MY LIFE NOW

An Analysis of Outcome Data
The Programme of Support to the National Action Plan for Orphans and Vulnerable Children Zimbabwe 2006-2010

FINAL REPORT
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# Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
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<tr>
<td>CPC</td>
<td>Child Protection Committee</td>
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<tr>
<td>CPI</td>
<td>Community Perception Index</td>
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<tr>
<td>CSI</td>
<td>Child Status Index</td>
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<tr>
<td>DEO</td>
<td>District Education Officer</td>
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<tr>
<td>DSWO</td>
<td>District Social Welfare Officer</td>
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<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<tr>
<td>GoZ</td>
<td>Government of Zimbabwe</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>MLN</td>
<td>My Life Now</td>
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<tr>
<td>MoLSS</td>
<td>Ministry of Labour and Social Services</td>
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<tr>
<td>NAP for OVC</td>
<td>National Action Plan for Orphans and Vulnerable Children</td>
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<tr>
<td>NCT</td>
<td>National Core Team</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>PoS</td>
<td>Programme of Support</td>
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<tr>
<td>TWC</td>
<td>Talking With Children</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session on HIV and AIDS</td>
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Acknowledgments

This study is the culmination of a partnership between UNICEF, the Ministry of Labour and Social Services, the National AIDS Council, and the Collaborating Centre for Operational Research and Evaluation (CCORE). The report has been created by Rebecca Sheff, in collaboration with Munyadzzi Mapingure (CCORE), Dr S Laver (CCORE) and Elayn Sammon Child Protection Section, UNICEF Harare. The authors wish to acknowledge the contributions of Great Minds Consultancy Group, who conducted the data collection, data processing and initial analysis. Special gratitude is extended to CCORE and UNICEF Child Protection Section for their support and guidance during the writing of this report and their ongoing efforts to support orphans and vulnerable children in Zimbabwe.
Executive Summary

This study examines the extent to which vulnerable children in Zimbabwe utilise and benefit from the basic services identified in the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) 2004-2010. More specifically, this report assesses child well-being in the context of the Programme of Support (PoS) to the NAP for OVC 2006-2010, which provided children with free social services in education, birth registration, health, child protection, child participation, nutrition, and livelihoods.

Two data collection tools were developed to measure programme outcomes: the My Life Now (MLN) tool collecting information on the overall well-being of the child at a specific point in time, and the Community-caregivers Perception Index (CPI) tool measuring perceived outcomes of the NAP for OVC in the community. Data collection took place in March 2010 with participation by more than 3,000 children and 1,000 adults in 20 districts across the country.

This research progresses from and complements the rigorous collection of output data that took place for the duration of the Programme of Support, by providing outcome data that depicts the progress to date and will serve to inform future interventions supporting vulnerable children.

Key findings showed that:

- Almost half (47%) of children surveyed were aware of activities and clubs arranged for children in their community and nearly one third (32%) reported participating in these activities. These activities were much less likely to reach out-of-school children.
- Most (82%) of children in this study had a birth certificate. However children not enrolled in school (65 per cent) were least likely to have a birth certificate.
- Equal proportions of children were enrolled in primary and secondary school (47% each), whilst 5% were un-enrolled and an additional 2% did not state their enrolment. More than half (55%) of children reported receiving educational assistance in the six months prior to the survey.
- Children reporting severe food insecurity accounted for 17% of the sample, and nearly half (44%) of children reported receiving food assistance in the six months prior to the survey. Orphans were most likely to have severe levels of food insecurity and least likely to receive food assistance.
- More than half (54%) of children sampled reported consistent health-seeking behaviour, whilst one fifth (19%) received assistance for medical care in the six months prior to the survey.
- Most children (85%) typically access safe sources for drinking water.
- Children not enrolled in school fared less well in accessing services across all seven social service intervention areas.
- Only one quarter (23%) of children reported regularly using flush toilets, whilst 10% used pit toilets, 39% used ventilated improved pit latrines, and 28% relied on the bush.
- More than one third (35%) attended life skills training in the six months prior to the survey.
Most children (86%) perceived their community to be a safe environment, and three quarters (73%) could identify people and places that offer protection in their community.

More than one third (35%) of children were aware that a Child Protection Committee (CPC) existed in their community, and 19% had participated in CPC-led activities.

Although most children ascribed positive attributes to their relationship to their caregiver, 22% stated that their caregiver treated them badly and 26% reported that their caregiver beat them.

Less than one third (30 percent) of adults felt that their community was better able to provide support for vulnerable children as a result of the interventions.

The report concludes with a recommendation that a conceptual shift towards ‘child sensitive social protection’ using poverty as a vulnerability marker would enhance the provision of comprehensive services.
1 Background to the Study

In Zimbabwe, the HIV/AIDS pandemic has resulted in unprecedented levels of adult morbidity and mortality and a corresponding increase in the number of orphans and vulnerable children. As of 2005, the time at which the National Action Plan for Orphans and Vulnerable Children was being developed, the estimated HIV prevalence among adults aged 15-49 years was 20.1 percent\(^1\). Adult mortality rates had more than tripled in the previous decade and nearly one quarter (23.9 percent) of children under age 18 were orphaned\(^2\). In this context, a profound need emerged for increased resources and a stronger system of coordination to support orphaned and vulnerable children in Zimbabwe.

The Government of Zimbabwe (GoZ), through the Ministry of Labour and Social Services (MoLSS), engaged in a collaborative process with key stakeholders – including non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), United Nations agencies, and children – to determine how best to strengthen and expand vital services for orphans and vulnerable children. Following a national conference held in June 2003, the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) was created to address the basic and urgent needs of children affected by the HIV/AIDS pandemic.

The vision of the NAP for OVC is to ‘reach out to all orphans and vulnerable children in Zimbabwe with basic services that will positively impact on their lives’\(^3\). To achieve this vision, the NAP for OVC set seven strategic objectives addressing: coordination, child participation, birth registration, education, access to social services, extracurricular education and livelihoods skills, and child protection.

The NAP for OVC contributes to the fulfilment of the goals set by the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) in June 2001, specifically those addressing the needs of orphans and vulnerable children\(^4\). It is in alignment with the objectives and time frames of the World Fit for Children declaration, signed by the GoZ in May 2002, which measures progress toward reaching the Millennium Development Goals by 2015\(^5\). The NAP for OVC also addresses fundamental rights contained within the Convention on the Rights of the Child (CRC), to which Zimbabwe is a signatory, as well as other international, regional, and national commitments.

In 2005, the Programme of Support (PoS) to the NAP for OVC was established as a coordinated, multi-sectoral programme to implement the national strategic objectives listed above. It was financed as a multi-donor pooled fund ($US 86 million) by a group of Organisation for European Coordination and Development (ECD) countries and implemented by UNICEF, in close coordination with the NAP for OVC Secretariat of the Ministry of Labour and Social Services (MoLSS). The National Core Team (NCT) for the PoS includes the MoLSS, the National AIDS Council, and UNICEF. The activities of the

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\(^1\)Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. 2007. *Zimbabwe Demographic and Health Survey 2005-06*. Calverton, Maryland: CSO and Macro International Inc.

\(^2\)Ibid.


PoS were carried out through 32 NGO partner organisations and more than 150 smaller, local organisations receiving sub-grants from the NGO partners. In the 3.75 years following its launch, the PoS reached more than 400,000 beneficiaries\textsuperscript{6}.

Implementation partners participated in the routine collection of output data on a monthly basis for the duration of the PoS. The content of this reporting was premised on the indicator framework developed for each NAP for OVC objective\textsuperscript{7}. This rigorous monitoring system generated a comprehensive set of quantitative output data tracking the number of children reached by the various support services.

While the routine collection of output data yielded a nuanced understanding of the reach of PoS interventions, there remained a need for outcome data to assess the quality of support at the level of the beneficiaries. To this end, the NCT developed and tested two qualitative data tools to measure outcomes of PoS interventions: the My Life Now (MLN) and Community-Caregiver Perception Index (CPI) tools.

