%) among those aged between 15 and 24 years. Data for the 1990s shows that formal sector employment was growing at a negative rate from 1998 while informal sector employment was growing rapidly with the number of people employed in the informal sector doubling between 1996 and 1998. The main cause of such unemployment is the weakening economy.
- 7.5.4 The third source of threats to human development is the escalating humanitarian situation in the country. The complex humanitarian situation has multiple causes,¹³⁶ an interplay of natural and people-made factors. The main ones are a weak food security system, the land reform process with consequent displacement of families, AIDS, natural disasters especially drought, increasing income poverty, political tensions, and persisting questions relating to the manner the country is governed. The 2001 Common Country Assessment¹³⁷ points out that droughts and cyclone-induced flooding in the 1999/2001 and 2000/01 agricultural seasons left many farmers in the southern districts with less than adequate stock. The planted area in the commercial farming sector declined by 30% in 2000, largely due to

¹³⁰ . United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001)

¹³¹ . UNICEF-Harare, 'Growing Up in Zimbabwe: Considering the Rights of Zimbabwean Children and their Families: Summary of the 1999 Situation Analysis' (Harare, UNICEF, 1999)

¹³² . UNICEF Zimbabwe, 'UNICEF-Zimbabwe 2002 Annual Report' (Harare; UNICEF, 2002), at 10.

¹³³ . UNICEF-Harare, 'Growing Up in Zimbabwe: Considering the Rights of Zimbabwean Children and their Families: Summary of the 1999 Situation Analysis' (Harare, UNICEF, 1999), at 18

¹³⁴ . United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001)

¹³⁵ . United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001), at 88.

¹³⁶ . UNICEF, 'Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update' (Harare; UNICEF, 2003), at 28

¹³⁷ . United Nations Country Team in Zimbabwe, 'Common Country Assessment' (Harare; UN Team in Zimbabwe, 2001)

uncertainties associated with the land reform programme. In 2002 a further decline of 62% occurred when the land redistribution exercise started. Zimbabwe's dramatic economic decline was cited as resulting in increased food insecurity and greater inequality.

- 7.5.5 The fourth set of causes of poor human development, reduced capacities at all levels, relate to the consequences of HIV and AIDS, growing poverty, and the growing humanitarian situation. The reduced capacities of many households coincides with their apparent powerlessness to demand, as rights holders, the enjoyment from higher level duty bearers due to ignorance of such and child rights and the nature of correlative duties. From the most recent KABP survey on child rights,¹³⁸ it is clear that knowledge of the content of child rights and correlative duties is either low or confused or both. Such reduced has coincided with changing structures of the family. Many children are growing up in single-parent households, child-headed households, or in the care of elderly grand parents or other relatives and in some cases in formal foster care. An increased tendency towards the nuclear family and the disintegration of the extended family have had wide-ranging implications for the socialisation of children including effects on cognitive development and loss of emotional, decision-making, counselling, and education support.¹³⁹
- 7.5.6 Also shifting and in need of further study, are the nature and state of communities. The 2002 Situation Analysis Update explores the community and its capacities, but shows limited analysis of the impediments to social cohesion within the cultural and ethnic 'melting pots' represented by urban areas, resettlement areas and other similar settings.¹⁴⁰ Many studies on which recent development programming has been based do not explore the impact of the shifting nature of communities in their various settings except to note that capacities have declined. In many of these settings, geographic proximity is used to define communities. Neither the extent to which such communities become vibrant pursuers of their collective interests nor their linkage with and utilisation of political space and opportunity are explored. In the urban setting, engagement with 'community' is ill-informed and consequently the 'community' may become a construction of the intervention. In the rural setting, there may be multiple structures around which the community and the sub-communities within it are organised and among these there may be on-going struggles and transformations all of which could have different implications for the capacity of the community. Within land reform, food insecurity and increasing urban poverty, newly settled and urban communities present new programmatic fronts in this regard. Development programming however is yet to recognise the dynamism of communities in the context of such politico-economic activities. Within the current changes, it may require more research to establish which patterns and norms within communities will remain and which ones are merely temporary or transitional.

¹³⁸ . UNICE Knowledge, Attitudes, Behaviour and Practices of Various Duty Bearers in Zimbabwe; (Harare; UNICEF, 2001)

¹³⁹ . United Nations Country Team in Zimbabwe, 'Common Country Assessment', (Harare; UN Team in Zimbabwe, 2001)

¹⁴⁰ . UNICEF, 'Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update' (Harare); UNICEF, 2003)

- 7.5.7 Another group whose capacities to perform duties correlative to child rights have been service providers. The health sector, for example, has been severely affected by the reduced per capita allocation (from US\$23.6 in 1991 to US\$14 in 2001) and a serious 'brain drain'. This is due to a decline in real wages and unattractive conditions of service for health workers. Additionally, many health workers have themselves succumbed to AIDS-related illnesses.
- 7.5.8 The loss of capacities for public service providers is yet to be effectively mitigated by civil society and the private sector. Civil society in Zimbabwe is acknowledged as diverse and offering much potential. However, its activities are limited in geographic scope and scale due to funding constraints. In addition, the approach of many of these is not necessarily human rights-based, as they deliver services as a matter of charity or welfare. The engagement of the private sector in child rights issues was also observed to be limited. Among the factors contributing to limited involvement were the challenging economic environment and the low publicity value of activities in support of children.
- 7.5.9 The hub of district administration, on which community capacity development found strategic partners, has also adversely been affected. The complex humanitarian situation and especially HIV and AIDS have adversely affected the capacities of district councils in two ways. The first is that the macro-economic instability and decreased availability of economic resources from central Government is an impediment against optimum delivery of service and coordination. The second is that trained or experienced staff have been lost through death and migration, in search of better incomes.
- 7.5.10 The problems at the district administration level further extend to the provincial and national level. At both levels, Government human and economic resources are in decline. Despite such problems, there is yet to be research to identify bottlenecks within the country's organisational resources that may have to be addressed to improve the efficiency of Government amidst its increasing loss of human and economic resources.

