

MIDLANDS STATE UNIVERSITY



FACULTY OF ARTS

DEPARTMENT OF DEVELOPMENT STUDIES

ROLE OF CHURCHS IN THE REHABILITATION OF ORPHANS AND

VULNERABLE CHILDREN: CASE STUDY ZAOGA CHILD

EVANGELISM MINISTRY

BY

BRIAN CHITIMA

R 13 13 13N

**DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS OF THE BACHELOR OF ARTS HONOURS DEGREE
IN DEVELOPMENT STUDIES**

APPROVAL FORM

The undersigned certifies that they have read, supervised and recommends to the Midlands State University for acceptance; a dissertation entitled:

*Role of churches in the rehabilitation of orphans and vulnerable children: case study
Zaoga child evangelism ministry.*

Submitted by Brian Chitima (of registration number R 13 13 13 N), in partial fulfilment of the requirements for Bachelor of Arts in Development Studies Honours Degree.

SUPERVISOR:

DATE.....

CHAIRPERSON:

DATE.....

EXTERNAL EXAMINER:

DATE.....

RELEASE FORM

NAME OF STUDENT: Brian Chitima R 13 13 13 N

DISSERTATION TITLE: Role of churches in the rehabilitation of
orphans and vulnerable children: case study
Zaoga child evangelism ministry.

DEGREE TITLE: Bachelor of Arts in Development Studies Honours
Degree.

YEAR DEGREE GRANTED: November 2016

Permission is hereby given to the Midlands State University library to produce single copies of this dissertation and to lend or sell copies for private, scholarly or scientific research purpose only. The author reserves other publication rights and neither the dissertation nor any extensive extracts from it may be printed or otherwise be reproduced without the authors' written permission.

PERMANENT ADDRESS: 45-33 Crescent Warren Park One Harare, Zimbabwe

SIGNED..... DATE.....

DEDICATION

This study is dedicated to my family and all the OVC's around the world. God bless you all

ACKNOWLEDGEMENTS

I give glory to the God of my father Ezekiel H. Gutu for been faithful through out my studies. To my parents, my sister Blessing, my aunt Pastor J Gandawa, and Mr Gandawa, who have been very helpful in the payment of my tuition fees through out my studies. May the Lord bless you so much. Watch this space guys, the best is yet to come.

To all the ZOC members Zvishavane campus, continue been committed in doing good and serving the Lord, do not grow weary in doing well. The amazing executive board which I was part of during the year may the Lord surely bless you and give you your reward in due season

To all the development studies lecturers who have been committed in imparting to me the knowledge and shared with me life experiences since my first year till my final year. May the Lord bless you and continue with the team spirit. A special gratitude goes the chairperson of the development studies department, my supervisor and academic mentor “Dr” Mr C Munhande.

To the development studies class 2016, you are the best you guys, and you really helped me to be tolerant and patient for these four years as your class rep. The best gift ever to give to your parents is to do good in all your ways. Fear God and you will eat the good of the land. Love you all. To ELITE UNLIMITED, you have been the best group members; I wish you all the best as you begin yet another journey in life.

Chiratidzo Chinguno (Mrs Ray Mango) and Nyasha Mtasa, you made my study life easier may the Lord perfect everything that concerns you and bless you abundantly.

TREASURE, GIFT, LOVE, you guys this is just a bench mark, if I came thus far then you are well able. I love you guys. **“Fear the God of your father and listen to His instruction and forget not your mothers teaching.”** He the Lord will give you nations as your possession and bless you exceedingly. My journey begins here...

ACRONYMES

ACRWC	African Charter on the Rights and Welfare of the Child
CEM	Child Evangelism Ministry
CRC	Convention on the Rights of Children
DIC	Drop in Centre
FBO's	Faith Based Organizations
FIF	Forward In Faith
HH	Household
NGO's	Non-Governmental Organizations
ODCF	Orphans and Destitutes Care Fund
OVC	Orphans and Vulnerable Children
ZAOGA	Zimbabwe Assemblies of God Africa

ABSTRACT

The purpose of this research was to identify the role been played by ZAOGA FIF CEM in the rehabilitation of orphans and vulnerable children through the provision of their needs, the protection of their rights as well as the promotion of OVC participation in entrepreneurial activities. Socio-eco-political, psychological, environmental and physical vulnerabilities of children have led to their exploitation and infringement of children's rights and have costed the nation by reversal of its efforts of development. Particular attention was focused on the OVC's institutionalized at the FIF children's homes in Mtoko and Mutare, as well as children who were under foster care. Semi structured interviews and questioners were used to collect information from the respondents and outstanding success stories from the church records were used in this research. The role of the church has not only benefitted the OVC's in the country but also complimented the efforts of the governments in trying to ensure that every child has his/her rights promoted so as to eradicate and curtail the vulnerabilities directly and indirectly affecting children.

Contents

APPROVAL FORM i

RELEASE FORM.....ii

DEDICATION..... iii

ACKNOWLEDGEMENTSiv

ACRONYMESvi

ABSTRACT.....vii

Introduction..... 1

Background to the study2

Statement of the problem4

Conceptual framework.....5

Research objectives.....6

Research questions.....6

Justification6

METHODOLOGY7

Data gathering instruments7

Interviews.....7

Desktop research.....8

Literature review8

CHAPTER ONE16

THE VULNERABILITIES AFFECTING OVC’s16

Introduction.....16

Economic Vulnerability	16
Political vulnerability	17
Environmental Vulnerability	19
Psychological Vulnerability	20
Physical vulnerability	22
Social Vulnerability	23
CHAPTER TWO	24
THE ROLE PLAYED BY THE CHURCH IN REHABILITATING OVC's	24
Introduction	24
PROVISION	24
Food	28
Education	30
Clothes	33
Shelter	34
Counselling	36
Birth certificates	38
PROTECTION	39
PARTICIPATION	42
Other works by ZAOGA FIF CEM in Africa	44
CHAPTER 3	45
CHALLENGES FACED BY THE CHURCH IN REHABILITATING OVC's	45

Introduction.....	45
Non-structural challenges	45
Shelter	46
Projects.....	47
Source of income	47
Special facilities	48
Structural challenges	49
HIV/AIDS crisis	49
Poverty	49
Environmental problems.....	50
THE FUTURE OF OVC'S.....	50
Conclusion	51

INTRODUCTION

The AIDS crisis has left foot prints of millions of orphaned children in the world. According to UNICEF (2003), among the most devastating outcomes of the HIV/AIDS epidemic in sub-Saharan Africa is that it is making orphans of generations of children, jeopardizing not just their rights and well-being but also the overall development prospects of their countries. Over 15 million children in the African region have been orphaned by AIDS and numbers are rising rapidly UNICEF, (2007). Besides the psychological trauma on the part of the child, of losing a parent, orphaned children are easily recognised by dropping out of school, ill-health, abuse and exploitation. According to UNICEF (2010), children orphaned by AIDS are likely to be poorer and less healthy than non-orphans; they are more likely to suffer damage to their cognitive and emotional development, to have less access to education and to be subjected to the worst forms of child labour.

Maltreatment and trauma experienced at a young age have been linked to a range of future mental health problems and psychological disorders including anxiety, depression, and post-traumatic stress disorder (PTSD) (Hermenau et al., 2011; T. Lee, Foster, Makufa, & Hinton, 2002). Numerous studies have shown that psychological disorders can diminish educational attainment, individual productivity and skills development, thereby reducing human capital (Alonso et al., 2011; Hermenau et al., 2011; World Economic Forum, 2011). This loss of human capital and need for increased social services further strains government resources and can impede national development efforts UNCEP ,(2010). UNICEF (2010) further said “the future of Africa lies with the wellbeing of its children and youth.....investment in children is tomorrow’s peace, stability, security, democracy and sustainable development”

Apart from the AIDS crisis in Africa, poverty due to economic crisis has greatly increased the vulnerability of children. The rates of children in and of the streets are greatly increasing, as well as criminal activities. The AIDS crisis which has birthed millions of orphans in Africa, and the economic crisis which has increased the vulnerability of both orphaned and non orphaned children have greatly nullified the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC).

Zimbabwe just like many other African countries and the developing countries in the world has suffered the evils brought about by the AIDS crisis, the economic decline as well as the socio-political instability. Many children are suffering the loss of parents and others still experiencing greater vulnerabilities than others due to these issues. The church then must play a critical role in not only rehabilitating these OVC's but complimenting the efforts of the government in fighting this plight of orphans and vulnerable children.

Background to the study

According to UNICEF (2003), over 11 million children under the age of 15 living in sub-Saharan Africa have been robbed of one or both parents by HIV/AIDS. Seven years from now, the number is expected to have grown to 20 million. At that point, anywhere from 15 per cent to over 25 per cent of the children in a dozen sub-Saharan African countries will be orphans – the vast majority of them will have been orphaned by HIV/AIDS.

According to the National AIDS Council (NAC), (2011), there are over one million orphans in Zimbabwe and only 527,000 of these currently have access to external support. Mupedziswa (2006) postulates that, in Zimbabwe much attention and concern over the issue of child welfare has been generated since Independence in 1980. As a result of the high rate

of urbanisation from 1980 up to date, the child protection traditional structures have been eroded resulting in the increase in children in and of the streets, criminal activities by minors, child prostitution and drug abuse. According to NAC, (2011) traditional family and community mechanisms to support orphans have been under considerable financial strain resulting in more children facing difficulties accessing health care, education and other basic amenities.

The adoption of the Economic Structural Adjustment Policy by the government of Zimbabwe from 1991 to 1995 resulted in high rates of unemployment around the country, increased poverty as well as crippling the education and health sector hence increasing the vulnerability of children. As if that was not enough the political crisis between the years 2001-2008 which resulted in sanctions being imposed by western countries on Zimbabwe greatly increased poverty rates, thereby also increasing the vulnerability of children. The Murambasvina programme initiated by the government during the political crisis years left a track of homeless families which saw thousands of children resorting to leaving in the streets of urban areas. During this phase many children were sexually exploited, involved in criminal activities as well as used as a source of cheap labour most as house maids and garden boys. OVC's numbers have continuously increased and this can be owed to the economic meltdown as well as the HIV AIDS pandemic in the country.