The My Life Now tool is a child-friendly self-administered questionnaire that measures the outcomes of interventions over all domains of the NAP for OVC, by collecting information on the overall well-being of the child. The Community-Caregiver Perception Index tool is a researcher-administered questionnaire designed to gather information on perceived outcomes of the NAP for OVC from the point of view of community members.

These tools provide information on the value and relevance of interventions to the lived experience of beneficiaries and their communities. They surpass the conventional consultations of service providers or other stakeholders, by empowering members of the target population to articulate their views. Ultimately, tools collecting outcome data can be used to generate evidence-based recommendations to improve service delivery and inform future interventions.

1.1 Definition of Terms

For the purpose of this study, an orphan is defined as a child for whom one or both parents have died. A ‘paternal orphan’ denotes a child whose father has died and a ‘maternal orphan’ identifies one whose mother has died. A ‘double orphan’ is a child for whom both parents have died.

This study classifies vulnerable children as: children living with a sick adult in the household, children who have experienced an adult death in the household in the past 12 months, children in child-headed households, and children with low literacy levels.


\textsuperscript{7}MoPSLSW. National Action Plan.
2 Objectives

The objectives of the study are as follows:

1. To conduct a secondary review of outcome data on the impact of the NAP for OVC 2004-2010 on child health and well-being.

2. To provide findings on the extent to which the PoS to the NAP for OVC was successful in its efforts to reach and benefit orphans and vulnerable children with free basic social services in education, health, child protection, child participation, livelihoods, and nutrition.

3. To offer evidence-based recommendations on future child protection and social protection interventions in Zimbabwe.
3 Methodology

3.1 My Life Now and Community – Caregiver Perception Index Tools

To gather outcome data, the NCT developed two qualitative tools: the My Life Now (MLN) tool and the Community-Caregiver Perception Index (CPI) tool. The MLN tool is aimed at measuring the well-being of children against the defined objectives of the NAP for OVC. This tool is adapted from the standard Child Status Index (CSI) tool, which was originally designed to monitor the well-being of children affected by HIV/AIDS. In Zimbabwe, the CSI tool was significantly modified into a child-friendly self-administered questionnaire which was renamed ‘My Life Now – A Child Status Monitoring Tool’ and translated into Shona and Ndebele. The CPI tool, as a researcher-administered questionnaire, was designed to capture information on the community's perceptions pertaining to the delivery of services through the PoS. Both tools were field-tested by the NCT and then by the Great Minds Consultancy Group during preparations for data collection.

3.2 Sample Design

Working in close collaboration with CCORE and UNICEF Child Protection Section, a Zimbabwe consultancy group (Great Minds) designed a ‘saturation’ index at the district level based on extensive examination of the output data on the number of implementation partners operating in each district, the number of beneficiaries (relative to targets), and the number of interventions based on the NAP for OVC objectives. Each district was then categorized as either ‘low’ or ‘medium-high’ saturation, see figure 3.1. If a specific district did not have any operational PoS partners, it was not considered for selection in the sampling process. Using the index, the consultants purposefully selected two districts per province, one with low saturation and one with medium-high saturation, for a total of 20 districts in 10 provinces.

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Upon travelling to each district, enumerators received assistance from the District Education Officer (DEO) and the District Social Welfare Officer (DSWO) to identify one secondary school and one primary school in a randomly selected ward (see Table 1). These schools and their catchment areas served as the survey entry points.

Table 3.1: Surveyed Districts and Wards

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Ward</th>
</tr>
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<tbody>
<tr>
<td>Bulawayo</td>
<td>Khami</td>
<td>Ward 29</td>
</tr>
<tr>
<td></td>
<td>Mzilikazi</td>
<td>Ward 18</td>
</tr>
<tr>
<td>Harare</td>
<td>Budiriro</td>
<td>Budiriro 3 / Glen View 1</td>
</tr>
<tr>
<td></td>
<td>Mabvuku-Tafara</td>
<td>Mabvuku / Tafara</td>
</tr>
<tr>
<td>Manicaland</td>
<td>Makoni</td>
<td>Ward 23</td>
</tr>
<tr>
<td></td>
<td>Mutare Rural</td>
<td>Ward 3</td>
</tr>
<tr>
<td>Mashonaland Central</td>
<td>Bindura</td>
<td>Ward 10</td>
</tr>
<tr>
<td></td>
<td>Shamva</td>
<td>Ward 12</td>
</tr>
</tbody>
</table>
Mashonaland East | Goromonzi  | Ward 3  
| Mutoko       | Ward 17  
Mashonaland West | Chegutu  | Ward 7  
| Kariba       | Wards 5 & 6  
Masvingo | Chivi  | Ward 22  
| Masvingo Urban | Ward 6  
Matabeleland North | Hwange  | Ward 21  
| Nkayi        | Ward 3  
Matabeleland South | Matobo  | Ward 17  
| Beitbridge   | Ward 9  
Midlands | Gokwe North  | Ward 5  
| Kwekwe       | Ward 9  

The data collection teams aimed to reach 75 children per school site (including out-of-school children), for a total of 300 children per province and 3,000 children overall. Where schools were not large enough to accommodate the ward-level sampling size, enumerators were given two options: to visit more than one school or to reselect a school with sufficient numbers for the survey. At each selected school site, DEO and NGO staff assisted in mobilizing children and community members to participate in data collection on a specified date.

For the MLN tool, which was administered at schools, all children aged 10-17 years were eligible to participate regardless of their school enrolment status or other factors. Enumerators were urged to reach ‘a good balance of gender and age’ as well as inclusion of children with different levels of school enrolment and attendance. No specific selection technique was required although multiple options were given. Enumerators were also urged to search for out-of-school children at the community level if an insufficient number was present at the school on the identified data collection date. In part, enumerators relied on guidance from the children being surveyed for how to locate out-of-school children.

For the CPI tool, which was administered at the household level after the completion of the child-level data collection, there was a minimum target of 50 households per school catchment area, for a total of 100 households per province and 1,000 households overall. All primary caregivers of children between 10-17 years were eligible for inclusion in the survey, regardless of whether their children qualified as OVC or received programme assistance. Enumerators were given multiple options for selecting households to complete the CPI tool.

The consultants’ field testing of the MLN tool had revealed that a higher number of children than expected were unable to complete the self-administered questionnaire, primarily due to low literacy rates. The consultants therefore designed a Talking With Children (TWC) focus group discussion tool. A minimum of one focus group discussion (FGD) including 12-15 children per school site was required. Similarly, data collection teams conducted one FGD per site with key community members (e.g., church leaders, social welfare officers and heads of school). A range of options were given regarding the composition of these groups, although for the TWC tool enumerators were encouraged to prioritize...
children who had failed to complete the MLN tool on their own.

### 3.3 Data Collection and Data Processing

Data collection was carried out by 10 teams, each comprised of one team leader and two enumerators. Each team collected data for one week in each of two districts in one province. Data collection took place between 14 March 2010 and 28 March 2010.

During the data collection process, screens and codes were prepared for data entry. The findings from the MLN and CPI questionnaires were entered into Statistical Package for Social Sciences (SPSS). Data cleaning and verification took place in an ongoing manner during field work and data analysis. Initial analysis included an item analysis and cross-tabulations of the MLN and CPI variables. CCORE conducted quality control field visits.

Subsequently, a secondary analysis of the data was conducted. A desk review surveyed relevant reference documents and traced the study’s progress to date. The existing data tables were reviewed and verified against the raw data as necessary. It was found that the community and children’s FGDs, as well as the qualitative responses in the MLN and CPI tools, had to be excluded from further analysis due to incomplete data entry. The remaining data are analyzed in the present report.

### 3.4 Study Limitations

- Although the saturation index was derived scientifically from the PoS output data, as described above, a number of questions remain regarding the classification and selection of districts. We were unable to ascertain the cut-off point between low, medium and high saturation levels. Further, the ‘medium’ and ‘high’ categories were collapsed into one ‘medium-high’ category prior to the selection of districts, which may have distorted the representativeness of the findings. In addition, contamination of the saturation index may have resulted from the presence of non-PoS interventions in the selected districts.