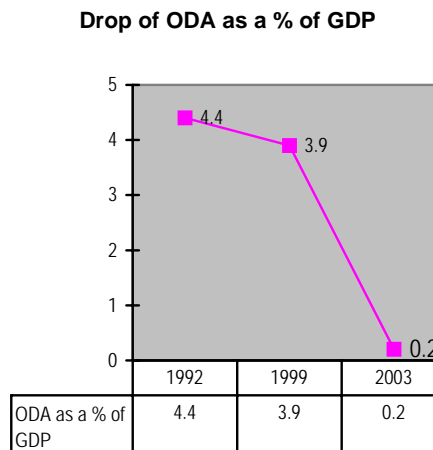
7.6 The International Community as a Duty Bearer for Child Rights

- 7.6.1 Up until the late 1990s Zimbabwe enjoyed much international funding and technical support. While the international donor support has declined over the past few years, largely owing to sanctions imposed on the country, there are areas that remain well-supported. The 2002 Situation Analysis Update cites examples of on-going donor support in responding to humanitarian crises.¹⁴¹ These areas however have increasingly related to relief such as the provision of food and reconstruction of schools. Among the areas that have suffered a huge decline in support with severe consequences for the population has been health. The health sector was in 1999 receiving USD76 million. By 2002 this figure had shrunk to a mere USD 6.8 million.¹⁴²

¹⁴¹ . UNICEF, 'Hope Never Dries Up: Facing the Challenges: Situation Analysis of Children in Zimbabwe 2002 Update' (Harare); UNICEF, 2003)

¹⁴² . Mwanavenka, [.....]

7.6.2 Official Development Assistance (ODA) to Zimbabwe stood at US\$ 340 million in 1990. The level of aid increased to US\$792 million in 1992 in response to the drought that affected the country. In the three subsequent years, the official aid averaged US\$ 516 million, declining to an average of US\$ 328 in the next subsequent three-year period. By 1999 ODA flows stood at US\$ 244 million.¹⁴³ As a proportion of GDP, ODA peaked at 4.4% in 1992, stood at 3.9% in 1999 and has since declined rapidly to 0.2% of GDP. What the figures do not reveal is that the decline on ODA in absolute terms has been very steep at a time of sharp decline in GDP. This net effect of the movement of these parameters in the same direction is a higher proportion of GDP that would be the case had GDP remained static or been increasing.



7.7 Summary and Conclusions

7.6.3 The 2000-2004, Zimbabwe Country Programme was implemented amidst growing development challenges. The humanitarian situation, which may have appeared nascent in 1999, is now complex. A controversial land resettlement programme that largely lacks donor support within the context of a growing HIV and AIDS scourge has exacerbated the effects of droughts and cyclones. These factors have adversely affected duty bearer capacities at all societal levels, threatening the correlative enjoyment of child's rights. As the humanitarian situation increased in intensity and spread, duty bearer's capacities to respect, protect, promote, and provide for the enjoyment of child rights decreased. Increasingly, the human rights-related duty to protect the enjoyment of rights becomes pressing, as the enjoyment of child rights is threatened. In many cases, the human rights duty to provide for the enjoyment of child rights was obvious, as capacities diminished.

7.6.4 The worsening state of the enjoyment of child rights required responsive programming that would adhere to the human rights-based approach to programming and be able to achieve well-being related outcomes. Such responsiveness, in Zimbabwe's context, requires focus on orphanhood, clearly one thematic issue that generally causes poor enjoyment of child rights for the largest number of children and in the manifested gravity of deprivation.

7.6.5 Inevitably, the programming has to be knowledge based, in view of the context, to ensure relevance. In this regard, certain areas are still due for seminal research. They include changing nature and types of communities and teenage pregnancies and the rights of the girl mother and her child.

¹⁴³ . African Development Indicators

8. Recommendations

8.1 Introduction

- 8.1.1 This chapter presents the draft recommendations of the review of the Government of Zimbabwe and UNICEF 2000-2004 Country Programme. The recommendations assume that the human rights-based approach to programming will continue in Zimbabwe, for UNICEF-supported development programming. This entails that, as much as possible, the recommendations are the review's quest towards having a UNICEF-supported Country Programme that makes sustainable maximum contribution to the enjoyment of child rights in the Zimbabwean context.
- 8.1.2 There are seven recommendations. The first relates to successful programme experiences that the programme under review should consolidate in its remaining ten months and during the five years of the next Programme. The experiences are proven achievements that have significantly contributed to the prospects for improvements in child well being within the human rights-based approach. The second stresses achievements, already geographically concentrated, which are models ready for expansion to other geographic areas. The third specifies results that require follow up, to translate into child well-being. The fourth recommendation proposes issues for the strategic thrust of UNICEF-supported programming. The fifth relates to strategic points on geographical coverage. The sixth recommendation pertains to areas for further programmatic improvement so that future programming makes maximum contribution to the enjoyment of child rights in Zimbabwe. The seventh recommendation specifies areas for further research. Justifications based on the major findings of the review explain the necessity of each recommendation and its components.