Mushunje (2006) observed that in Zimbabwe, many families are finding it hard to protect their children because of limited access to resources. Mupedziswa, (2006) postulates that this is due to the fact that the urban economy has not been able to absorb those in need of gainful formal employment. The economic crisis in Zimbabwe saw in many people being dismissed from work and many migrating to neighbouring countries to find a source of income for their

families. Whilst in these countries many indulged in sexual activities resulting in the contraction of the HIV virus and the consequences of their actions were later reaped by their children, as many became AIDS orphans or became active breadwinners at a tender age, which totally violates article 15 of the African Charter on the Rights and Welfare of the Child, which stipulates that every child shall be protected from all forms of economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's physical, mental, spiritual, moral, or social development.

Zimbabwe has ratified Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) and in the thrust to curtail the vulnerabilities of OVC's it has set up programmes with the help civil societies and the United Nations agencies. Such programmes include Child Adoption, Free Treatment Orders and Basic Educational Assistance Module (BEAM) and Institutional Grants. However these programmes have had gaps as corruption and mismanagement of funds where a common feature escorting the administration of these programmes. Such atrocities blew out the last beam of hope for the OVC's.

Statement of the problem

The increase in the numbers of OVC's across the country has become an overwhelming challenge despite the efforts by the government of Zimbabwe to try and curtail the vulnerabilities of children. Children leaving on the streets, school drop outs, and child headed families, child labour; sexual abuse, ill health of children and increase in criminal activities by children has reversed the development of the country.

Conceptual framework

The term church is defined to include religious communities, faith based organisations, systems and structures that institutionalize belief systems within religious traditions at all levels from local to global. These include:

- Local worship communities
- Denominational leadership
- Mission workers
- Youth faith or inter-faith groups
- Women of faith networks

The term “orphan” is relatively commonly defined as a child under 18 years of age, who have lost one or both parents (UNAIDS, UNICEF, USAID, 2004; UNICEF CSO, 2007). While vulnerability is often associated with orphans from the AIDS epidemic, children can be orphans and not vulnerable, or can be vulnerable without necessarily being an orphan.

Vulnerability is often associated with deprivation of rights, due to loss of parents, disability, abandonment, destitution, abuse, HIV infection, food insecurity and life on the streets (UNICEF, 2003, 2004). Within Zimbabwe, the ‘National Plan of action for Orphans and Vulnerable Children’ defines vulnerable children as children under the age of 18 who need some extra help to live better, healthier lives thus according to Government of Zimbabwe, (2006)

According to the Government of Zimbabwe (2004), children are seen to be vulnerable when they:

- Live in a household in which at least one adult is chronically ill, or whose caregivers are too ill to continue looking after them, dying, deceased, very old or frail
- Are orphaned, or living in households that foster children / orphans;
- Are abandoned or neglected, or living in child headed-households;
- suffering from deprivation due to deepening poverty, living on and off the streets;
- Disabled; or
- married or sexually, physically or emotionally abused

Research objectives

- To assess the different forms of vulnerabilities affecting OVC's and their effects.
- To identify the role been played by ZAOGA in rehabilitating OVC's.
- To identify possible intervention strategies for OVC's for the future.

Research questions

- Who are eligible to be OVC's?
- What impact does the OVC's phenomenon has on development?
- What challenges are faced by Orphans and vulnerable children?
- What is ZAOGA doing to compliment the efforts of the government to assist OVC's?
- What challenges is ZAOGA facing in rehabilitating OVC's?

Justification

The development of a nation can be greatly compromised if it over looks the issues and challenges of orphaned and more vulnerable children. This research is an important tool; to the government and various stake holders related to children particularly OVC's to address

the challenges and issues affecting them. The OVC's crisis is a threat and an impediment to development as such this research will provide a base for policy formulation and implementation in addressing the rehabilitation of OVC's toward national development.

Methodology

This study is qualitative in nature hence qualitative research methodology is most appropriate. Qualitative research method provides detailed descriptions of how people experience different social phenomena. Through this methodology, the researcher was able to clearly understand and define the role that the church is playing in the rehabilitation of OVC's. The researcher was also able to note details beyond the responses given by the respondents but the emotions and attitudes attached to them.

DATA GATHERING INSTRUMENTS

Interviews

These were used in the research so as to gain more information on the issue. Respondents were interviewed using semi-structured interviews and open ended questions to give them room to fully express their minds at the same time allowing them to clarify grey areas which needed further explanation.

Questionnaires

Questionnaires were given to orphans and vulnerable children, who are beneficiaries of the ZAOGA FIF CEM. These were used to enable the researcher to save time and also gather quantitative and qualitative data.

Desktop research

Related literature regarding OVC's was used from internet sources, reports, journals and books. This was done to avoid a repetition of information already circulating but to note the gaps and fill them regarding the rehabilitation of OVC's by the ZAOGA church.

LITERATURE REVIEW

Churches across the African continent and the rest of the globe have played a critical role through their resourcefulness and kindness in addressing the HIV/AIDS and poverty crisis. According to Olson et'al (2008), in many regions, it is the local church and people of faith, together with their fellow community members, who are leading the response to provide care for orphans and vulnerable children. Central to this effort is the realization that to care for the child means to care for the family. Accordingly, churches and communities often take a holistic approach to ministry, helping to ensure that children remain in family care.

Swords et'al (2008) highlights that churches have a critical role to play in helping children and uplifting families, offer direct spiritual, emotional, and material support, as well as helping families to access livelihoods, education, and basic services such as medical care. The global church can pray for, give to, and serve with these efforts, providing needed resources, solidarity, and encouragement. This brings hope and life-sustaining change to orphans, vulnerable children, and families.

The genesis of the addressing of the issues that affect vulnerable and orphaned children can be traced back to as far as the 1800, when the first missionaries came to Africa. Early missionaries to Africa from churches like the Roman Catholic, the Lutheran, and the

Anglican Church can be labelled as the path finders in the rehabilitation of OVC's in the African continent. These churches set up mission schools, orphanage homes as well as hospitals, for the African people to assist people, particularly vulnerable children. Through the aid of these missionary churches, vulnerable children received, partial or full bursaries to advance their education, they were also given food, received medication as well as shelter.

According to Nixon (2012) the Society of White Fathers (missionaries) started in Northern Algeria by the caring for and educating children orphaned by famine and epidemics in this part of Africa in the years 1867-1868, their activities then spread to cover the Algerian Sahara (1872) and Tunisia (1875) and very soon its mission was enlarged to comprise the evangelization of the far interior of West and East Africa.

As time moved on there was a need for the governments to merge together with church and formalise the rights and freedoms of children. This then marked the earliest legal frameworks to address the needs of children. The Geneva Declaration of the Rights of the Child of 1924 and the Declaration of the Rights of the Child adopted by the General Assembly on 20 November 1959. The UNCRC which entered into full force in 1990 then became the international yardstick used to address the rights and freedom of children. The UNCRC addressed the social, economic, emotional, physical as well as environmental needs of every child. However, the African governments later drafted the ACRWC. This was done to cover the gaps in the UNCRC which generalised the needs of the African children, there needed to be a specific document, which addressed African children's problems and needs. Hence the ACRWC entered in to force in 1999, having been ratified by all countries in the former OAU, later AU.

UNICEF and other child rights organizations after the UNCRC began partnering with religious communities of all faiths on a wide range of issues that affect children. According to UNICEF (2012) religious communities are uniquely positioned to promote equitable outcomes for the most vulnerable children and families. Their moral influence and extensive networks give them access to the most disenfranchised and deprived groups, those that international organizations and governments are sometimes less able to reach effectively. They are also grounded in philosophical frameworks that shape their call to community service into long-term commitments to achieving peace, justice and social equality.

UNICEF (2012) further highlights that aside from the potential benefits that religious actors bring to partnerships, spirituality and religion can have a profound influence on children's development and socialization and have the potential to reinforce protective influences and promote resilience. The beliefs, practices, social networks and resources of religion can instil hope, give meaning to difficult experiences and provide emotional, physical and spiritual support. Impact can be far-reaching when child rights efforts are grounded in the protective aspects of religious beliefs and practices in a community.

According to UNICEF (2012), "religious leaders advocating for the Convention on the Rights of the Child Religious leaders have been at the forefront of advocating for implementation of the Convention on the Rights of the Child. Just prior to the Convention's launch at the 1990 World Summit for Children, UNICEF and the World Conference on Religions for Peace (now called *Religions for Peace*) – a global multi-religious coalition advancing common

action among the world's religious communities for peace – organized a major conference called 'The World's Religions for the World's Children'. This conference set the tone for inter-religious cooperation for children and promoted universal ratification of the newly adopted Convention. On the occasion of the United Nations Special Session on Children in 2002, *Religions for Peace* convened a multi-religious forum with religious leaders from conflict and post-conflict countries. With high-level representatives from UNICEF, including the Executive Director, the group declared its commitment to advocate for a 'World Fit for Children'."

According to UNICEF (2007) natural disasters and outbreaks of sickness and diseases has led child welfare/humanitarian agencies and local churches and ministries work to provide vulnerable children with food, shelter, medical assistance, a source of income, schooling, safe areas for children to play, and legal services. UNICEF (2007) further highlights that the primary goal (after ensuring safety and protection) is to help families reunite, support their children, and stay together. Programs that keep children within their families and communities, and help to rebuild lives after the emergency is over, are pivotal to the way humanitarian organizations and national governments develop systems of care for children in their emergency response plans. This support has led to significant transformation, including the development of adoption and care legislation designed to protect vulnerable children and keep families together after an emergency. Additionally, it translates to communities better equipped to respond to children's needs in times of disaster and the protection of vulnerable girls and boys who are rebuilding their lives with their families after the emergency is over.

Further reviewing the literature in this matter; apart from the partnership of churches with multilateral institutions like UNICEF, Africa churches have integrated with churches in the first world countries like America so as to provide support to orphans and vulnerable children. Holzer et-al (2007) highlights that Tanzania, Kenya, Malawi, Uganda, and Zambia are critically impacted by poverty and HIV/AIDS and this has greatly affected the children in these countries. These countries have partnered with America churches in order to try and rehabilitate OVC's.