- In the process of selecting wards, schools, and individuals to participate in the survey, the enumerators were permitted significant discretion. A wide range of sampling techniques was offered in the field manual at each step. We were not able to determine which techniques had been applied in specific districts. In the absence of such documentation, we cannot rule out the possibility that enumerators sampled based on convenience, which would not be representative.

- The use of primary and secondary schools as entry points for data collection most likely resulted in an under-sampling of out-of-school children for the MLN tool. Despite instructions in the enumerators’ field manual to reach ‘a good balance’ when sampling and to ask local NGO staff, children and community members for assistance, out-of-school children only account for 5% of the sample. Given that the PoS interventions aimed to provide services to the most vulnerable children, it is worth noting that the fundamental issue of how to locate this ‘invisible population’ of out-of-school children remained challenging even for monitoring purposes.

- During the data collection process, the definition of vulnerability had been subject to multiple

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9 In addition, 2% did not state their enrolment. The consultants conducting the data collection also noted that the timing of the survey coincided with school exams, which made it harder to survey children enrolled in secondary school.
interpretations. Respondents for the MLN tool were classified as vulnerable according to the definition supplied in the background to the study (above). However, enumerators administering the CPI tool routinely used the ambiguous term ‘children in need’ instead of ‘vulnerable children’ or other descriptors. As a result, CPI responses about the target population may lack clarity.

- As stated above, the literacy levels among MLN respondents were lower than expected so a number of children struggled to complete the tool. Eighty-two children were identified as having difficulty in recording their answers and most children left some responses blank. Although the data collection team devised focus group discussions as an alternative, the process of data entry for the FGDs remained incomplete. These compounding problems resulted in fewer data to be analyzed on these particularly vulnerable semi-literate children.
4 Findings

4.1 Demographics

4.1.1 Data collected through My Life Now (MLN) Tool

The sample used for analysis was comprised of 3,228 children who had responded to the My Life Now questionnaire through the process described in the methodology section. However, virtually no children completed the entire questionnaire, so the number of responses for most variables is less than 3,228.

Children aged 10-12 years comprised 41% of the sample, 37% were 13-15 years of age, and the remaining 22% were 16-17 years of age. The vast majority (74%) were located in rural districts. Girls represented 52% of the sample as a whole but this proportion decreased with age (see Figure 4.1)\(^\text{10}\).

Figure 4.1: Age Distribution of Children Sampled by MLN Tool

Most children (59%) lived in districts classified as ‘low saturation’ in terms of PoS interventions, whilst the remainder (41%) lived in ‘medium-high saturation’ districts. For each saturation level, the gender and age distribution were similar to the overall sample.

4.1.2 Data collected using the Community (Primary Caregiver) Perception Index (CPI) Tool

The researcher-administered CPI tool surveyed 1,003 individuals, all of whom were identified as the primary caregivers of children aged 10-17. Respondents were asked to self-identify as parents or guardians. A greater proportion of parents were sampled in rural districts (67%) than urban districts (54%). Male respondents were more likely to be parents (68%) than female respondents, of whom 62% identified as parents. In low saturation districts, 67% of respondents were parents and 33% were guardians, compared to 59% and 41% respectively in medium-high saturation districts.

The respondents for the CPI tool were predominantly female. This point was particularly evident in urban districts, in which 83% of respondents were female (as compared to 69% in rural districts).

\(^{10}\) Percentages for certain variables have sums greater or less than 100% by one percentage point due to rounding.
Medium-high saturation districts also had a relatively high proportion of female respondents (78%) compared to low saturation districts (69%). Enumerators observed that adult male household members may have been less likely to be home during visits, since data collection took place during the workday.

4.1.3 Orphaned and Vulnerable Children

In this study, orphans comprised a total of 39% of the sample. A higher percentage of children were identified as paternal orphans (35%) than maternal orphans (21%). In addition, 31% of children were classified as non-orphaned but otherwise ‘vulnerable,’ including 24% of the sample who were living with a sick adult in the household. In sum, 70% of children in the study were identified as OVC. More than one third (39%) of children reported an adult death in the household in the 12 months prior to the survey.

Almost one half (43%) of rural children and more than one quarter (28%) of urban children were orphaned. Maternal orphans constituted 23% of rural children and 14% of urban children, whilst paternal orphans comprised 39% of rural children and 25% of urban children. However, the proportion of non-orphaned vulnerable children did not vary significantly across rural and urban districts (31% and 29% respectively, p>0.05). One quarter (27%) of children in rural districts and 15% in urban districts were living with a sick adult.

When comparisons were made across gender, findings showed that 40% of girls and 38% of boys were orphaned, and an additional 32% and 29% respectively were identified as vulnerable. In total, 72% of girls and 67% of boys were classified as OVC.

The likelihood of a child being orphaned increased with age (see Figure 2). Notably, 50% of children aged 16-17 years had been orphaned. However, the likelihood of other vulnerabilities declined with age, from 36% of children aged 10-12 years to only 25% of children aged 16-17 years.
When comparisons were made across saturation areas, a greater proportion of children in low saturation districts than children in medium-high saturation districts were orphaned (41\% and 37\% respectively, p<0.05) or vulnerable (33\% and 27\% respectively, p<0.05). In low saturation districts, more than one quarter (28\%) of children were living with a sick adult, compared to 19\% in medium-high saturation districts.

4.1.4 Household Composition and Size
In examining the results on household composition and size, it was noted that children reported on specific familial relationships according to their own understanding of the definition of ‘household.’ Orphaned children would occasionally refer to guardians as ‘mother’ or ‘father.’ Most children (65\%) reported living with their mother yet only 45\% reported living with their father. High percentages of children lived with a grandmother (38\%) or grandfather (19\%).

In rural districts, fewer children than their urban counterparts lived with their mother (63\% and 70\% respectively, p<0.05) or father (43\% and 50\% respectively, p<0.05). A much greater percentage of rural children than urban children lived with their grandmother (42\% and 26\% respectively, p<0.05). Rural children were also much more likely than urban children to live with children who were not their siblings (48\% and 38\% respectively, p<0.05).

As age increased, children were less likely to live with their parents. Only 58\% of children aged 16-17 years old reported living with their mother and 38\% reported living with their father. The general composition of households shifted with age. Orphans and vulnerable children had different household compositions than their non-OVC.
counterparts, particularly regarding whether they lived with immediate family members. As expected, orphans were much more likely to live with their grandparents or other extended relations.

In terms of household size, an index was created during the initial data analysis indicating that 41% of children in the sample lived in small households, 40% in medium households, and 19% in large households. Orphans were most likely to live in small households and vulnerable children were most commonly found in medium households (see Figure 4.3). Urban children were more likely than rural children to live in small households (46% and 40% respectively, p<0.05). Children aged 10-12 years were most likely (22%) of any age group to live in large households. It was noted that household size did not differ significantly when disaggregated by gender.

Figure 4.3: Household Size by Vulnerability for Children Sampled by MLN Tool

4.2 Child Participation

Almost half (47%) of the children in this study were aware of activities and clubs arranged for children in their communities. One third (32%) reported participating in such activities. In terms of saturation of PoS interventions, 49% of children in medium-high saturation districts and 46% of children in low saturation districts were aware of activities for children. Rates of participation were also nearly equal across saturation levels (32% and 31% respectively).

When further comparisons were made, findings showed that children in urban districts were more likely to be aware of availability of activities for children than their rural counterparts (58% and 43% respectively, p<0.05). Younger children were more likely than older children to be aware of activities (49%) and to participate (34%). Notably, less than one a third [28%] of 16-17 year olds reported participating. Household size also correlated with child participation, in that children in large households were most likely to be aware of activities (52%) and to participate (35%). There was no significant difference in

Available data indicate that PoS interventions promoting child participation were much less likely to reach out-of-school children than those who were enrolled in-school.