8.2 Experiences for Consolidation

- 8.2.1 The programme under review made many significant achievements both in terms of completed planned activities and in contributing to child well-being in Zimbabwe. The first recommendation specifies twelve areas that deserve programmatic consolidation. The review found twelve programmatic areas that exemplify the success of the programme not only with regard to completed activities, but also to evidence of significant contribution to child well-being. The areas are predominantly related to the human rights-based approach to programming and its major strategy as adopted in Zimbabwe, community-centred capacity development.
- 8.2.2 UN partners, the Government, and civil society acknowledge these successes. Such gains must not be lost to adverse factors such as the humanitarian situation and ineffective programming.
- 8.2.3 The following are the twelve areas and the facts established by the review:

Key Finding		Recommendation	Justifications
Area	Facts		
Popularisation of CCD	<ul style="list-style-type: none"> ○ CCD is well appreciated in communities, the Government and amongst civil society as having increased the overall planning capacity in the country and created opportunities for other programmers to work with communities that have action plans or undertake Triple As. ○ The review of the decentralisation strategy creates the opportunity for formal systems to be more facilitative of CCD. 	1. Programmatic consolidation of results must apply to those areas where positive results are well appreciated but the outcomes have not sufficiently deepened to animate social transformation.	The humanitarian situation prevalent in Zimbabwe has severely diminished capacities at all levels providing further arguments for capacity development as a general strategy.
Catalytic role in using CCD to promote decentralisation and multi-sectoralism at district level	<ul style="list-style-type: none"> ○ The RDC, as a structure in the country's decentralised system, has become a more coherent duty bearer, inevitably working in a multi-sectoral manner in response to community demands and in making its own demands to the provincial and central government levels. 		
Catalytic social transformation in using Triple A processes, as in Masendu	<ul style="list-style-type: none"> ○ By many standards, the well-being of communities, such as Masendu in Bulilima District, has improved despite that the community was regarded as the poorest before the onset of CCD 		
The potential of Triple A processes to foster accountability	<ul style="list-style-type: none"> ○ Accountability mechanisms in Zimbabwe, especially for the benefit of the poor, and vulnerable, are generally weak. ○ The dialogue facilitated through the Triple A processes allows interpersonal interaction, questions, and explanations 		
Popularisation of CCD and community-based counselling as synergistic strategies	<ul style="list-style-type: none"> ○ Despite diminishing numbers of trained CCD facilitators, mobilisers, and counsellors, more projects in HIV and AIDS are increasingly adopting community based counselling. 		
CCD-based and capacity gap-based initiatives to respond to the humanitarian situation	<ul style="list-style-type: none"> ○ Country Programme intervention helped the country to increase the immunisation rate that had been on a rapid decline due to Government's lack of financial resources for immunisation. ○ Similarly, health workers indicate that they expect UNICEF to replenish HBCC kits, which are empty in many parts of the country. ○ CCD created familiarity with collective action planning, which has offered a strong basis for humanitarian situation interventions. 		
Promotion of the use of the community action plan as a demand tool	<ul style="list-style-type: none"> ○ With the exception of few places such as in the City of Bulawayo, the culture to demand the enjoyment of human rights is yet to grow in Zimbabwe. ○ The community and district action plans work as demand tools by lower lever duty bearers for the benefit of communities. 		
Observance of the principle of neutrality in working in humanitarian situation	<ul style="list-style-type: none"> ○ Donors, UN partners, and many Government and NGO partners describe UNICEF as non-partisan and apolitical 		

Child focussed orientation among the UN agencies within UNDAF	○ All the UN agencies characterise UNICEF as child focussed, a cause for pride in view of UNICEF's Mission Statement		
Facilitation of HRBAP trainings among the UN agencies within the context of UNDAF	○ The training UNICEF facilitated for the UN agencies is highly valued within the UN Team as having clarified the HRBAP and contributing to analytical and other programmatic capacity development within the UN Team.		
Growing intellectual and practical leadership in HRBAP among other UN agencies through UNDAF	○ Other UN agencies continue to expect UNICEF to lead in HRBAP, particularly in demonstrating the practicalities and measurable results of the approach, widely acknowledged as capable of more sustainable development results despite its demands on time		
Contribution to the drop in the number of children in prisons	○ The number of children in prisons dropped from 768 in 1999 to 142 in 2002		

8.3 Areas for Expansion

8.3.1 Successes in four programmatic areas, PPTCT, iterative CCD, IMCI and School in a Box, are evidenced in certain areas of Zimbabwe. However, the depths and degree of contribution to child well-being of those areas deserve expansion to other geographical areas. Such positive examples of UNICEF's programming have deepened and are beginning to expand logically to other thematic and geographical areas.