Holzer et-al (2007) outlines the following outstanding partnerships: Rockland Community Church, in Evergreen Colorado, partnered with churches in Ngaramtoni Parish, Tanzania, to support a children's centre, a secondary school, and community-based programs serving the needs of children and their families. Mission Community Church, in Gilbert Arizona, partnered with Vision ledd and Somebody Cares Malawi to provide clean water, feeding programs, home-based care, and other support for families impacted by drought, hunger, and HIV/AIDS in the community of Chikudzilire, Malawi. Wheaton Bible Church, in suburban Chicago Illinois, partnered with Nakuru AIDS Initiative in Kenya to improve the lives of children and families displaced by conflict, impacted by HIV/AIDS, and struggling with malnutrition and hunger. Willow Creek Community Church, in suburban Illinois, partners with Bright Hope and Samfya Community Care Providers, a network of 24 churches in rural Zambia, to support education, deliver home based care, and offer microloans to help families provide for their children. Watermark Community Church, in Dallas, Texas, partners with ALARM (African Leadership and Reconciliation Ministries) Uganda to improve the lives of vulnerable children, includes those living in youth-headed households, and to prevent child labor through strengthening livelihoods and providing access to education.

Besides the collaboration of African churches and other churches in the developed countries, African churches have also set aside special days, events and seasons in order to help rehabilitate OVC's through raising awareness and inspire action on behalf of orphans and vulnerable children. According to Omwa and Titeca (2011), World AIDS Day, Churches across the globe, including many who partner to support orphan care in HIV- and AIDS-affected communities, participate in World AIDS Day through special prayer services and activities such as candlelight vigils. Orphan Sunday calls Christians to put their faith into action and provides an annual opportunity to raise awareness and engage churches in praying for and giving to their preferred Christian ministries and charities that support orphans and vulnerable children. Christian Alliance for Orphans supports Orphan Sunday and hundreds of churches participate each year. Advent Conspiracy is a movement to engage churches in authentic worship and giving at Christmas. Started in 2006 by a group of five pastors, the concept behind Advent Conspiracy is fourfold: worship fully, spend less, give more, and love all.

According to Abebe, T. et-al (2009) Americans spend an average of \$450 billion a year every Christmas. Advent Conspiracy is a fundraising initiative challenging Christians across the United States to purchase at least one less Christmas gift each year, using the funds instead toward charitable giving. Participating churches use the season of Advent (the weeks leading up to Christmas) to raise funds for the charity of their choice by encouraging congregants to explore the true meaning of Advent and Christmas with their families. Thousands of churches participate in Advent Conspiracy each year. While the movement asks participating churches to give at least 25 percent of their offering to a water project, many churches include fundraising for orphan care partnerships

The Roman Catholic Church has also been active in the rehabilitation of OVC's in Africa and other parts of the world. The Catholic Relief Services (CRS) has been playing a great role in rehabilitating OVC's since 1943. According to Senefeld et'al (2009) the CRS has done this through the following domains which are directly customised for OVC's in the countries: Haiti, Kenya, Rwanda, Tanzania and Zambia.

Food and Nutrition: designed to measure the child's status related to food security and nutrition, including the availability of nutritious food for the child, the child's belief that he or she has enough food to eat, and—as a very concrete metric of nutrition—whether the child goes to bed hungry at night.

Shelter: focuses on physical shelter and the infrastructure of the child's immediate environment.

Protection: focuses on whether children are treated differently or similarly to other children in their communities, schools, and households.

Family: this measures whether the child feels supported by his/her family.

Health: examines whether the child believes he or she is healthy and doing as well as other children of the same age.

Spirituality: examines whether the child draws support from his/her spirituality and faith community.

Mental Health: this examines the child's mental health, looking at concepts such as emotional support from others and self-reported happiness.

Education: explores school-related stigma, access to educational materials, and satisfaction with school.

Economic Opportunities: explores the economic situation of the household in which the child lives and the child's contribution to the household.

Community Cohesion: explores community cohesion by asking the child about how welcome he or she feels in the community and the availability of support for his or her family

In light of the above literature, this research paper will try and cover the gaps that have been left out in resolving the issue of orphans and vulnerable children. The above literature can be noted to be promoting dependency on the part of African churches to aid from multilateral institutions like UNICEF as well as other churches in developed countries in order to break the cycle of vulnerabilities in children. Also churches in the above literature are coming in as relief givers in the event of a disaster or crisis. This then causes the OVC phenomenon not to be effectively dealt with. Churches must always be active through the help of the government ministries and other stakeholders to the alleviation of all forms of vulnerabilities that are most likely to affect children.

CHAPTER ONE

THE VULNERABILITIES AFFECTING OVC's

Introduction

Ridge (2002) proposed that vulnerability has two sides: “an external side of risks, shocks, and stress to which an individual is subject to; and an internal side which is defenseless, meaning lack of means to cope without damaging loss. Loss can take many forms-becoming or being physically weaker, economically impoverished, socially dependent, humiliated or psychologically harmed”. Of the vulnerabilities highlighted by Chambers, it can be further outlined that children’s vulnerabilities also come in the form of political as well as environmental shocks. As such this chapter has categorized children’s vulnerabilities in to six forms which are: economic, political, environmental, psychological, physical health and social vulnerabilities. These vulnerabilities each have a unique effect on the welfare of OVC’s.

Economic Vulnerability

The economic crisis all over the world has become a risk and a shock which most families can not cope up with and absorb, and children are the most vulnerable in this economic crisis. The UNICEF (2012) highlighted that poverty due to the economic decline across the world has led over 1.5 billion children to be working, risking their future and our future as well. UNICEF (2012) further postulates that the rates of children who are working are decreasing particularly in the Asia-Pacific region and Latin America but increasing in Sub-Saharan Africa due to economic instability within the region.

Households and caregivers are no longer able to fend for the welfare of their children due to the high rate of unemployment, retrenchment and high cost of living. The situation is further worsened if the child is orphaned or has caregivers without the capacity to take care of their welfare due to old age or disability. This has left children vulnerable to economic exploitation and led to the child labor phenomenon. Many OVC's are now in charge of themselves and families welfare through taking part in economic activities and remunerated with cash or in kind, for survival. According to ILC (2010) child labor includes children in employment and those working in hazardous conditions. Child labor is characterised by working for extended hours and working in unhealthy and dangerous environments. Child labor has also left children at the risk of physical, sexual, and psychological abuse. The child labor phenomenon is one distinguishing feature which is common to many OVC's.

During the economic crisis in Zimbabwe for instance, many OVC's resorted to working in mines, agricultural estates, vending, domestic work, involved in border jumping activities, child prostitution particularly at border towns and CBD's and resorted to living on the streets to survive the economic hardship. Many dropped out of school due to financial constraints, and got themselves involved in criminal activities such as theft and vandalism of public property as they struggled for survival. It can then be noted that economic vulnerability has negative consequences to OVC's and how they will relate with the society for survival in times of economic hardships.

Political vulnerability

Violent conflicts and wars due to political instability have been a dominant feature in the history of the world. These wars have diminished the capacity of families to care for and protect children. As such children are directly exposed to the effects of war, with the death of

parents and caregivers as the greatest loss. Second to the HIV/aids crisis, wars and conflict have left millions of orphaned children in the African continent. Others still are left with parents who are not capable of taking care of their welfare due to disability and injuries acquired during a war or a violent conflict

The effects of political vulnerabilities particularly to OVC's include neglect by parents or care givers so as to participant in violent conflict or wars, which leaves them as orphans or further increases their vulnerability, psychological trauma, exposer to sexual abuse, exploitation and violence, as well as the infringements of the basic rights to life, food, shelter, education and health. Machel,(1996), said "War violates every right of a child – the right to life, the right to be with family and nurtured and respected." It can be noted that the intensity of vulnerability increases if the child is left orphaned or with incapable caregivers to take care of them during and after a war or violent conflict.

The political instability in Zimbabwe between year 2000 and 2008 was associated with violence and threats. This affected children particularly OVC's as they lacked protection and care to cushion them from the harmful and hostile environment. This violence and threats affected the children's right to play, right to be protected from harm and the right to go to school. (*Articles 12, 21 and 11 respectively, the African Charter or the Rights and Welfare of Children*) Children with parents and competent care givers experienced the political instability in different way than OVC's, as they had the attention, care and protection that they needed during that hostile period. OVC's on the other hand were at risk of cross fire and involvement in the violence, no protection thereby exposer to violence and psychological trauma.

Environmental Vulnerability

Climate change has become one of the major themes of the contemporary discourses on development. The effects of global warming can be further analysed paying particular attention to OVC's. Climate change has brought with it mutation in diseases, famines and droughts, extreme harsh weather conditions, among other impacts. According to Hellmuth et.al (2007), "Africa's variable climate is already contributing significantly to its development problems. The key development sectors of agriculture, water, energy, transport, and health are all particularly sensitive to climate variability. Climate-related disasters – catastrophic floods or prolonged drought...have enormous social and economic impacts that can negate years of development efforts."

Climate change in Africa has caused an increase in the number of refugees; resource based conflicts, increase in child mortality rates, poor health and health care facilities, and malnutrition among other impacts This has further threatened already poor households not effectively carry out the responsibilities of protecting and caring for their children, and the situation is even worse to OVC's who have no care givers or incapable care givers like the elderly to fend for them. According to Mushunje (2006) children are an especially vulnerable group and are at increased risk from disease, under-nutrition, water scarcity, disasters and the collapse of public services and infrastructure resulting from extreme events. World Bank (2010) highlights that more children in Zimbabwe, 73.5 per cent, live in rural areas, compared to urban areas and are directly affected by low food crop production, food insecurity and hunger which are exacerbated by more frequent droughts, flooding and unreliable rainfall patterns.

Focusing particularly to OVC's, effects of climate change include: increased hunger and malnutrition than a normal child in the same area who has parents or caregivers who are able to fend for their children during an environmental crisis, school drop outs due to the need to engage in some sort of economic activities so as to take care of themselves and their families welfare. This increases their chances of exploitation and abuse, psychological trauma, as they either witness or experience their siblings or caregivers dying of hunger or facing a severe illness or disease due to climate change, death due to neglect, lack of protection and care.

Psychological Vulnerability

According to Terr (1992) psychological trauma may occur during a single traumatic event (acute) or as a result of repeated (chronic) exposure to overwhelming stress. Psychological harm is both a form and an effect of vulnerability. As a form of vulnerability it means that OVC's are not able to cope and absorb the stress, risks and shocks emotionally and mentally compared with other children with the capacity to cope and absorb shock. Generally children suffer psychological trauma from issues like sexual, physical and emotional abuse, exposure to domestic violence, natural disasters, war and violent conflict, rejection and abandonment, witnessing or experiencing severe illness or disease, accidents and even bullying. What then separates the psychological trauma of orphaned and non orphaned children and least vulnerable children from more vulnerable children is the capability and resilience to cope with, and absorb stress and shock and the events and trend of life which follows.