11 In the secondary analysis, we were unable to ascertain the cut-off points for the classifications within this index.
levels of awareness or participation when disaggregated by gender.

Orphans were less likely to be aware of children’s activities than other vulnerable children or their non-OVC counterparts (43%, 51% and 48% respectively, p<0.05). However, children reported similar rates of actual participation in such activities regardless of their level of vulnerability.

Only 36% of un-enrolled children were aware of children’s activities, and no more than 13% had taken part. These figures were slightly higher for children whose school enrolment was not stated (39% and 28% respectively). Children in primary and secondary school reported participating in children’s activities in proportions akin to the overall sample.

4.2.1 Caregiver Feedback on Child Participation
The data collected from caregivers concerning child participation showed that although 47% of MLN respondents were aware of children’s activities, only one third (31%) of CPI respondents knew that POS programs encouraged children and young people to have meetings to discuss their own issues. However, when comparisons were made across areas of saturation, a greater proportion of CPI respondents in medium-high saturation districts (34%) than low saturation districts (28%) were aware that such meetings were encouraged (34% and 28% respectively, p<0.05). Female CPI respondents were more likely (32%) than male respondents (29%) to know of the push for children's meetings, and respondents aged 30-39 were most well-informed (33%) of any age group. Those who had participated in meetings about PoS interventions were most likely (37%) to know that children's meetings were encouraged.

Only 20% of CPI respondents recalled organised children's meetings actually taking place in their communities, even though 32% of children reported participating in such activities. A greater percentage of CPI respondents in medium-high saturation districts than low saturation districts were aware of children's meetings taking place (24% and 18% respectively, p<0.05). Interestingly, urban CPI respondents were more likely than rural respondents to report the occurrence of children's meetings (26% and 19% respectively, p<0.05), even though children in rural districts reported slightly higher rates of participation. Again, respondents aged 30-39 were most likely (23%) of any age group to report the occurrence of children's meetings. Although more than one third of respondents who had attended PoS meetings knew that children's activities were encouraged, only 24% reported that children's meetings were actually organised.

Less than one quarter (23%) of CPI respondents felt that children in their community helped decide on the activities in which they were involved. A slightly greater proportion of respondents in medium-high saturation districts (24%) than low saturation districts (22%) felt that children played a decision-making role. There was very little difference between rural and urban respondents, or male and female respondents. Guardians were more likely (28%) than parents (24%) to feel that children could decide on the nature of their involvement. Respondents aged 30-39 years were the most likely (26%) of any age group to feel that children enjoyed this level of agency. Those who had participated in meetings about PoS interventions were most likely (29%) to feel that children helped to decide their involvement.

4.3 Birth Registration
More than three quarters (82%) of children in this study had a birth certificate, whilst 17% did not and 2% did not know whether they had a certificate. Children in rural districts were more likely not to have a certificate than those in urban districts (20% and 6% respectively, p<0.05). Neither gender nor household size corresponded to any variation in the possession of birth certificates. Un-enrolled children were least likely (65%) to have a certificate (see Figure 4.4).

![Figure 4.4: Birth Certificates by Level of Education for Children Sampled By MLN Tool](image)

Three quarters of orphans sampled (77%) had birth certificates, as did 82% of vulnerable children and 87% of their non-OVC counterparts.

### 4.4 Education

In this study, the proportion of children enrolled in primary school (47%) and secondary school (47%) is most likely a reflection of the survey design. Only 5% of the children sampled were un-enrolled and an additional 2% did not state their school enrolment. When disaggregated by gender, age, location, or saturation level, the percentage of children enrolled in primary and secondary school was nearly identical to the overall percentage for the sample. A slightly greater proportion of children in urban districts were un-enrolled than those in rural districts (7% and 4% respectively, p<0.05), suggesting that it may be easier to reach out-of-school children, at least for monitoring and evaluation purposes, in urban areas.

*Orphans were more likely than vulnerable or non-OVC respondents to be un-enrolled.*

*Vulnerable children were found more commonly in primary school than secondary school.*

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12 It is noted that children who do not currently possess a birth certificate may still have completed birth registration.
In terms of household size, children in large households were more likely to be enrolled in primary school, compared to those in medium or small households (55%, 48% and 41% respectively, \(p<0.05\)). More than half (52%) of children in small households were enrolled in secondary school, as were 47% of those in medium households and 40% of those in large households. Most (53%) of the orphans in this study were enrolled in secondary school, and a further 38% were enrolled in primary school, whilst 7% were un-enrolled (see Figure 4.5).

**Figure 4.5: Level of Education by Vulnerability for Children Sampled by MLN Tool**

![Bar chart showing level of education by vulnerability for children sampled by MLN Tool](image)

As the receipt of educational assistance – in the form of school fees, uniforms, books, or some combination thereof – was a core component of the PoS interventions, it is notable that 55% of children sampled reported receiving at least one form of educational assistance in the six months prior to the survey. Most (42%) reported receiving school books, whilst 28% received school fees and 20% received uniforms.

Tellingly, two thirds (66%) of children enrolled in primary school reported receiving at least one form of educational assistance, and 47% of children enrolled in secondary school reported the same. In terms of the particular kinds of assistance offered, children in primary school were most likely to receive school books whilst school fees and uniforms were more evenly distributed across enrolment levels (see Figure 4.6).

**Figure 4.6: Educational Assistance by Level of Education for Children Sampled by MLN Tool**

![Bar chart showing educational assistance by level of education for children sampled by MLN Tool](image)
Orphans were slightly more likely (57%) than other vulnerable children (55%) to receive educational assistance, and only half (51%) of non-OVC respondents reported the same. Further, assistance seemed to be more concentrated in rural areas than urban areas (57% and 48% respectively, p<0.05). In terms of household size, respondents in large households were most likely (63%) to receive at least one form of assistance. However, boys and girls were equally likely to receive educational assistance.

4.5 Social Services

4.5.1 Food Security

Less than half (46%) of the children in this study reported always having ‘enough food’ whilst 37% “sometimes did not have enough” and a further 17% “never had enough”13. Children receiving food assistance in the 6 months prior to the survey comprised 44% of the sample. In terms of the types of assistance received, 36% of children sampled received food directly, 16% received money, and 13% received food from a community garden.

In terms of vulnerability, orphans were most likely to have severe levels of food insecurity, and least likely to receive food assistance (see Figure 10).

Figure 4.7: Food Security by Vulnerability for Children Sampled by MLN Tool

As this study was conducted in March, toward the end of the peak hunger season and before the harvesting period, seasonal increases in food insecurity may have influenced these findings.

Food insecurity was reportedly more severe in rural districts than urban districts

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13 As this study was conducted in March, toward the end of the peak hunger season and before the harvesting period, seasonal increases in food insecurity may have influenced these findings.
Only 41% of rural children reported always having enough food and 21% reported never having enough. In contrast, 59% of urban children always had enough and only 7% never had enough. However, rural and urban children received food assistance in nearly equal proportions (44% and 46% respectively), despite these differing perceived levels of food insecurity.

A greater proportion of children in low saturation districts reported severe food insecurity as compared to those in medium-high saturation districts (20% and 14% respectively, \( p<0.05 \)). However, the proportion of children receiving food assistance did not differ across saturation levels (45% for low saturation districts and 44% in medium-high saturation districts).

Older children experienced greater food insecurity than younger children, with 22% of 16-17 year olds reporting never having enough to eat, and only 14% of 10-12 year olds reporting this level of need. Younger children were more likely to receive food assistance than older children (see Figure 4.8), which correlates with their higher reported levels of food security. Household size and gender did not correlate significantly with reported levels of food security, although children in large households were exceptionally likely (58%) to receive food assistance.