8.3.2 The 2000 to 2004 Country Programme has sufficiently refined each of these four areas. Scaling up however should be according to UNICEF's and its partners' capacities to replicate the models. The speed of expansion, nonetheless, can easily increase, as there is already experiential knowledge. The areas are as follows:

Area	Key Finding		Recommendation	Justifications
		Fact		
□ PPTCT model in Bulawayo (see Case Study 12)	○ The PPTCT experience in Bulawayo City shows a holistic approach to addressing a developmental problem, compliance with human rights principles, fiduciary execution of duties, the essence of CCD in PPTC, and specific results showing success.		2. Only those models that represent deepened experiences making maximum contribution to child well-being and currently logically expanding, must	The 2000 to 2004 country programme has sufficiently refined each of these three
□ Iterative Triple A as in Masendu (see Case Study 17)	○ Unlike in most communities, Masendu's Triple A processes are iterative and "CCD", as should be the case, is never closed. ○ The community in Masendu learns and plans iteratively.			

<ul style="list-style-type: none"> ○ School in a Box in an humanitarian situation (see Case Study 14) 	<ul style="list-style-type: none"> ○ In an environment where Governmental capacity and accountability on child rights is yet to strengthen, UNICEF supported satellite schools in resettlement areas. This contributed to addressing the education-related humanitarian situation prevailing as a result of the implementation of the Government's resettlement programme, proffered as irreversible. ○ UNICEF's decision and action to support education in the resettlement areas mitigated the adverse effects of policy conflicts between the Government and donors, who refused to support people in such areas. The resettlement is continuing and the assistance in meeting the child's rights to education and health requires widening. 	<p>be replicated in other geographical areas.</p>	
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8.4 Potentially Instrumental Achievements Demanding Follow UP

8.4.1 All the programmes achieved process-related results. However many of those successes require follow up in the next Country Programme, if they are to make maximum contribution to child well-being.

8.4.2 Such examples relate to policy, legislation, plans, trainings and studies. The nature of such milestones is that they have to be translated into practical meaning for the well-being of people, monitored, and any successes sustained. Not surprisingly, stakeholders did not mention these achievements during the review, as the results are yet sufficiently to manifest themselves into the enjoyment of child rights. The following table lists some of the many examples:

Key Finding		Recommendation	Justifications
Instrumental Result	Fact		
<ul style="list-style-type: none"> ❑ The Sexual Offences Act passed 	The Act was passed and is in force.	3. Child rights related policies, laws, and plans completed during the implementation require follow up and improvement to ensure optimum implementation and maximum contribution to child rights enjoyment or child well-being.	<ul style="list-style-type: none"> ❖ The review and formulation of most of the policies, laws, and plans was not guided by a human rights-based approach in terms of the focus on child rights, principles, correlative duties, and logical assessments analyses, and not with a view to making maximum contribution to child rights enjoyment. ❖ There is already evidence that enforcement of the relevant laws is slack. ❖ Beam requires improvement to
<ul style="list-style-type: none"> ❑ The Child Protection and Adoption (Amendment) Act 	The parent Act was amended to establish Child Welfare Council and a fund accessed by all child welfare practitioners.		
<ul style="list-style-type: none"> ❑ BEAM formulated and in implementation 	BEAM has resulted in bursaries for some orphaned and vulnerable children. There however is a clear need for expanded partnerships to improve the coverage and adequacy of assistance for disadvantaged children.		
<ul style="list-style-type: none"> ❑ A budget line for CNSPM within the Social Development Fund 	The need for child-friendly budgets is growing in Zimbabwe.		
<ul style="list-style-type: none"> ❑ CRC periodic report completed 	Country responsibility for the coordination of the report was for the first time assumed by the MJLPA.		

<input type="checkbox"/> MJLPA coordinating to determine overall coordination of child well-being matters	<p>There is growing realisation that child rights are not merely sectoral.</p>		<p>guarantee universal and compulsory primary education, as required by the Convention on the Rights of the Child.</p> <ul style="list-style-type: none"> ❖ Obtaining changes in laws and policy often is insufficient to ensure child rights realisation as there tends to be a gap between the law and policy on one hand and practice on the other.
<input type="checkbox"/> CCD applied to pro-poor strategies by the Ministry of Public Service, Labour and Social Welfare and agreement that the Ministry of Local Government and National Housing would monitor the CCD process at sub-national levels	<p>Communities are increasingly involved in the identification of vulnerable children for social benefits.</p>		
<input type="checkbox"/> By the end of 2002, 260 district facilitators and 8070 community mobilisers had been trained	<p>The training is appreciated by RDC teams</p>		
<input type="checkbox"/> Studies completed and recommendations indicated as having been followed up.	<p>Documentation of study results exists and, increasingly, the office is repackaging and disseminating some.</p>		
<input type="checkbox"/> Trainings and sensitisation of MPSSLW cadres at all levels in CCD, to scale up in 2002 to all 57 districts	<p>There is a demand to have CCD in all districts as a planning tool</p>		
<input type="checkbox"/> The National Plan of Action for Orphans and Other Vulnerable Children completed	<p>The completion of the draft plan has been within the MTSP deadline</p>		
<input type="checkbox"/> Review of Laws Related to Child and Women's Rights completed	<p>The activity took long and the product is a rich source of information on the comparison of the CRC and CEDAW to the statutory and case laws of Zimbabwe</p>		
<input type="checkbox"/> Zimbabwe's participation in the agreement on the Millennium Development Goals	<p>A draft report on progress show that Zimbabwe is slipping on the attainment of the goals</p>		
<input type="checkbox"/> Zimbabwe's participation in the Special Session on Children	<p>The attainment of the UNGASS goals is threatened by the humanitarian situation</p>		
<input type="checkbox"/> Village registers introduced	<p>Though not exclusively child rights-related, the potential value of the apparently complex registers is well appreciated by Government, particularly CSO and RDCs.</p>		
<input type="checkbox"/> Facilitation of child participation	<p>Participation of children in various fora and the production of materials such as Voices of Children.</p>		