According to Mood (2014) Post traumatic stress is traumatic stress that persists after a traumatic incident has ended and continues to affect a child's capacity to function. PTSD is a common feature to many OVC's because they do not have parents and responsible caregivers to rehabilitate them back in to the society during a traumatic experience. Such an experience

to OVC's has a negative impact on their brain development and the way they interact with the community. Mood further states that PTSD leads to arousal which includes hyper vigilance, hyper activity, insomnia and nightmares. It also causes intrusion i.e. memories surfacing to the conscious level triggered by external factors. Numbing is also another effect caused by PTSD; this is reduced ability to respond and or evasive behaviour. Bonn (2003) further outlines other effects of PTSD which are: withdrawal from social contacts, anxiety, disturbed sleep, general feeling of pain, dissociation, bed wetting, encopresis, problems at school and suicidal tendencies.

The effects of PTSD to OVC's are increased more than other children because, for normal children with responsible care givers or parents, psychological trauma after a shock or stress can be easily identified and dealt with through series of therapeutic counselling and rehabilitation in expensive institutions by care givers or parents, unlike OVC's who have little or no access to these centres. Trauma can also be easily identified in non orphaned or least vulnerable children in educational institutions, whereby teachers can effectively counsel and assist traumatised children, unlike OVC's who are usually not attending school or have dropped out of school due to financial problems and lack of caregivers and or incapable caregivers.

In Zimbabwe issues like domestic violence, the death of parents and child sexual abuse and have greatly affected children psychologically. These have lowered the grades of children in their school work and even threatened them to commit suicide. Such issues need to be addressed not only by the schools but the community so as to effectively give counsel and rehabilitate children who have experienced trauma in one way or another.

Physical vulnerability

To OVC's this form of vulnerability is a result of issues like physical abuse due to issues like child labor, and child headed family phenomenon. Child physical abuse in the form of child labor exposes OVC's to be involved in work loads that exceed their physical strength and capabilities in order to survive. On the other hand, child headed families are also at risk of been exploited and used as cheap labor in agricultural estates, industries and in mining sectors as they try to make a living to support their siblings or incapable caregivers.

Another important element to note is the issue of poor health. OVC's have been characterised by poor health which makes them physically vulnerable to diseases and sickness. The situation is further worsened if the OVC's are disabled. This means that their incapable caregivers or siblings have to watch them helplessly as their physical health deteriorates. Physical vulnerability to OVC's further traumatises them and worse still leads to discrimination from other children as they might have had changes in their physical appearances due to carrying out heavy tasks.

Such has been a familiar case to children in Zimbabwe particularly those that stay in remote places. Such places which are located far away from modernisation and have limited access to health care facilities greatly disadvantages the children. Places like Mutiusinazita, Muzarabani, Binga and Nyamapanda have high mortality rates of children. Most of the children in these areas if at all lucky get to be immunised at birth only if they are fortunate to be birthed in a hospital, but for most of them who are born in the houses will grow up suffering ill health due to lack of post natal care.

Social Vulnerability

This refers to the incapacity of OVC's to deal with and absorb social shocks, risks and stress. Socially HIV/AIDS has been and is still a disturbing shock that OVC's are facing. HIV/AIDS have left millions of orphaned children and worse still it has changed the role of children from receiving care and protection from their care givers to be the ones to offer care and assistance to their HIV positive care givers or parents. This has not only left them with the trauma of experiencing the illness and suffering of their parents or care givers and siblings but in the extreme worst cases contracting the virus and been the ones to bury their parents, care givers and or siblings in the event of death.

Cultural practices have further increase the risk of children been vulnerable. These include female genital mutilation/cutting, early child marriages, *kuzvarira*, *kuripa ngozi* and *chigadza mapfihwa*. Particularly the girl child experiences this form of vulnerability. These practises cause the girl child to drop out of school, thereby continuing the cycle of gender discrimination.

CHAPTER TWO

THE ROLE PLAYED BY THE CHURCH IN REHABILITATING OVC's

Introduction

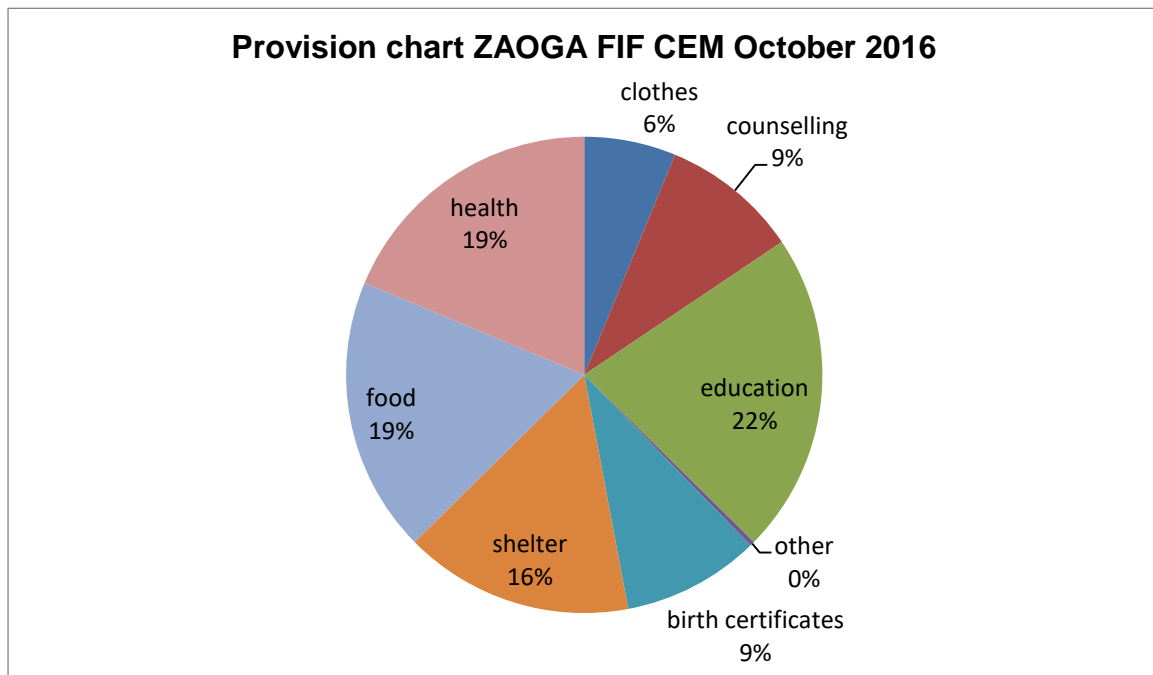
The church can be regarded as one of the most important institutes to help rehabilitate OVC's in complimenting the efforts of the government. ZAOGA FIF CEM has been very instrumental to the development of the country through effective and sustainable rehabilitation of OVC's in Zimbabwe. The role of ZAOGA C.E.M in the rehabilitation of OVC's will be looked at using what this research paper will refer to as the 3P's tool. This means what role the church is playing through the Provision, Protection and Participation of OVC's in rehabilitating them from the risks, shocks and stress. It is important to note that every system that deals directly or indirectly with OVC's must use the 3P's tool approach so as to fully reach their needs as well as offer sustainable solutions in the plight of OVC's

PROVISION

ZAOGA FIF CEM has been able to provide the OVC's with services as well as basic needs of an orphaned or vulnerable child. Such provisions include; health care, education, food, shelter, clothes, counselling among others in a thrust to rehabilitate OVC's to a normal life after a shock, stress or risk. The provision of these services and basic needs to OVC's ensures hope and instils a sense of being loved and cared for.

Below is the provision pie chart of ZAOGA FIF CEM October 2016 showing the provision they have been able to give to orphans and vulnerable children. These statistics are based on

the research carried out on some of the beneficiaries of the aid given by ZAOGA FIF CEM.



In an interview with the International director of ZAOGA FIF CEM, Pastor Jestina Gandawa highlighted that the ministry has been able to provide OVC's with such services through the working of the Orphans and Destitute Care Fund (ODCF). This initiative came in to force in the 1980's and up to date it has produced tangible results in the welfare of orphans and destitutes across Zimbabwe.

Health Care

Article 14 states that every child shall has the right to enjoy the best attainable state of physical, mental and spiritual health. This includes the provision of nutritious food and safe drinking water, as well as adequate health care.

The set up of ZAOGA clinic in Bondamakara Mtoko is one initiative that was started in order to provide health care to OVC's not only those who are institutionalised at the F.I.F Children's Home Mtoko but also cater for those OVC's who are in the community. The clinic is situated at the Children's Home hence is convenient in effectively ensuring the health care of the OVC's.

The Matron Mrs Gwembi of the FIF clinic Mtoko Bondamakara during an interview highlighted that apart from the general role of the clinic of midwifery, diagnosis and treatment of the general public, the clinic also offers free immunisation for all children in the Bondamakara ward, basic health check and free treatment for the children at the home and free provision of sanitary to the girl child. She further highlighted that the clinic has also become the first stop for raped children to offer free medication and treatment of sexually abused children.

The local herdsman, Emerson Gumbeze in an interview concerning the simultaneous opening of the FIF Children's Home Bondamakara Mtoko and the FIF clinic, expressed his gratitude to the leadership of ZAOGA FIF for developing the area and highlighted that the children in the area suffered ill health particularly from the child killer disease which where rampant in the area because the hospital was far. He highlighted that the closest health facility was 87 kilometres from the Bondamakara area and it had poor staff as well as little or no medication. "our wives do not have to travel a long distance to give birth, or give birth at home and our children's health is safe now" he said.