**Figure 4.8: Food Security by Age Group for Children Sampled by MLN Tool**

<table>
<thead>
<tr>
<th>Food Security</th>
<th>10-12 Years</th>
<th>13-15 Years</th>
<th>16-17 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always Enough</td>
<td>55</td>
<td>36</td>
<td>41</td>
</tr>
<tr>
<td>Sometimes Enough</td>
<td>41</td>
<td>14</td>
<td>31</td>
</tr>
<tr>
<td>Never Enough</td>
<td>42</td>
<td>22</td>
<td>31</td>
</tr>
<tr>
<td>Received Assistance</td>
<td>52</td>
<td>43</td>
<td>16-17 Years</td>
</tr>
</tbody>
</table>

Only 35% of un-enrolled children and 39% of children whose enrolment was not stated reported always having enough food. One quarter (23%) of out-of-school respondents reported never having enough. However, enrolled children were more likely to receive food assistance. Food assistance was provided to 50% of children in primary school and 39% in secondary school, but only 38% of un-enrolled children.

Nearly one half (48%) of children who reported always having enough to eat had received some kind of food assistance. Of children who sometimes had enough to eat, 44% had received food assistance. Only one third (35%) of children who never had enough to eat, had received food assistance. Because

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Out-of-school children were among the most likely to report food insecurity. Children who reported more severe food insecurity were less likely to have received any forms of food assistance.
these data indicate correlation but not causation, it is not possible to specify the extent to which food assistance reduced food insecurity over time.

### 4.5.2 Children's Health

Children who reported experiencing illness in the 3 months prior to the survey comprised 69% of the sample. A higher percentage of children in rural districts had been in poor health than children in urban districts (74% and 53% respectively, p<0.05). Orphans and vulnerable children were among the most likely to experience illness compared to non-OVC (72%, 73% and 60% respectively, p<0.05). In addition, a greater percentage of children in low saturation districts (74%) had been unwell than those in medium-high saturation districts (74% and 61% respectively, p<0.05).

Almost three quarters (71%) of children aged 10-12 years reported poor health, the largest proportion of any age group. Only 59% of un-enrolled children reported any illness, although this relatively low figure may be due in part to the under-sampling of children in this category.

### 4.5.3 Children’s Health Seeking Behaviour

Despite the relative frequency of illness reported above, only half (54%) of children sampled reported visiting a health clinic when they became ill. One quarter (27%) reported sometimes visiting a clinic when sick, and the remaining 19% stated that they never go to a health clinic regardless of illness.

Out-of-school children were least likely to seek health services, with 30% of un-enrolled children reporting that they never go to a health clinic when they are ill (see Figure 4.9). Respondents in primary school reported better access to health services than their counterparts in secondary school.

**Figure 4.9: Health Seeking Behaviour by Level of Education for Children Sampled by MLN Tool**

In terms of vulnerability, orphans were least likely to seek health services compared to vulnerable children and non-OVC (50%, 53% and 60% respectively, p<0.05). A striking 22% of orphans never visited a clinic.
Rural children were more likely than urban children to always seek health services upon illness (56% and 50% respectively, p<0.05). One third (32%) of urban children reported going to health clinics inconsistently. Similar proportions of rural and urban children reported never seeking health services (20% and 18% respectively). Interestingly, 56% of children in low saturation districts reported always going to a clinic when ill, whilst only 51% of children in medium-high saturation districts reported the same. There was no significant difference in health-seeking behaviour when disaggregated by gender, p>0.05.

Although children in households of various sizes were equally likely to report never going to a clinic when ill, those who did seek health services were more likely to do so in smaller households. 55% of children in small households and 56% of children in medium households reported always going to a clinic, whilst only 50% of children in large households reported the same. Almost one third (31%) of children in large households would occasionally go to a clinic when sick.

In terms of benefits received through PoS interventions, one fifth (19%) of children in this study reported receiving assistance for medical care in the 6 months prior to the survey. Younger children, and those in large households, were among the most likely to receive such assistance. Notably, only 12% of un-enrolled children reported receiving assistance for medical care.

Of the children who reported regularly seeking health services, 18% also reported receiving assistance for medical care. Of those who irregularly exhibited health-seeking behaviour, 23% reported receiving assistance. Curiously, even among those who reported never going to a health clinic, 15% reported receiving assistance for medical care. In this instance, the subjectivity of individual perceptions of programme benefits may be taken into consideration.

### 4.5.4 Water Sources

Of the children sampled, a remarkable 85% reported that they typically use safe sources for drinking water. An additional 10% of children sampled reported typically using unsafe sources, whilst the remaining 5% used a mix of safe and unsafe sources for drinking water. For the purpose of this report, safe water sources include tap water, boreholes, and covered wells. Unsafe water sources include uncovered wells, surface water (e.g. rivers, dams, springs), and water tanks.

Urban children were more likely to consistently access safe drinking water sources compared to those in rural areas (95% and 82% respectively, p<0.05). In rural areas 13% of the children relied on unsafe sources and 6% reported a mix of sources. Similar proportions held true according to saturation level, in that 94% of children in medium-high saturation areas and 79% in low saturation areas reported accessing safe water sources.

Findings showed that girl children were slightly more likely than boys to experience illness (72% and 65% respectively, p<0.05)

Orphans were more likely than other vulnerable children or their non-OVC counterparts to report reliance on unsafe drinking water. 13% of orphans and 9% of other vulnerable children depend on unsafe sources, and only 7% of non-OVC respondents reported the same.
In terms of age distribution, 13-15 year olds were slightly more likely than their older or younger counterparts to access clean drinking water (87%, 83% and 85% respectively, p<0.05). Notably, 13% of 16-17 year olds reported a reliance on unsafe water sources. Children in large households were slightly more likely than those in small or medium households to depend on unsafe sources. No differences in proportions were noted when disaggregated by gender or school enrolment.

### 4.5.5 Sanitation

In this study, only one quarter (23%) of children reported regularly using flush toilets, whilst 10% used pit toilets, 39% used ventilated improved pit latrines (VIP or Blair toilets), and 28% relied on the bush. Of the improved sanitation facilities, VIP/Blair toilets were thus the most commonly used.

The proportion of non-OVC respondents using flush toilets was greater than the proportion of orphans or vulnerable children doing the same (33%, 16% and 23% respectively, p<0.05). Orphans were most likely to use the bush as the primary sanitation option (see Figure 4.10).

**Figure 4.10: Sanitation by Vulnerability for Children Sampled by MLN Tool**

Boys and girls made use of facilities in similar proportions, whilst older children were slightly more likely than their younger counterparts to use less sanitary facilities. Only 19% of 16-17 year olds used flush toilets, as compared to 24% of younger children. One third (33%) of 16-17 year olds relied on the bush, whilst only 27% of younger children did the same. A smaller proportion of children in large households used flush toilets than those in medium or small households (19%, 22% and 26% respectively, p<0.05).

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14 The MLN questionnaire did not specify whether pit latrines were open, covered with slabs, or otherwise improved.
A smaller percentage of children in medium-high saturation districts used the bush, as compared to children in low saturation districts (15% and 37% respectively, p<0.05). One third (34%) of children in medium-high saturation districts used VIP/Blair toilets, as did 42% of children in low saturation districts. A remarkable 41% of children in medium-high saturation districts used flush toilets as their primary facility, as did only 11% of those in low saturation districts.

### 4.6 Extra Curricular Education and Livelihood Skills

Just over one third (35%) of children sampled attended life skills training in the 6 months prior to the survey. As described in the MLN questionnaire, this training included such activities as sewing, carpentry, gardening, and HIV/AIDS prevention awareness.

A greater proportion of vulnerable children attended the training sessions than orphans or non-OVC respondents (37%, 35% and 33% respectively, p<0.05).

In terms of school enrolment, a relatively large percentage (40%) of children in secondary school reported attending life skills training. Only 15% of un-enrolled children attended. Children in large households were more likely to attend than those in small or medium households (42%, 33% and 34% respectively, p<0.05). Age, gender, and saturation level did not appear to correlate with attendance for life skills training.