<p>□ Impressive documentation on advocacy and programmatic information</p>	<p>The Country Programme produced many advocacy materials, reports, and documentation on HRAP, which can further be disseminated and used as sources for baseline data.</p>		
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8.4.3 These recommendations underline the need for sectoral programmes to reflect two aspects in the Next Programme. The first is deliberately and purposively incorporating these instrumental achievements for follow up in the Next Country Programme. The second aspect is that each sectoral programme must be amenable and encourage multi-sectoralism so that other programmes can make meaningful inputs to implement or consolidate the instrumental achievements.

8.5 Programmatic Thrusts and Monitoring of Impact

8.5.1 The goal, objectives, and strategies of the Country Programme under review are still relevant to Zimbabwe's situation of children. However, those goals and objectives were general and the Country Programme was not specific results-based. As the humanitarian situation increased, even the focus on the child rights least enjoyed weakened.

8.5.2 General lack of reliable baseline and updated data at the country level, compounded monitoring and evaluation problems for the Country programme. Where baselines were done, they were not followed up, hence establishing trends and effectiveness of interventions became difficult.

8.5.3 One potential area that would have used monitoring and evaluation as an instrument for empowerment was the Triple A processes. Through the Triple As, communities assess, analyse before taking actions. In the process, much information is needed and more generated. Through Triple A processes therefore, community members can participate in the monitoring and evaluation of the Country Programme, under which duty bearers, including programmers must account. Under the Country Programme however, there was a need to link the conventional monitoring carried out through audits and surveys to the Triple A processes.

8.5.4 Even if Triple A processes constitute components of the next Country Programme's monitoring and evaluation, it will be imperative to adopt results-based programming, to determine trends in the Country Programme's contribution to child well-being. This is important in order to demonstrate the Country Programme's contribution to human development.

8.5.5 The following recommendations stress the importance of a results-based Country Programme that is able to show specific positive results in child well-being. The following table presents the strategic issues that must guide the ethos of the next Country Programme.

Key Findings		Recommendation	Justification
Strategic Issue	Facts		
Child Rights focus for demonstrable results	<ul style="list-style-type: none"> ○ The current programme was framed in general terms, with no programmatic specificity. ○ Presentation of results has centred on completed activities rather than impact or progression towards stated objectives. ○ The PPTC experiences in Bulawayo is evidence that successful programming focussing on one thematic area ripens to expand to other areas, in line with causal and synergetic factors about a particular manifestation. ○ In almost every community the value of CCD that was highlighted was the community action on orphans and vulnerable children. This finding highlights the priority that communities place on the well-being of such children. The range of community interventions was however limited by the understanding of available options with much attention focused on nutrition gardens. 	4. Make the new programme more results-based, with implementation focussed on baseline data and periodic monitoring of impact on the well-being of children least enjoying their rights such as orphaned and other vulnerable children.	Current data and trends on the enjoyment of child rights confirms that orphanhood, is the biggest threat to child rights in the country.
Monitoring and Evaluation	<ul style="list-style-type: none"> ○ Many projects had no baseline data or made no use of such data. ○ Programme audits focussed on implementation of activities and not contribution to child rights enjoyment. ○ Data on well-being to measure programmatic impact is, at the national level, either out of date, incapable of showing trends, or incorrect. 		

8.6 Geographical Coverage, Integration and Likely Impact

8.6.1 Much was done under the Country Programme under review. The geographic coverage was energetic and ambitious.. In addition, some projects and activities such as EPI, were nationwide.

8.6.2 Although the programme was ambitious in its attempted geographical coverage, it was not possible to be in all wards in any of the 16 convergence districts. The different districts are at different stages both in terms of implementation and appreciation of CCD.

8.6.3 As CCD was not deepened or followed with support for the implementation of community action plans, most communities and districts could not animate each other. The programmatic experiences were often superficial and preparatory. In the office, attempts to integrate the delivery of the various project activities, either did not materialise or were less than satisfactory. A holistic and multi-sectoral approach was even difficult amongst partners, despite the concept of multi-sector work not being new or limited to Country Programme supported interventions.

8.6.4 The following recommendation stresses the importance of integration and geographical convergence before universal coverage, allowing few activities to be nationwide. The recommendation propose demonstrative projects to advocate for the practical usefulness of the human rights-based approach to programming and CCD. Specifically, the next Country Programme should remain in the 16

districts, cover remaining wards, before extending to the rest of the 57 districts, despite the huge demand.