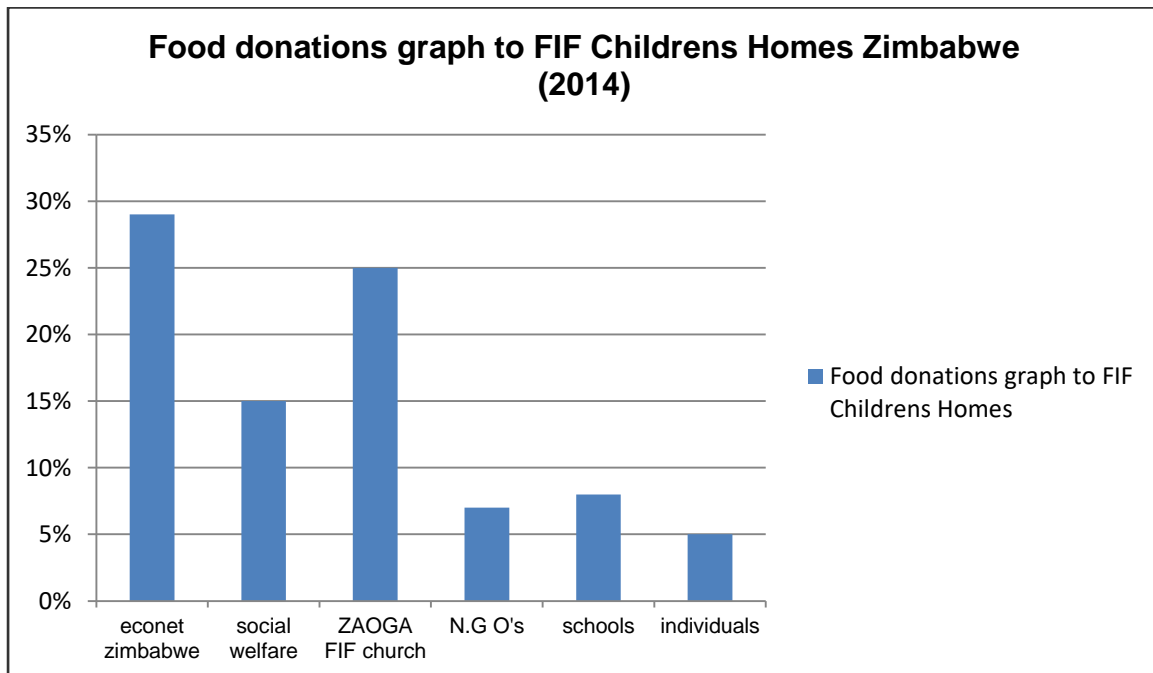
HIV positive 14 year old Nokuthula Mbwende (real name enclosed for privacy concern) , an orphan housed at FIF Children's home Mtoko, narrated how the home had transformed her life after she had been orphaned to both parents to HIV/AIDS. She explained how apart from the discrimination she faced from the community due to her HIV status, she had always been sick on and off and it was worsened because of the lack of the proper medication. “ *iyezvino ndasimba, clinic inondipa mishonga mahara uye ndinopihwa chikafu chine hutano ne home.*” (Now I am healthy, the clinic caters for all my medication for free and the home gives me nutritious food)

The provision of health care services to OVC's by ZAOGA CEM has eased the burden of OVC's of going on through life suffering disease and sickness or any other health related condition. This has also enhanced the physical development of the OVC's which will allow them to concentrate more during lessons at school thereby increasing the future human capital of the nation. A sound health will also allow the child to go through life without being deprived of their childhood, that is been able to exercise the rights and freedom highlighted in the ACRWC which among others include: the right to play and to participate fully in cultural and artistic life, the right to freedom of thought, conscience and religion. The role of the church in rehabilitating OVC's has helped the government to also focus on other development needs of the nation which will ultimately promote development.



Figure 1 F.I.F Children's Home Bondamakara Mtoko Clinic

Food



(Source: ZAOGA FIF Child Evangelism Ministry annual report 2014 Children's Homes)

The provision of food is also another role that the ZAOGA CEM is playing in rehabilitating orphans and vulnerable children. According to the interview with the FIF Children's Home's Administrator Mrs Mutandi, she gave credit to Econet Zimbabwe as well as other food donors who contributed to the homes in the year 2014. She highlighted that the donations sure go a long way in catering for the health of the children not only housed at the homes but even those in foster homes. Receiving food donations means that the homes will focus on other needs of the children like fees and tuition payments etcetera.

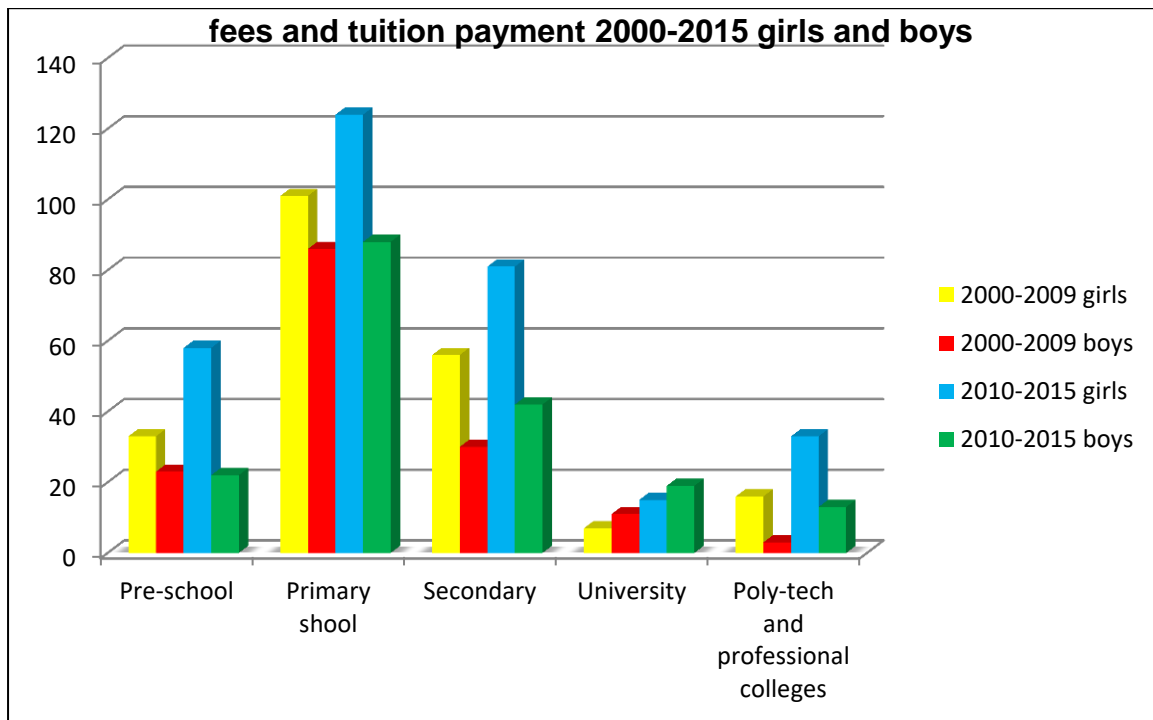
Mrs Mutandi further postulated that the children's home does not only give food to the orphans housed at the two homes, but even to the local elderly people. "*Orphaned children and the elderly are the most vulnerable in the community, it is our duty as a christian organisation to cater for their welfare irregardless of which church or religion they belong to*", she said.

In an interview with one of the recipients of the food aid through ZAOGA FIF CEM, Mbuya Irene Gomwe of Chitugwiza aged 78 narrated how ZAOGA has blessed her and her 4 orphaned grand children with food. She highlighted that since the death of her children, she has been acting the father and mother role to her grand children for their welfare but her age could not allow her to continue supporting them any more. *Mwari akandipa ngirozi idzi kuty dzindivhumbamire nevazukuru vangu*, she said. (These people are angels sent from God to take care of my welfare and my grandchildren.) The older of her grand children, Tadiswa Mashumba age 12 (real name enclosed) said, "Me and my siblings always enjoy the lollipops and biscuits which always come with the groceries."

Education

Article 11 highlights that, every child has the right to education, to develop his or her personality, talents and mental and physical abilities to their fullest potential. This education also includes the preservation and strengthening of positive African morals, traditional values and cultures. Governments should also take special measures in respect of female, gifted and disadvantaged children, to ensure equal access to education for all sections of the community.

Below is a graph showing the number of children which ZAOGA FIF CEM has been able to provide school fees and tuition fee payments since the year 2000 to 2015. It also shows the number of girls and boys assisted during this period. The graph can be used to evaluate the progress achieved during the stated years as far as provisioning of education is concerned, through the payment of school fees and tuition fees.



Source: ZAOGA FIF Child Evangelism Ministry Strategic plan review report 2015

According to the interview with the ZAOGA FIF CEM International Director, Pastor Jestina Gandawa, she highlighted that ZAOGA FIF CEM has to date paid school fees and tuition fees to over 500 OVC's. This accounts for children been institutionalised at the children's homes, those that are been taken care of by incapable care givers and those in foster homes. "The only way to break the cycle of vulnerabilities to these children is by equipping them with education. We have had a number of success stories of those OVC's whom we paid fees for, who have remarkably excelled in their studies, and for us as a church that is our success currency. Transforming lives, the community and the nation at large though providing school fees, other services and most importantly giving Jesus to these OVC's is what our visionary, Apostle Ezekiel H. Guti instructed us to do as a ministry," she said.

According to the interviews carried out on some of the beneficiaries of the educational financial assistance by ZAOGA FIF CEM which catered for the school fees and tuition fees, Blessing Chigwenhembe a holder of an Honors degree in film and theatre from Midlands State University, highlighted how the church has greatly contributed in the advancement of his studies. He said, "Since the death of my parents, the church has supported me through fees payment. I attended Prince Edward High School for the six years of my secondary school and another four years at university and there is not a single day that I have lacked anything pertaining to my studies. Words run out and I can't be thankful enough to the Apostle of God Ezekiel Handinawangu Guti for the vision of helping orphans and vulnerable children."

Simbarashe Makoni a holder of an Honors degree in Accounting from Midlands State University and Aaron Mabika (real name enclosed) a holder of an Accounting Degree from

Chinhoyi University of Technology after interviews highlighted how grateful they were to the ZAOGA FIF CEM for transforming their lives beyond what they had imagined due to their poor backgrounds as orphans, through the payment of tuition fees by the child evangelism ministry.

The results of the provision of education to the OVC's have seen many OVC's proceeding to higher learning institutions such as poly-technic colleges and universities. This has not only contributed in the increase of literacy rates in the nation but also seen in the improvement of livelihoods of these OVC's. According to the interview with Ms Memory Vera, the national secretary of ZAOGA FIF CEM, she highlighted that many OVC's that have passed through our hands particularly those that have been beneficiaries of educational financial aid, are now working outside the country, able to support their siblings and even their former caregivers. It can be noted as a commendable achievement to the ZAOGA FIF CEM of transforming the lives of OVC's but contributing to the development of the nation through the provision of education.