### 4.7 Child Protection

#### 4.7.1 Child Protection Committees (CPCs)

More than one third (35%) of children in the sample were aware of a Child Protection Committee (CPC) in their community. However, less than one fifth (19%) had participated in CPC-led activities. Vulnerable children were more likely than orphans or their non-OVC counterparts to be aware of a CPC

**Figure 4.11: Participation in CPC by Vulnerability for Children Sampled by MLN Tool**

![Graph showing participation in CPC by vulnerability]
CPC in their community (see Figure 4.11). However, these data suggest that greater awareness on the part of vulnerable children did not necessarily translate to a greater use of the CPC’s resources.

Children in urban districts were slightly more aware of CPCs than their rural counterparts (40% and 33% respectively, p<0.05), but they reported similar rates of participation (20% and 19% respectively, p>0.05). Similar proportions of boys and girls were aware of CPCs but a greater proportion of girls participated than boys (21% and 17% respectively, p<0.05). Awareness of CPCs did not vary with age, but younger children – aged 10-12 years – were most likely to participate (21%) in CPC-led activities. In terms of household size, children in large households were most likely to be aware of CPCs (39%), and a remarkable 24% of those in large households had taken part in CPC-led activities.

Only 20% knew of a CPC in their area and only 15% reported taking part in CPC-led activities. As indicated by this and a range of other variables, out-of-school children may have particular unmet protection needs.

In terms of saturation of PoS interventions, a greater proportion of children from medium-high saturation districts were aware of a CPC when compared to their counterparts from low saturation districts (38% and 33% respectively, p<0.05). However, rates of participation did not vary significantly across saturation level (p>0.05).

### 4.7.2 Identifying Children’s Caregiver Relationships

Children were requested to identify who they perceive as their caregiver, although it was noted that the concept of ‘caring for’ could have been interpreted in multiple ways by respondents. As one further distinction, caregivers identified by the respondents would not necessarily be the heads of households.

Of the children sampled, almost three quarters (71%) reported that they are taken care of by their mother. Less than half (49%) reported that they are taken care of by their father. One third (34%) are taken care of by other (unspecified) relatives. Only 7% of children are taken care of by a grandparent.

These children may lack adult support within their households and could require individualized or carefully targeted organisational assistance.

In rural districts, as compared to the overall sample, children are slightly less likely to be cared for by

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15 Respondents were also able to select more than one response when identifying caregiver relationships.
their mother (68%) or father (45%) while in urban districts, by contrast, a greater proportion of children are cared for by their mother (79%) or father (58%). Caregiver relationships with grandparents or other relatives, for children in urban and rural districts, are similar to the proportions for the overall sample.

In addition, a slightly higher proportion of urban children are cared for by their siblings (25%) or other minor relatives (12%). They are less likely than rural children to be cared for by a community leader (4%). It appears that the network of support available to vulnerable children in particular therefore differs by location.

In terms of gender, the proportion of girls and boys in particular caregiver relationships typically varied by only a few percentage points. Boys were more likely to be cared for by their mother (72%), father (51%) or siblings (24%). Girls were more likely to be cared for by a grandparent (8%) or other relatives (35%). Boys were more frequently cared for by a relative under the age of 18 (11%) or a community leader outside the home (6%).

The proportion of children cared for by their mother or father declined with age. Younger children were much more likely to identify their caregiver as a community leader, a relative under the age of 18, or other relatives. However, older children (aged 16-17) were the most likely (24%) of any age group to be cared for by siblings.

In terms of household size, children in large households were most likely to be cared for by their mother, father, or other relatives. Children in small households were most likely to be cared for by a grandparent. Siblings, minor relatives, and community leaders formed caregiver relationships with children more frequently in larger households.

Orphans and vulnerable children identified caregiver relationships that clarified who they perceive as taking charge of their well-being. Orphans were most likely to be cared for by grandparents, siblings, or other relatives. A high percentage was still cared for by a mother or father – or persons in the household perceived as such – although that relationship was much more common for their non-orphaned counterparts. Surprisingly, vulnerable children were more likely than orphans to be cared for by a relative under the age of 18 or a community leader outside the home.

4.7.3 Treatment of Children by Caregivers

Children were asked to indicate the extent to which their caregiver treats them well or poorly, by responding to 10 positive attributes and 3 negative attributes describing the caregiver relationship. Overall, a high proportion of children (between 75% and 88%) identified with each of the positive attributes such as being praised, comforted, or respected. One quarter (22%) of children stated that their caregiver treated them badly and one third (33%) perceived being treated differently from other children by their caregiver. As indicated in Figure 4.12, a greater proportion of vulnerable children reported beatings than did orphans or their non-OVC counterparts (33%, 24% and 20% respectively, p<0.05). Vulnerable children were also more likely to be treated badly (25%) or differently (37%) than others. However, in considering
positive attributes describing caregiver relationships, orphans scored more poorly than either vulnerable or non-OVC respondents. This information suggests that while vulnerable children may be at greater risk of ill-treatment or harm, orphans perceive their caregivers as less attentive to their emotional needs.

**Figure 4.12: Caregiver Treatment by Vulnerability for Children Sampled by MLN Tool**

When comparisons were made by site, a higher proportion of rural children reported beatings (28%) compared to urban children (38% and 16% respectively, p<0.05). Rural children were also much more likely to report that their caregiver treated them badly (26% and 10% respectively, p<0.05) or differently (37% and 20% respectively, p<0.05) compared to children in urban districts. Urban children scored a few percentage points higher on most positive attributes. Strikingly, fewer rural children felt their caregiver provided for their needs compared to urban children (71% and 87% respectively, p<0.05).

Girls and boys scored their relationships to their caregivers similarly for both positive and negative attributes, with 26% of girls and 24% of boys reporting beatings. Scoring on positive attributes did not differ by household size, although children in large households were slightly more likely to report negative attributes. Beatings and other poor treatment decreased with age, with 33% of 10-12 year olds reporting beatings. Particular positive attributes of caregiver relationships fluctuated with age (see Figure 4.13). Older children were less likely to feel that caregivers provided for their needs or spent
time with them, but they were more likely to feel that caregivers trusted them or gave them advice.

Figure 4.13: Caregiver Treatment by Age Group for Children Sampled by MLN Tool

Children enrolled in primary or secondary school scored up to thirteen percentage points better on most positive attributes than children who were un-enrolled or whose enrolment was not stated. Only 66% of un-enrolled children felt that their caregiver provided for their needs. However, out-of-school children did not report beatings or other poor treatment in greater proportions than enrolled children. Future research on the particular circumstances of out-of-school children may clarify these responses.

In terms of PoS interventions, children in low saturation districts generally scored their caregiver relationships more negatively. More children in low saturation districts felt that their caregiver treated them badly, compared to those in medium-high saturation districts (25% and 18% respectively, p<0.05). More children in low saturation districts reported being treated differently than other children than those in medium-high saturation districts (37% and 27% respectively, p<0.05). Finally, beatings were
reported for a greater percentage of children in low saturation districts than medium-high saturation districts (28% and 22% respectively, p<0.05).

4.7.4 Protection Seeking Behaviour of Children

A higher proportion of children in urban districts generally felt safe than those in rural districts (93% and 83% respectively, p<0.05), and they were also more likely to feel comfortable seeking protection (80%) than their rural counterparts (80% and 71% respectively, p<0.05). Girls felt slightly less safe (84%) than boys (87%) and were less likely to know people or places that offered protection. Younger children perceived that they lived in safe places in greater proportions than older children (88% for 10-12 year olds versus 81% for 16-17 year olds, p<0.05), but older children were slightly more likely to know where to seek protection. Children in smaller households were slightly less likely than those in larger households to feel safe or to know who to talk to and where to go when seeking protection.

A greater percentage of children in medium-high saturation districts than low saturation district felt safe in their communities (89% and 84% respectively, p<0.05). However, children in districts with differing degrees of PoS interventions were equally likely (73%) to know people and places that would offer protection.