Key Finding		Recommendations	Justifications
Area	Facts		
Geographical Coverage	<ul style="list-style-type: none"> ○ The following activities were fairly covered nationally because of the implementation channels currently prevalent in Zimbabwe: <ul style="list-style-type: none"> ➤ Immunisation activities ➤ School based programmes such as life skills education ➤ Advocacy for child rights and the HRBAP ➤ HIV/AIDS ➤ Community based counselling ○ As Triple A was not deepened or always followed with support for the implementation of community action plans, most communities and districts could not animate each other ○ Donors would like UNICEF to demonstrate that the human rights-based approach to programming is not just about process, but that it contributes to well-being more than other methods. ○ There is evidence from civil society, government, and the UN that assistance on CCD will be required in other development areas, not necessarily on child rights. ○ The visibility of UNICEF's activities within communities is very low. 	5. Integrate programmatic activities and implement in a multi- sectoral manner, consolidate the demonstrative projects before scaling nationwide, except in the those programmatic areas that can comprehensively be implemented at wider levels.	<ul style="list-style-type: none"> ▪ There is more a demand to demonstrate the practical usefulness of the human rights-based approach to programming in contributing to well-being more than there is demand to use CCD as planning opportunity for other development workers. ▪ If it is hard to make an impact at nation level, try a province. If this is difficult, try the district. If the district is difficult to achieve improved well-being, try a community. ▪ Integration and a multi-sectoral approach are practical requirements of the human rights principle of interdependence.
Programmatic Integration and Multi-sectoralism	<ul style="list-style-type: none"> ○ The activities of the country programme are largely scattered and uneven ○ Few wards that underwent a Triple A process, still do so. ○ Other partners did not work with all the communities that UNICEF prepared using Triple A processes (partly expected as NGOs tend to be selective). ○ Apart from the PDMC and the Programme Development Task Force, thematic programmatic areas do not have evidence of complementary multi-sector work at various levels above the district level. 		

8.7 Areas In Need of Refinement

8.7.1 Some programmatic areas, if improved, could make greater contribution to the enjoyment of child rights. The major strategy itself, CCD, requires refinement, for greater effectiveness and use.

8.7.2 The following table presents those areas that require refinement:

Key Finding		Recommendation	Justifications
Area	Facts		
CCD through Triple A processes	<ul style="list-style-type: none"> o There are variations in the success of CCD, suggesting the need to address certain anomalies. o Evidence, such as that from Masendu and Bulawayo City Council's Health Department, shows that democratic leadership is key to iterative Triple As and effective programmatic action. o In general, the process of Triple A (understood as CCD) was regarded by most communities and RDCs as an end in itself. o Triple A processes at the community level, with a few emerging exceptions tend to be dominated by men and middle aged women, due to cultural factors. o In areas, where the initial Triple A process was followed by plan-based programmatic actions, as was the effect of the Kellogg Foundation's activities in Masendu, CCD became iterative. o Although planned for, there was no evidence that monitoring and evaluation was programmatically regarded and operationalised as part of iterative Triple A processes, focusing on the performance of duties and accountability. o RDCs acknowledge that before CCD, they used to plan for people. However, RDC are yet to start using community action plans for their own Triple A processes beyond consolidation of such plans into district plans to be funded by outsiders. A few promising exceptions exists in Plumtree, Zaka and Buhera. o There was no evidence that communities are animating each other and have projects spread due to community initiatives and not necessarily through programmers' drive. o The focus on process has been strong while that on outcome has been very weak - even in those districts where CCD has been on-going for more than 3 years. o The institutional contract with the Institute of Water offers an opportunity for CCD to be subject to greater academic rigour and for methods to be refined. 	6. Refinements (details in the main text of the report) are necessary in CCD, training, humanitarian situation programming, good programming, and the maintenance of partnerships.	This will enhance the Country Programme's contribution to child well-being. Such refinement is consistent with the human rights-based approach requirement that development workers are duty bearers.
IMCI as in Zaka (see Case Study 1)	<ul style="list-style-type: none"> o There is evidence that in the wards covered, the 17 care practices are recognised as duties correlative to child rights. o Further evidence exists that the community component of IMCI ideally is, making demands on the second component. 		
Training	<ul style="list-style-type: none"> o There is strong evidence that the critical masses of facilitators, mobilisers, and animators, have been diminished due to death, intra-country movements, career mobility, and cross-border movements. o In many border districts, skills transferred through a project such as in sanitation empower the recipient to cross the border in search of better cash and well-being. 		