The patron of FIF children's home Mutare, Pastor Daffren Dzuwa in an interview highlighted that the plans were already in advanced stages to set up of a pre-school at the FIF Children's Home in Mutare an initiative ment to provide quality basic education for OVC's at the home. A library and computer laboratory are already set up at FIF Children's Home in Mutare aimed at providing better education to the sheltered orphans at the home. He highlighted how the church has even gone an extra mile of providing texts books, uniforms and school stationery to help give the orphans quality education.

Clothes

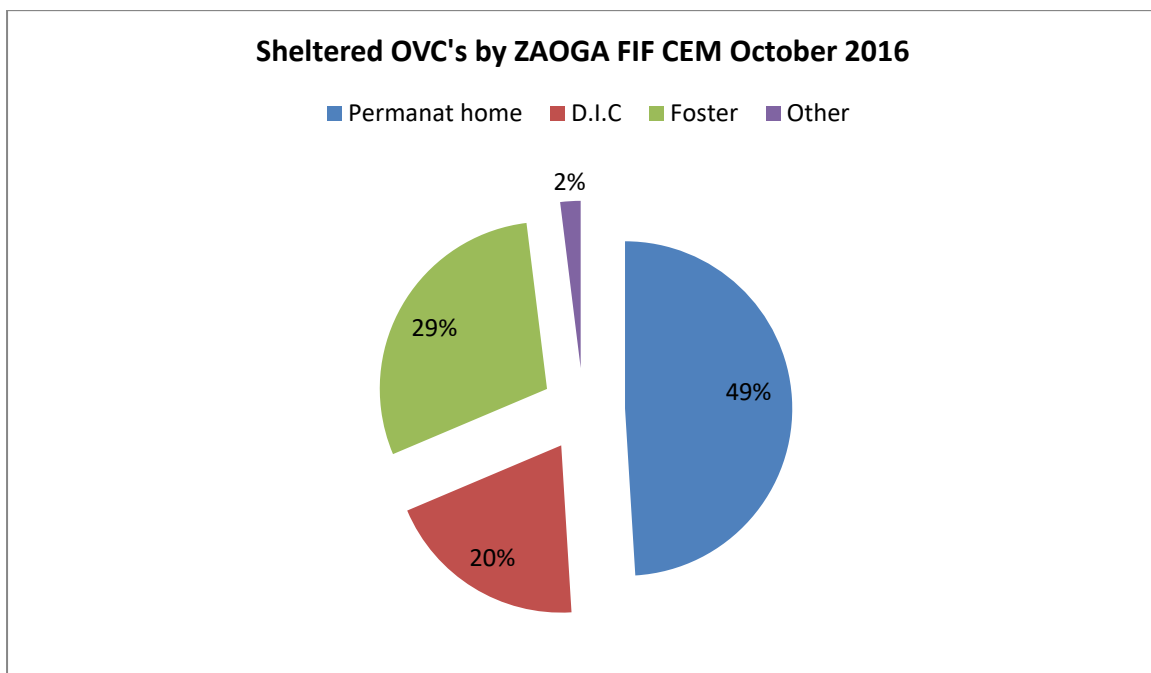
Clothes have been provisioned for OVC's at the FIF Children's Home in Mutare and Mtoko. This can be noted to be inline with article 10 of the ACRWC which highlights that every child has the right to privacy. This privacy starts by the provision of proper clothing to cover the delicate parts of the body of the child at the same time appropriate clothing which cater for the different weather conditions likely to be experienced by the child.

The patron of the FIF children's home Mutare highlighted that most of the clothes the children get are second hand. These clothes donations are usually from the ZAOGA FIF church Zimbabwe. "We occasionally receive clothes from ZAOGA FIF churches in South Africa and even Australia. ZIMRA also donates clothes especially from the Beitbridge border post" He further highlighted that the last donation they received from ZIMRA in 2014 had over 100 pairs of shoes and other assorted clothes. Sometimes the clothes are torn or even over sized but we keep them to help other people that are in need of them, he further highlighted.

Speaking to one of the children at FIF children's home Mutare, Kudzai Takawira age 13 (real name enclosed) she narrated how lucky she was to have 6 pairs of shoes when she compares herself with her other friends at church who have both parents but only have one or two pairs of shoes. Grace Dzuwa (real name enclosed) age 17 also highlighted how she had never missed good clothes on Christmas. "I have been on the home for 7 years now and though the clothes we get are not always new but it's far better than having nothing to wear," she said.

Shelter

Below is a pie chart that shows the clusters of children sheltered at the home in Mutare. The statistics are based on the research and findings from the administration office. The FIF children's home Mutare administrator, Mrs Mutandi highlighted during an interview that the home shelters four groups of children. These are: (a) the permanent orphans that the social welfare department Mutare has allocated to the children's home to be sheltered. (b) Those in foster homes because all their welfare pertaining to school fees payments and even medication are catered for by the home. (c) Those temporarily at the home for a month or less. The home is also a drop in centre (D.I.C) so it can accommodate those children who are been helped by the social welfare to look for their relatives or family members. (d) Other children that are sheltered by the home usually for a night or two are those that come to the home needing food or any other financial assistance. These are rarely accommodated but usually the police bring them for a night and they help them the following day.



This role has been effectively played through the set up of the two children's homes in Mutare and Mtoko. The children's homes cater for the welfare of the OVC's using the social welfare framework of administrating an orphanage. The adoption of this framework has allowed the church to support the efforts of the government in combating and mitigating the OVC's phenomenon in the country.

The ZAOGA FIF CEM international director, Pastor Jestina Gandawa highlighted that the rehabilitation of OVC's from the early 1970's, first done by the Apostle Ezekiel Handinawangu Guti to date has seen over a thousand OVC's been rehabilitated. She further highlighted that this provision of shelter has ensured security of the child which helps curtail the chances of them been involved in criminal activities, drug abuse and other immoral activities. Provision of shelter also protects the child from outside harmful practices such as child marriages and exploitation. The role played by the church of sheltering OVC's has achieved quite a milestone in rehabilitating OVC's for the development of the nation.



Figure 1 F.I.F Children's Home Mutare houses



Figure 2 F.I.F Children’s Home Bondamakara Mtoko, 2nd house under construction

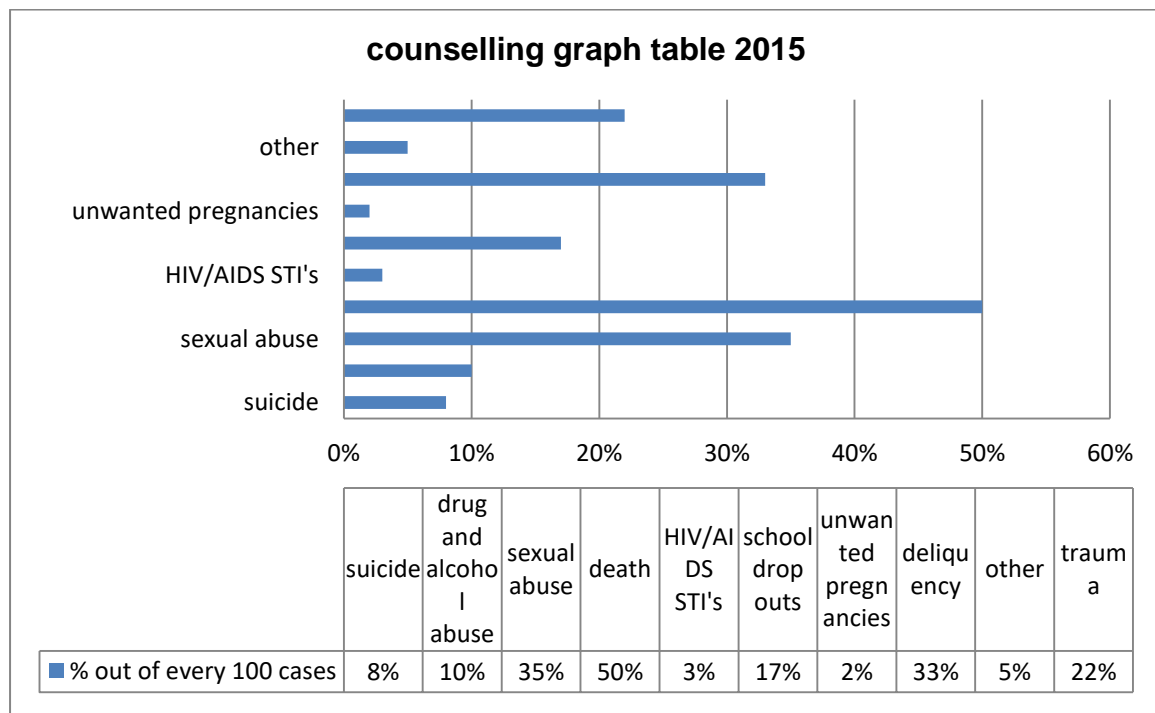
Counselling

The provision of counselling services has been a major role that the ZAOGA CEM has played in rehabilitating OVC’s. Both of the children’s homes have residing pastors that are qualified counsellors specifically dealing with traumatized children. Again from time to time in periods of after every 4 weeks, ZAOGA FIF CEM sent counsellors at the children’s homes to do group and individual counselling, offer career guidance and give life coaching and mentorship teachings. To further reinforce this role of counselling OVC’s in rehabilitating them from shock, stress and risk the mothers responsible for the welfare of the children in the homes also play the role of giving counselling to the children within the homes. In an interview with the ZAOGA FIF CEM international administrator, Pastor Edmore Chijena, he noted that they have set up these strategies so as effectively mould these orphans into normal lives despite the different life experiences that they have been through before they came to the homes.

Pastor Chikari, resident pastor at the FIF children’s home in Mtoko highlighted that some of the children at the home are there because they have faced all forms of child abuse, others are

in psychological trauma, others have been dumped by their mothers at garbage sites and others are victims of the child headed family phenomenon. With tailor made life situations these children have each found their way to the children’s homes of ZAOGA. Pastor Chikari further noted alluded that, counselling is important because it deals with the hurt, trauma and behavioural challenges that might be affecting the child to leave a normal life. It can be noted that if counselling is not given to OVC’s it risks their future and might lead them to be social misfits. This will cost the nation even more and threaten development.