Fewer orphans felt that they live in a safe place, as compared to vulnerable children and non-OVC respondents (80%, 88% and 92% respectively, p<0.05). Orphans were also proportionally less likely to know who to talk to and where to go when seeking protection. More non-OVC respondents felt comfortable seeking protection, compared to orphans and vulnerable children (78%, 68% and 75% respectively, p<0.05). Further, un-enrolled children reported similar concerns as orphans, in that only 78% of un-enrolled children perceived that they lived in a safe place and only 68% knew where to seek protection. Enumerators noted that respondents may have interpreted the meaning of the term ‘safe’ in diverse ways therefore further research would clarify respondents’ perspectives on what constitutes a safe environment for children.

4.7.5 Children’s Perceptions of Emotional Well-Being

Children were asked to describe their level of emotional well-being by responding to statements such as ‘I often feel bad about myself’ or ‘I often feel positive about my future.’ Five negative statements and three positive statements were provided. About one third of children sampled identified with each negative statement. More than half (58%) reported that they felt confident in themselves and two thirds (67%) felt positive about their future. Most (70%) expressed a preference for spending time with their friends. Children’s perceptions of their own emotional landscapes, such as those expressed here, may serve as a guide for the kinds of psycho-social support that would best suit their needs.

Orphans and vulnerable children exhibited much higher levels of identification with negative self-perceptions than their non-OVC counterparts (see Figure 4.140). Rural children also reported negative
sentiments compared to urban children (56% and 67% respectively, p<0.05). Girls generally scored themselves more negatively than boys in terms of feeling tearful (42% and 29% respectively, p<0.05) and feeling disliked (38% and 29% respectively, p<0.05).

Younger children felt more positive about the future than older children, with 73% of 10-12 year olds reporting affirmatively but only 58% of 16-17 year olds expressing the same sentiment. Younger children also felt more self-confident. Still, a greater proportion of children aged 10-12 years identified with negative self-perceptions than children in older age groups. Although children at all ages reported socializing, younger children were more likely to quarrel with friends.

In terms of school enrolment, un-enrolled children scored themselves particularly negatively. Only half (49%) of these children felt positive about the future and only slightly more (53%) felt confident in themselves. More than one third (40%) of un-enrolled children reported feeling tearful and 50% often felt worried.

In terms of PoS interventions, children in medium-high saturation districts generally scored better in terms of self-perception than their counterparts in low saturation districts. More children in medium-high saturation districts reported feeling confident in themselves, compared to children in low saturation districts (63% and 55% respectively, p<0.05).

Counselling, which constituted one of the PoS activities, was provided to 21% of the children sampled.
within the 6 months prior to the survey. Urban children were more likely than rural children to receive counselling services (26% and 20% respectively, p<0.05). A remarkable 27% of children in large households received counselling. A greater percentage of girls than boys received counselling (23% and 19% respectively, p<0.05), whilst un-enrolled children were among the least likely (10%) to benefit from this kind of support. Orphans and vulnerable children were not more likely to receive counselling than their non-OVC counterparts. Since this study provides a ‘snapshot’ of child well-being, observations on the emotional state of children pre- and post-counselling cannot be provided at this time.

4.7.6 Community Feedback on Child Protection

One third (32%) of CPI respondents were aware of a CPC in their community, a similar proportion to that of MLN respondents. Those in medium-high saturation districts were more likely than those in low saturation districts to be aware of a CPC (40% and 27% respectively p<0.05). Interestingly, a greater percentage of rural CPI respondents than urban respondents reported the presence of a CPC in their community (34% and 26% respectively, p<0.05), even though urban MLN respondents were more likely to be aware of a CPC. Awareness did not differ significantly across gender or age, except for respondents over the age of 60 who were not as well-informed as their younger counterparts. Respondents who had participated in at least one meeting about PoS interventions were more likely than those who had not attended any meetings to be aware of a CPC in their community (38% and 28% respectively, p<0.05).

Almost half (43%) of respondents affirmed that people in their community knew where to go for advice and support on children’s issues. This figure is smaller than the 73% of MLN respondents who knew who to talk to and where to go when seeking protection. Urban CPI respondents, like MLN respondents, were more likely than rural respondents to express confidence in knowing where to go to seek advice (54% and 40% respectively, p<0.05). A greater proportion of respondents in medium-high saturation districts than low saturation districts felt that people knew where to go for this issue (55% and 35% respectively, p<0.05).

Although 86% of MLN respondents reported feeling safe, only 56% of CPI respondents perceived that children were safe in their community. Still, in line with children’s responses, a greater proportion of CPI respondents in medium-high saturation districts than low saturation districts felt that children were safe (58% and 55% respectively p<0.05). Respondents aged 18-29 constituted the age group that was most likely (66%) to state that children were safe in their community. Guardians were more likely than parents to feel that children were safe (62% and 59% respectively, p<0.05). Although not significant, urban respondents were slightly more likely than their rural counterparts to express comfort with children’s safety (58% and 56% respectively, p>0.05).

4.8 General Community Feedback on PoS Interventions

4.8.1 Partner visibility

In the six months prior to the survey, 41% of CPI respondents had participated in at least one meeting coordinated by projects and programmes working with vulnerable children in their community.
Respondents were more likely to participate in rural than urban districts (44% and 33% respectively, p<0.05) and low compared to medium-high saturation districts (43% and 39% respectively, p<0.05). Respondents aged 40-59 years were the most likely (48%) of any age group to participate in such meetings. Participation did not vary by gender or parental status (whether the respondent identified as a parent or guardian).

One third (34%) of respondents reported helping to identify children in need of assistance in their community in the year prior to the survey. Rural respondents were more likely than urban respondents to help in this regard (37% and 28% respectively, p<0.05). Respondents aged 50-59 years were most likely to help (45%) and those aged 18-29 years were least likely (23%). Parents were more helpful than guardians in identifying beneficiaries (38% versus 31% respectively, p<0.05). In low saturation districts, a slightly higher proportion of respondents helped to identify such children than in medium-high saturation districts (36% and 32% respectively, p<0.05). Of the respondents who had participated in at least one PoS meeting, a remarkable 53% helped to identify potential beneficiaries in their communities.

Almost three quarters (70%) of CPI respondents said that the support that vulnerable children received in their communities had improved their lives. Less than one quarter (20%) said that support had not improved children's lives and 10% were "not sure".

4.8.2 Progress toward Goal

Respondents in medium-high saturation districts were more likely than those in low saturation districts to feel that support had improved children's lives (77% and 66% respectively, p<0.05). A greater proportion of rural respondents than urban respondents perceived such improvements (72% and 67% respectively, p<0.05). More parents than guardians felt that support had improved children's lives (72% and 67% respectively, p<0.05). Respondents aged 18-29 years were most likely (74%) to feel that support had improved children's lives, and expression of that sentiment declined with age.

4.8.3 Quality of Services

Only 59% of CPI respondents felt that the support given to vulnerable children was the right kind of support to help them improve their situation. Rural respondents were much more likely than their urban counterparts to feel that the right kind of support was provided (63% and 45% respectively, p<0.05). A slightly higher proportion of male respondents than female respondents agreed (62% and 58% respectively, p<0.05). Approval of the kind of support provided increased with age, from 59% of respondents aged 18-29 years to 64% of respondents aged 60-69 years. A greater proportion of
respondents in medium-high saturation districts were content with the kinds of interventions provided, compared to those in low saturation districts (64% and 55% respectively, p<0.05).

### 4.8.4 Community Involvement and Participation

Just over half (53%) of CPI respondents felt that many community members were involved in programmes supporting vulnerable children. When compared by site a much higher proportion of rural respondents than urban respondents felt that the level of community involvement in POS programs had been high (58% and 39% respectively, p<0.05). Respondents in medium-high saturation districts were more likely than those in low saturation districts to feel that substantial involvement had occurred (56% and 51% respectively, p<0.05). Male respondents compared to female respondents (59% and 51% respectively, p<0.05) and parents compared with guardians (57% and 47% respectively, p<0.05) were more likely to perceive high levels of community involvement. Compared to other age groups, a higher proportion (56%) of respondents aged 30-39 years felt that many community members had been involved.