	<ul style="list-style-type: none"> ○ While in the past the need for training in CCD, counselling, peer education, and skills in curtailing sexual abuse was, based on knowledge of communities and some of the community action plans assumed to be necessary, four years into the Programme, training needs to be based on an inventory of skills and needs. ○ While people that were trained early were disadvantaged by the prevailing absence of systematic use of methods and training for programmers to implement the Triple A process, there is limited evidence that the trainees have been revisited and their skills systematically improved. Later groups of trainees have benefited from the use of revised manuals and a greater integration of PHHE training materials. <hr/> <ul style="list-style-type: none"> ○ Discordant databases exist at the RDC level and in some organisations. It is still a task to establish the size and strength of the critical mass created ○ Training needs to find ways of improving the integration of CCD and related tools into other training materials. While the separation allows for depth in each area of training, establishment of the links between different manuals is left to the trainees with a high risk of failure. While there is cross-referencing of manuals, it may be more useful to have complete guidance on the 'how to' in each manual. ○ There has been ongoing staff training but in-depth application of <hr/> <ul style="list-style-type: none"> ○ acquired skills has been compromised by staff turnover. ○ While staff turnover is expected, the complex humanitarian situation has disrupted learning plans. 		
Good Programming	<ul style="list-style-type: none"> ○ There was evidence that good programming may be in danger during an humanitarian situation, when responses have to be immediate and urgent. ○ In ProMS, there were many examples of activities that could not logically link to project and programme activities, especially after the humanitarian situation became pronounced in 2001. ○ There was little time for reflective learning for better programming. ○ Although UNICEF's annual reviews are regarded amongst partners as invaluable for ownership and participation, many of the agency's partners, as is the case of NGOs, do not account to rights holders. <hr/> <ul style="list-style-type: none"> ○ There was little systematic and consistent maintenance of disaggregated correct data and monitoring for empowerment. The village register offers much potential in this regard. However, its success will largely depend on how it is strategically used to drive community Triple As and avoids mechanistic extraction of data. 		
Humanitarian Situation Programming	<ul style="list-style-type: none"> ○ There is a danger that the urgency of a humanitarian situation may result in conclusions that community Triple As do not exist in such situations. In some cases, useful work was based on needs but not from an HRBAP approach, thereby condoning non-performance of duties by rightful duty bearers, running the risk of being overstretched, implementing a discriminatory project, and making wrong assumptions about universality of problems and the manner to address them. 		

	<ul style="list-style-type: none"> ○ Where orphaned children have been targeted in humanitarian interventions (e.g. in the provision of safe sanitation facilities and safe water) such interventions need a more elaborate process that makes such provision complementary to community efforts to assist such children and minimise the risk of these children being left to obtain support from external sources. ○ Toilets were constructed orphaned children and village health workers, on the assumption that the community has no resources to construct more toilets on their own. ○ Feeding points disregarded the creation of more sustainable structures such as early development centres, where feeding to children would be linked to education and the freeing of time and care burdens for parents and guardians. ○ Cement was supplied to schools where there was no sand. ○ Schools were constructed when the community may have appreciated a dwelling for orphaned and other children, if involved in Triple A process to determine what must be done and the manner of working. <p>○ While there are observations that communities that have been involved in CCD responded better to humanitarian situations, humanitarian situation-preparedness currently does not feature as an area of emphasis in working with communities. Current trends suggest a greater frequency of emergencies and a strong likelihood of long-term emergencies. Thus, a focus at community and district level on humanitarian situation preparedness and reflection on past coping essential.</p>		
<p>Child Participation</p>	<ul style="list-style-type: none"> ○ The current dominant child participation model supported by UNICEF does not pay adequate attention to the child's evolving capacities and concentrates on the youth within specialised government and school related fora. ○ There is no evidence of a proliferation of child rights clubs in schools and communities for advocacy. There are however in some districts AIDS Action Clubs that could be used as models for others. ○ There is limited evidence of a proliferation of youth managed centres to promote adolescent health and other developmental needs. Different models are in use with varying degrees of success. This could be yet another area where a model centre could prove useful. ○ While there are efforts to improve the involvement of out-of-school youth, the participation of such youth participation is programmatically uncoordinated except through the formalistic and sometimes symbolic Junior Councils and Junior Parliaments. ○ There is inadequate clarity on the difference between youth friendly corners in health facilities and youth friendly community centres and appropriate participation models developed and applied accordingly. ○ Youth participation that focuses on the rights and aspirations of adolescents and youths appears is largely not evident, as young people are used in the implementation of programme activities such as peer counselling and peer education. 		

Partnerships	<ul style="list-style-type: none"> o A subproject was dedicated towards forging partnerships for child rights during the initial phase of the Country Programme. o The relationship with UN partners is in good stead. o The relationship with Government is satisfactory although there are few problems in the work on health. o The relationship with civil society well appreciated by many NGOs. o The relationship with donors requires improvement as some donors complain of lack of prompt accountability on part of UNICEF. o Most implementation partners noted that UNICEF disbursements happen more towards the end of the year resulting in hurried implementation. o While NGOs would like for UNICEF to enter into programme focused partnerships, funding challenges for UNICEF restrict partnerships to activities and short funding periods. o Processes to formalise partnerships and those relating to accounting require greater clarity and simplification. In relation to government and RDC partners, the Country Programme could take advantage of existing systems to verify accounting documents while accepting accounting on the basis of delivery of agreed activities or tasks. 		
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8.8 Seminal Research

8.8.1 The Country Programme provided leadership in commissioning studies, assessments, audits, and other seminal researches that provide invaluable information on child well-being in a country where data is largely out of date, unclear, or wrong. The 2000-2004 Country Programme's established a niche in research on child well-being which will continue to be programmatically useful and worth sharing, especially if the study and other reports are adapted for wider use.