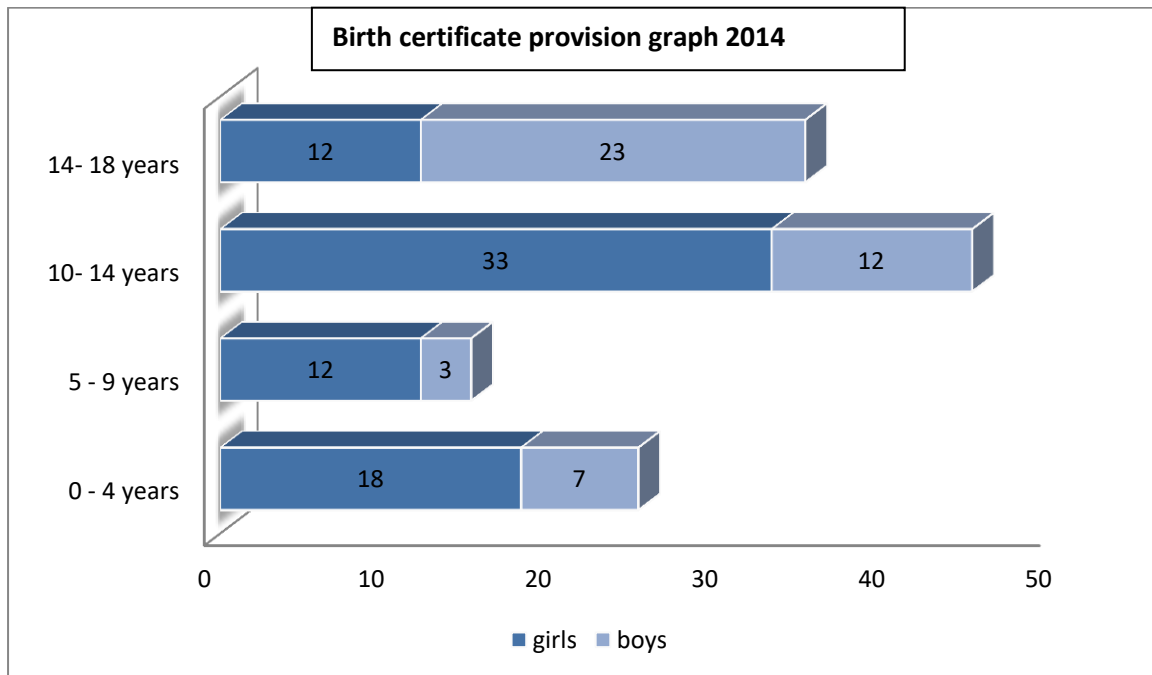
Below is a table showing the percentages of cases that the homes have been dealing with when counseling OVC’s particularly those instituted at the FIF children’s homes. These statistics are based on the monthly counseling rotations done by the pastors sent by the CEM office.



Source: ZAOGA FIF CEM counseling and mentorship rotations annual report 2015

Birth certificates

Article 6 of the ACRWC states that every child has the right to be named and registered at birth. The church also plays a fundamental role of assisting the children in acquiring birth certificates. Some of the OVC’s that the church helps in the rehabilitation institutes have no birth certificates, worse still others have no trace of their birth records as some will be dumped at garbage sites. The church then plays the role of assisting the child with the help of the social welfare department in getting this document. The birth certificate allows the child to be able to enjoy the rights and freedoms of a child in the documents like the ACWRC. It also acts as a protection measure from exploitation and child marriages.



(Source: ZAOGA FIF Child Evangelism Ministry annual report 2014 Children’s Homes)

From the above statistics in the graph, ZAOGA FIF CEM in the year 2014 with the help of the social welfare department was able to provide a total of 120 OVC’s (75 girls and 45 boys) with birth certificates

In an interview with 17 year old Loveness Sithole (real name enclosed), she narrated how ZAOGA FIF CEM has greatly assisted her during the time she needed a birth certificate the most. She highlighted how it was impossible for her to sit for her ordinary level examinations in October 2016 without a birth certificate. She was able to register for her examinations through the provision of a birth certificate.

13 year old Ropafadzo Mudzimu (real name enclosed) in an interview highlighted how she had been leaving in shame with a low self esteem at school because she did not know the date she was born. “I always felt embarrassed when I interacted with my friends and they asked me when my birthday was and I could not respond, “She said. She expressed her gratitude to FIF children’s home for assisting her to get a birth certificate.

A birth certificate though regarded just an ordinary document by those privileged to have it in time, but to OVC’s who get it later in life or even won’t be able to get it, is the most important document they regard in their lives. Apart from highlighting the date one is born, a birth certificate shows the existence and legitimacy of an individual. ZAOGA FIF CEM has played this role of the provision of birth certificates to OVC’s effectively to those OVC’s that passed through their care.

PROTECTION

Article 15 highlights that children should be protected from all forms of economic exploitation and from performing any work that is likely to be hazardous or to interfere with their physical, mental, spiritual, moral, or social development.

In line with article 15 above, the ZAOGA CEM has managed to institutionalise OVC's in the Mtoko and Mutare FIF children's homes. Institutionalising OVC's in such centres greatly minimises the risk and threat of being exploited and being used as child labor in the community as compared to their fellow OVC's who stay in the society, who face a greater risk of economic exploitation and even abuse.

Speaking with the FIF children's home Mutare secretary, Mrs Maponde in an interview, she highlighted that FIF children's home in Mutare has been able and still helping the children in the region (eastern highlands) who are working in the tea plantations. She highlighted that most of these child labourers are orphans or leaving with incapable care givers and from as little as 7 year olds, they are seen working in the plantations. As a church we have protected these vulnerable children from economic exploitation through the help of the social welfare by institutionalising them in our home and confronting the management of the tea estates with the help of the police to warn them against such practises, she highlighted.

Article 16 states that children should be protected from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse.

In a phone interview with Patricia Mukorangebachi, one of the success stories of the role played by the church to protect children from inhuman and degrading treatment, she narrated how she grew up with a father who was violent and a radical of the apostolic churches. She highlighted that our father used to beat us and not allow us to go to school to attain education

or even get medication and treatment at the hospital when we fell sick. She highlighted how she recalls one incident when his father beat up a fellow neighbour for asking him why he doesn't allow his children to go to school and the hospital. She was grateful for ZAOGA FIF CEM which finally institutionalised them with the help of the police and the social welfare. "Now I am married and blessed with three children, I can say I am a better parent than my father and I do what every mother knows best, that is protecting and nurturing my babies," she said.

Article 27 highlights that children should be protected from all forms of sexual exploitation and sexual abuse.

In an interview with one of the mothers at FIF children's home Mtoko, she highlighted how institutionalising the children at the home has helped most of the children escape from sexual abuse, particularly the girl child. She narrated how young Melisa Mapako age 11 (real name enclosed) had been sexually abused by her father's younger brother who was 19 years. The parents of the child had both died to AIDS and the father's brother and an elderly woman were her caregivers. Melisa later reported the case to her school teacher then the abuser was arrested and she was then institutionalised at FIF home Mtoko. She highlighted that it is only a miracle after the tests at the clinic that she was not pregnant and HIV negative. It can be noted that rehabilitating OVC's in institutions is a great way to protect children from child sexual abuse and even sexual exploitation.

Article 21 highlights that governments should do what they can to stop harmful social and cultural practices, such as child marriage, that affect the welfare and dignity of children.

Apart from institutionalising OVC's as a measure or protection from harmful, social and cultural practises, the ZAOGA CEM has a team of pastors across the country that are an eye to assist the OVC's in their particular communities against harmful social and cultural practises. The ZAOGA FIF CEM international director highlighted that children are always victims of bad cultural practises and some times the police and the social welfare are too far to come in and rescue the children. The church then has a role to play to protect children from such practises because; the church is close to the people were all these social evils are happening.

PARTICIPATION

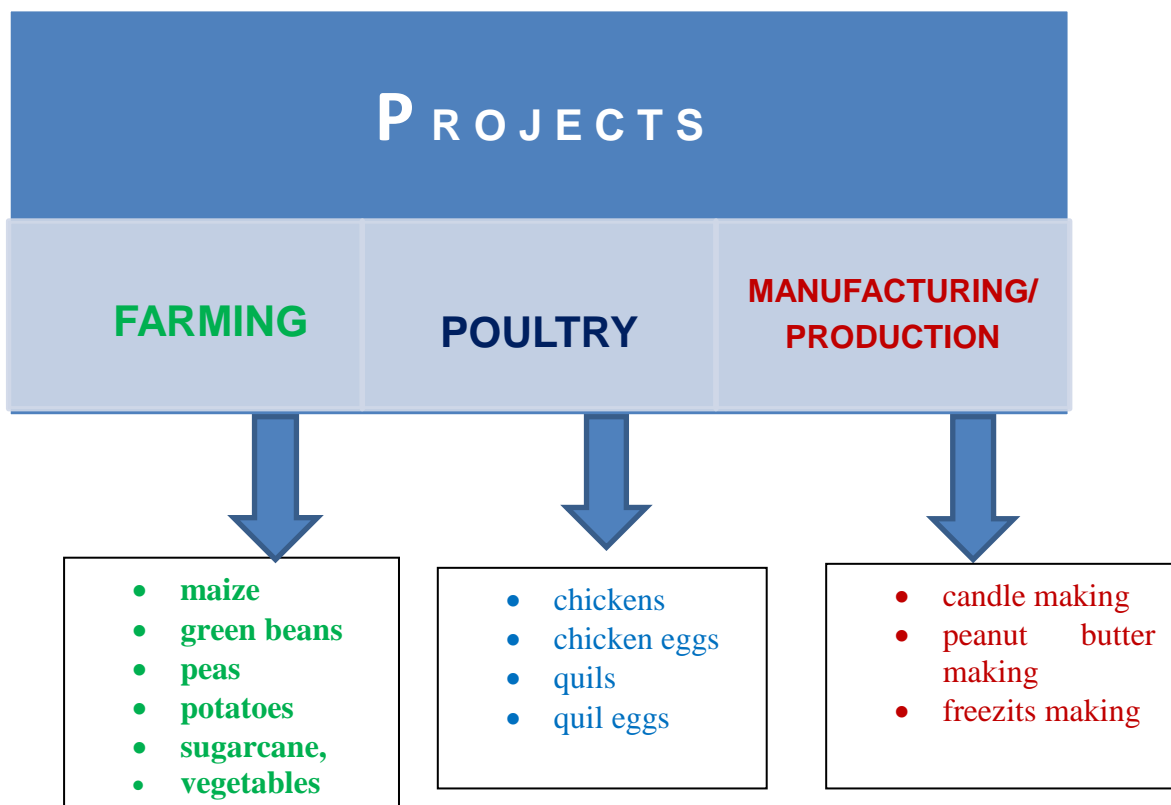
Article 31: Responsibility of the Child

The ACRWC outlines the responsibility of every child to contribute to the best of their ability physically and intellectually to the development of the society, the nation and the African continent as a whole.