Most (72%) respondents reported a clear understanding of the kinds of programmes, projects and activities supporting vulnerable children in their community. Respondents in rural districts compared to urban (76% and 60% respectively, p<0.05) and medium-high compared to low saturation districts (73% and 70% respectively, p<0.05) were more likely to report this level of understanding. Respondents who had participated in at least one meeting about PoS interventions understood the interventions 80% of the time.

Only 59% of respondents were aware of regular meetings about supporting vulnerable children. More rural respondents were aware of regular meetings compared to urban respondents (64% and 45% respectively, p<0.05). Awareness was slightly higher in medium-high saturation districts (61%) than low saturation districts (59%). A higher proportion of parents was aware of meetings than guardians (65% and 57% respectively, p<0.05), and a higher proportion of male respondents were aware than female respondents (69% and 56% respectively, p<0.05)). Respondents aged 40-49 were most likely of any age group to be aware of meetings (62%).

Half (51%) of respondents felt that the community was consulted about how the programme was progressing. A greater proportion of rural respondents than urban respondents felt that the community was consulted (56% and 38% respectively, p<0.05). Further, respondents in medium-high saturation districts were more likely to report community consultations than respondents in low saturation districts (60% and 46% respectively, p<0.05). Of those who had participated in PoS meetings, 59% felt that the community was consulted on the progress of interventions.

### 4.8.5 Sustainability

Less than one third (30%) of CPI respondents felt that their community was better able to provide support for vulnerable children since the projects and programmes began. Enumerators noted that some respondents understood ‘sustainability’ to mean that the community had been improved by the support received, whilst other respondents understood the term to mean that the community would be better able to continue functioning without support.
respectively, p<0.05). A slightly greater proportion of respondents in medium-high saturation districts than low saturation districts felt that projects and programmes were sustainable in this respect (31% and 29% respectively, p<0.05). Even among respondents who had participated in meetings about PoS interventions, only 35% felt that the community was better able to provide support for vulnerable children.

4.8.6 Targeting

Half (52%) of CPI respondents felt that the children most deserving of assistance were targeted by projects and programmes working in their community. A higher proportion of respondents in rural districts than urban districts felt that targeting had been appropriate (56% and 40% respectively, p<0.05). Compared to 50% of respondents in low saturation districts, 56% of respondents in medium-high saturation districts felt that the most deserving children had received assistance. Guardians were less likely than parents to feel that targeting had been appropriate (44% and 50% respectively, p<0.05). Young respondents (aged 18-29) were most likely of any age group (58%) to report the same. Respondents who had attended meetings were more likely than those who did not to feel that targeting had been properly designed (57% and 48% respectively, p<0.05).

4.8.7 Capacity Development

More than one third (37%) of CPI respondents recalled that community members had participated in training to assist vulnerable children in the 6 months prior to the survey. A much greater proportion of rural respondents than urban respondents reported community participation in training, (43% and 21% respectively, p<0.05). Respondents in medium-high saturation districts were slightly more likely (38%) than those in low saturation districts (36%) to state that community members had participated in training.

However, only 21% of respondents reported that they themselves had participated in training to support vulnerable children. Respondents in rural districts were more likely to participate in training than those in urban districts (24% and 14% respectively, p<0.05). A greater proportion of respondents in medium-high saturation area participated than those in low saturation districts (26% and 18% respectively, p<0.05). Female respondents were more likely to participate in training than male respondents (25% and 20% respectively). Parents (23%) and guardians (23%) were equally likely to participate. Respondents aged 40-49 were the most likely (28%) of any age group to participate in training to support vulnerable children. A remarkable 33% of respondents who had participated in meetings had also participated in training.

4.8.8 Ethical Soundness

Three quarters (76%) of CPI respondents felt that children's activities and programmes in their area respect the community's culture. Rural respondents were much more likely than urban respondents to feel that PoS interventions respected the local culture (83% and 56% respectively, p<0.05). Parents were more likely than guardians to report that children's activities respected the cultural context (79% and 73% respectively, p<0.05). Young respondents (aged 18-29) were most likely (80%) of any age group to feel that activities respected the community’s culture.

More than half (56%) of the respondents felt that activities and programmes supporting children in
their area did not abuse the beneficiaries during targeting of children most deserving of assistance. A much higher proportion of rural respondents than urban respondents felt that beneficiaries were not abused during targeting (62% and 35% respectively, p<0.05). Male respondents were slightly more likely (58%) than female respondents (55%) to feel that activities did not abuse beneficiaries, and parents were more likely than guardians to express the same sentiment (58% and 51% respectively, p<0.05). Respondents who had attended at least one PoS meeting were more likely (61%) than those who had not attended meetings (51%) to feel that beneficiaries were not being abused (61% and 51% respectively, p<0.05).
5 Conclusions and Recommendations

- Considering that the most hard-to-reach children may have been under-sampled in this study, the high estimations regarding vulnerability for this sample suggest that many children in Zimbabwe face significant protection risks.

- Further coordination of interventions to meet children’s multiple and interrelated protection needs, would ensure that beneficiaries receive a relevant and coherent package of support services. Children’s participation in this process is critical. Children and community members, when viewed as experts regarding their own circumstances, can contribute substantially to identifying whether interventions help to eliminate barriers that they face in improving their quality of life. To offer one of many openings for further input, discussions reported anecdotally among MLN respondents on the definition of ‘safety’ could offer valuable insights on which interventions children perceive to be most effective at reinforcing security in their local contexts.

- Further operational research on the outcomes of interventions would build on this ‘snapshot’ of child well-being. The present study constitutes a valuable starting point from which to establish an evidence-based record, at the level of the beneficiaries, on the success of future programming. Studies could track specific beneficiaries over time, or gather information from the target population on a regular basis to assess changes in behaviour or status. This record would demonstrate the effectiveness of the interventions and, specifically, permit the quality of services to be verified by the final recipients and community members. It would also provide regular opportunities to review and refine the delivery of complementary services.

- Future child-friendly data collection tools should account for the literacy issues that emerged in the present study, by developing a methodology that would promote the inclusion of semi- or illiterate children. Researcher-administered questionnaires or focus group discussions could serve as possible alternatives, but the preservation of the child-friendly approach would be ideal.

- Consideration of how best to reach vulnerable out-of-school children, for programming as well as monitoring purposes, is warranted. Instead of relying on primary and secondary schools as entry points, data collection teams (or implementation partners) could select points of contact that are less dependent on socio-economic status. For instance, children could be located through a household selection process, at communal water sources, or at other community gathering points. Further, the present findings suggest that the use of OVC as a proxy for measuring vulnerability may not account for the spectrum of needs of out-of-school children.

- As the NAP for OVC aims to support children affected by the HIV/AIDS pandemic, but the current definition of ‘vulnerability’ fails to encapsulate a precise target population, the question of targeting is worth revisiting. It must be acknowledged that no standard operational definition of vulnerability exists, and that an overly broad definition risks losing its functional value. Children who fall within a certain definition of vulnerability may present with a wide array of protection needs. Accordingly, a conceptual shift toward ‘child-sensitive social protection’

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17 See, for example, the range of definitions of vulnerability in the NAP for OVC, Zimbabwe’s Demographic and Health Survey (DHS) 2005-06 and the Multiple Indicator Monitoring Survey (MIMS) 2009.
would enhance the provision of comprehensive services. Children’s particular needs do not exist in isolation; rather, they are embedded within a societal frame. For example, recent studies have found that household wealth is the only consistent marker of child vulnerability. A ‘multivalent approach’ privileging household wealth may be the most precise and functional way to define vulnerability when designing future policies and programmes. Such an approach could be utilised in the absence of – or as a complement to – a country-specific analysis of the most relevant predictors. This approach would refine targeting mechanisms when directing scarce resources to improve child well-being.

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Bibliography