8.8.2 The following table presents areas that may require further research:

Key Finding		Recommendation	Justifications
Area	Facts	7. Seminal research is necessary to improve future HRBAP development programming on child well-being.	Future programmes need to be knowledge-based in their improvement of child well-being.
<input type="checkbox"/> The well-being of the girl mother and her child	<ul style="list-style-type: none"> o Anecdotal evidence indicate a rise in teenage pregnancies, but extent is not known. o The well-being of both the girl mother and her child lacks programmatic focus. 		
<input type="checkbox"/> The shifting nature of communities	<ul style="list-style-type: none"> o The humanitarian situation, resettlement, urbanisation and other processes are changing the nature of communities. o Current research has merely noted that community capacities have declines, but has not identified the current dynamics and mode of work of the changed communities 		
<input type="checkbox"/> The identification of CRC-compatible and incompatible customs traditions, and local language	<ul style="list-style-type: none"> o As human rights are inherent in every individual, not all customs and traditions are antithetical to child rights. o Community-based capacity development work can use indigenous knowledge, language, traditions and customs, as exemplified by experiences in Masendu, to advance child rights enjoyment and refine or eradicate harmful traditional practices. 		

<ul style="list-style-type: none"> ❑ The discrepancy between high levels on HIV/AIDS and practice 	<ul style="list-style-type: none"> ○ Awareness on HIV is high, but practice does not reflect such high knowledge. 		
<ul style="list-style-type: none"> ❑ Appropriate HRBAP communication strategy and derivative communication strategies 	<ul style="list-style-type: none"> ○ The 2000-2004 Country Programme did not have an explicit HRBP communication strategy neither were specialised one developed on areas such as IMCI, HIV/AIDS, and child abuse. 		
<ul style="list-style-type: none"> ❑ The existence of bottlenecks in governmental delivery of basic social services in the context of declining capacities at all levels 	<ul style="list-style-type: none"> ○ Capacities at all levels have weakened due to death, HIV and AIDS, migration, and career mobility. ○ Government is increasingly struggling to deliver basic social service, whose accessibility is in decline. ○ The efficiency of the organisation resources in such a context is yet to be investigate. 		

8.9 Overall Conclusions

8.9.1 The 2000-2004 Country Programme largely remains in force because of the planning capacities it has created in communities and for development in general. This role continues to be in demand by most partners. However, there is also demand, especially on the part of donors that the human rights-based approach must demonstrate its value added in terms of improved well-being.

8.9.2 There is opportunity in the next programme to make maximum contribution to child well-being. First, examples of transformation processes and impact exist and can be expanded to other areas. Second, there are many geographically isolated achievements, which although not deepened, could be consolidated by the next Country programme. Third, the 2000 to 2004 Country Programme achieved many instrumental results that if followed up in the next Country Programme, could start producing impact on child well-being. Fourth, there is opportunity to make the next programme more results-based and child focused not just in design, but also in implementation and monitoring and evaluation. The next country programme could do well to have much greater focus on selected geographic locations and/or specific groups of children such as OVC. The selected geographic areas or specific groups of children would serve as a basis for tracking impact and effectiveness as well as radiating the achievements outwards to other geographic locations or children. Although there is demand for Triple A processes among development workers the next Country Programme would do well by spreading cautiously. Deepening successful experiences and automatic animation between communities, districts, and other partners could be a prudent strategic stance. In this way, much advocacy for the

- human rights-based approach to programming will be through projects that can demonstrate results about child well-being.
- 8.9.3 The comprehensive achievement of the Country Programme's goals was compromised by at least five assumptions made at many stages of the Programming Cycle. First, although the humanitarian situation was anticipated at the design stage, the scale of the complex humanitarian situation was not anticipated. At the Mid Term Review, the conclusion that the Country Programme needed to be more responsive to the humanitarian situation compromised the implementation of a human rights-based approach to programming and in some cases, good programming, due to the panic to provide relief. Second, as designed, the Country Programme assumed the existence of governmental capacity especially at district and central levels. Eroded incomes, macro-economic instability, HIV and AIDS, and migration however have fast eroded significant capacities.
- 8.9.4 Many of the achievements of the Country Programme obtained through training were vitiated through these factors, as the demand for CCD and the Programme in general increased. Third, the Country Programme was ambitious in its objectives and assumed that funding would be ample. As it turned out, funding was scarce in the initial years, mainly because of the relations of many donors and foreign countries on the one hand, and the Country on the other hand. It was not until the Mid Term Review, when the Programme focussed more on the humanitarian situation that humanitarian funding flowed appreciably. Fourth, the implementation of the Country Programme appeared overwhelmed by the scale of the displacement and resettlement caused by the politically-charged resettlement programme. Governmental resolve to implement the resettlement programme surprised donors and the implementers of the Country Programme who, after failing to prevent it, have had to react mainly through relief projects and assumptions of duties that should be performed by Government. Fifth, although the Country Programme maintained that it was human rights-based, the capacities of many of its key implementers required further development in view of staff turn over, Governmental sensitivity to criticisms about human rights, and donor's demand to demonstrate that a human rights-based approach to programme is not just about process but actual gains in well-being.
- 8.9.5 The complex humanitarian situation in Zimbabwe is unlikely to vanish instantly. The next Country Programme therefore has to be more responsive. This may entail less meeting of needs but more Triple A processes that are child-focused and which have humanitarian situation preparedness as an important agenda so that as many duty bearers continue to carry out duties even during emergencies and any recovery period that may follow.