ZAOGA FIF CEM has embraced this ideology and concept in order for the children particularly the OVC's to develop a sense of patriotism to their nation. This has been done by the church through indirectly mentoring the OVC's to participate in decision making as well as contributing through physical strength to issues pertaining to their welfare.

Below is a diagram showing some of the projects the children are involved in at the FIF children's homes. The information is based on the research carried out through interviews done with the ZAOGA FIF CEM Projects director, Mr Chena. He highlighted that these projects are ment to equip the children to be able to have a skill of some kind, apart from the

schooling they attend. This will make them to be entrepreneurial and be able to sustainably take care of themselves after they eventually leave the children's homes. Mr Chena further highlighted that we give them incentives of pocket money so that they participate and engage in the projects whole heartedly.



In an interview with the Patron of the Mutare FIF children's home, Pastor Daffren Dzuwa, he highlighted that these projects are not ment to abuse the children but to train them not to be docile and responsible. He pointed out that just like any other normal family, when you are a parent you expect your child to participate in a family small project or income activity. This exercise does not at all interfere with their school works or even disturb the quality time that they are suppose to engage in sports and other recreational activities. The patron further said

that the children after leaving the home will not be a burden to the society due to the current economic conditions. They will be able to start up something to sustain their livelihoods.

During an interview with one of the orphans at the Mtoko home, Kudakwashe Bonderamazanhi (real name enclosed) aged 16 pointed out that he is an average student at school but enjoys the farming projects that he participates in. he said that, “I have hopes of been a farmer one day and these projects are teaching me a lot and gaining a lot of experience from them.

In another interview with Tsitsi Hakutangwi (real name enclosed) aged 10, she pointed out that she sometimes feels bored during the time she participates in the projects but the mothers always encourage her to be a hard worker and the pocket money always gets her motivated to continue engaging in the projects.

Other works by ZAOGA FIF CEM in Africa

According to the 10 year strategic plan of ZAOGA FIF CEM, the church through the ministry has managed to purchase land in Malawi and South Africa for the establishment of children’s homes which will follow the same operational framework of the existing children’s home in Zimbabwe. The ZAOGA FIF CEM International director pointed out that the church in Africa has a great role to play in complimenting the works of the governments against the plight of OVC’s. the expansion of the ministry to other African countries around us is aimed at giving attention to the African orphans and vulnerable children who suffer all forms of vulnerabilities and this greatly threatens the future development of Africa

CHAPTER 3

CHALLENGES FACED BY THE CHURCH IN REHABILITATING OVC's

Introduction

This final chapter seeks to outline the challenges faced by ZAOGA church in its role of rehabilitating orphans and vulnerable children. These challenges are categorized in to structural and non-structural challenges. The non-structural challenges are those problems the church is facing as an organization. These challenges were highlighted by the interviewees who are focused on the administration of the ministry. Issues like the absence of a sustainable source of income, expansion of income generating projects from small scale to large scale, the absence of special facilities to cater for the disabled OVC's institutionalized at the homes and the need to build more houses at the children's homes to help cater for more OVC's.

Structural challenges are those problems that are of an external nature but directly and indirectly affect the role of the church in the rehabilitation of OVC's. These challenges range from socio-eco political problems. Socially issues like the HIV/AIDS crisis, poverty and environmental problems, affect the church in effectively playing its role. Economic crisis around the world has also affected the church. Political instability and bad governance has also made the role the church is playing a difficult one.

NON-STRUCTURAL CHALLENGES

Shelter

The need to build more houses at the two homes has been a matter of concern for the church, which has greatly limited its capacity to effectively rehabilitate OVC's. This challenge was highlighted by the ZAOGA FIF CEM International Director, Pastor Jestina Gandawa. She pointed out that our vision as a church is to rehabilitate as many OVC's as many they are out there. She acknowledged that the goal seems to be an illusive one but if the church does not stand and fulfil what the bible says in

James 1:27 pure religion and undefiled before God and the Father is this, to visit the fatherless and widows in their affliction, and to keep himself unspotted from the world.

Then we will have failed as a church. She went on further to point out that the church is not pursuing its own goal but must work with the government and various other stakeholders to not only rehabilitate OVC's, but completely deal with the cycle of vulnerabilities which affect the children.

She further went on to highlight that ZAOGA church is an indigenous church, the church has managed to build Mbuya Dorcas Hospital, ZEGU university, many schools around the country and various other infrastructure for the development of the nation without any aid from outside the country or donations. But the war against eradicating the plight of OVC's and destroying the vulnerability cycle is not a war of prestige but a war which needs the church, the government, the community and even NGO's to put their heads together and set up the way forward. Children are our future and turning a cold shoulder on issue that directly affect them, our future is doomed, she pointed out.

Projects

The ZAOGA FIF CEM projects director, Mr. Chena pointed out that the need to expand projects which are administered at the homes is a problem that is again limiting the church to play its role in helping OVC's. He pointed out that two thirds of the land at the Mutare children's home is idle land which has the potential to produce great results if efficiently used with projects like farming and poultry. The vision we have for the projects is that it generates income to develop the homes and meet other daily needs at the homes. As such a budget of about USD 20 000 has been set up for the purchase of input resources to embark on farming at a large scale.

He further went on to point out that other small projects like peanut butter making, candle making and freezits making are run not as a targeted way of income generating but train the children to be industrious. However if we had finances these small projects can again be intensified which can then be able to employ former OVC's institutionalized at the homes when they leave the home.

Source of income

The absence of a sustainable source of income has been a threat to the role that the church is playing to rehabilitate OVC's. Speaking to the ZAOGA FIF CEM administrator, Pastor Edmore Chijena, he pointed out that, the church has set up a fund aside which caters for the welfare of OVC's. The ODCF has been the major source of income for the past 50 years but however it is not sustainable. This is because some times the funds are not enough to cater for the welfare of the OVC's for a year. The funds are not budgeted for when the church

members contribute them, as such member of the church randomly contribute money without knowledge of the budget needed to run for a year since the fund is collected annually. The children's homes sometimes have to finish the year with a negative balance because the funds will be used up.

He further highlighted that the CEM is still looking for a strategy which will allow the rehabilitation of OVC's to have a sustainable source of income, so that even if the ODCF is not enough to cater for the needs of the children's homes there will be a permanent source of income which is able to cater for the welfare of the homes.

Special facilities

The patron of the ZAOGA FIF children's home Mutare, Pastor Daffren Dzuwa highlighted the challenge of the absence of special facilities to cater for the disabled OVC's institutionalized at the home. The homes have turned down many children that have been allocated to them by the social welfare department because there are no special facilities available at the homes to cater for them. Disabled children suffer a double tragedy, that of been physically disabled and abandonment by the family and the society. He further highlighted that if the church manages to build houses with special facilities to cater for these OVC's it will go a long way in transforming their lives and rehabilitating them. Pastor Dzuwa pointed out that the only disabled children we managed to cater for at the home are partially blind (at the time of the interview it was only one child who was partially blind that was institutionalized at the home).

STRUCTURAL CHALLENGES

HIV/AIDS crisis

According to UNICEF (2012) Zimbabwe has one third of its population infected and affected by HIV/AIDS. This situation is further worsened by the inability of the government to effectively cater for the medication of these infected citizens. Such a situation is a good breeding ground for orphans child headed homes and increases the vulnerability of children to be victims of abuse, child labor child marriages and all the forms of child exploitation. The church in as much as it is trying to eradicate the cycle of vulnerabilities and rehabilitating OVC's, faces the challenge of achieving little results because of the increasing number of OVC's due to the challenge of HIV/AIDS.

Poverty

According to World Bank (2010) over 65% of the Zimbabwean population is living on less than \$1 a day. This means that Zimbabwe has a high poverty datum line which again breeds a favourable atmosphere for increasing the vulnerabilities faced by children. Poverty means that the rates of school enrolment drops, increase in the street children phenomenon, economic exploitation, child prostitution, abuse and even increase in criminal activities. Poverty can be noted to be not only a driver of the vulnerabilities of children but a problem that the church is facing in its efforts to try and curtail the problems faced with children thereby limiting its capacity to fully rehabilitate OVC's.

Environmental problems

This again has limited the capacity of the church to effectively play its role of the rehabilitation of OVC's. The climate is constantly changing and this reality has had negative impacts on the lives of children. Climate change means that the capacity of agricultural production in households is limited thereby causing hunger and malnutrition. This leaves children at the greater risk of vulnerability in terms of poor health. Such a challenge makes the efforts of the church to assist OVC's yield lower results due to the increase in the number of children going through the day in hunger and this can even see in school drop outs. An increase in the number of vulnerable in the country reverses the effort of the church in playing the role of rehabilitating OVC's.

THE FUTURE OF OVC'S

Over the years the OVC's crisis has been epidemic and various frameworks have been set up by various stakeholders in order to mitigate as well as eradicate the cycle of vulnerabilities of children. Coming up with an effective future intervention strategy for rehabilitating OVC's, has to meet all the forms of vulnerabilities affecting children as highlighted in the first chapter of this research paper and at the same time use the yardstick of regional and national frameworks. In response to this, the National Action Plan for Orphans and Vulnerable Children is one intervention strategy that was set up to address the vulnerabilities been faced by OVC's and not only to help rehabilitate OVC's but try and break the cycle of vulnerabilities faced by children.

CONCLUSION

There is still hope for the complete eradication of the OVC phenomenon. If the church and the government and other various stakeholders work together the goal is attainable. From the research it can be noted that the church has played a commendable role in helping rehabilitate OVC's but the church alone will not solve the problem. The OVC challenge is far worse than disasters or pandemics because it continues to suck the resources of the nation if it is not dealt with. All the forms of vulnerabilities that OVC's experience and are exposed to have a negative effect and impedes the development of a nation, as such the needs of all children must be prioritized by the government first then complimented by organisations such as the church.

REFERENCES

Abebe, T. & Aase, A. 2009. *Orphanhood, poverty and the care dilemma: Review of global policy trends. Social work and society*. The international online journal. Accessed on 10/10/2016 at <http://www.socwork.net/sws>.

Alonso, J., Petukhova, M., Vilagut, G., Chatterji, S., Heeringa, S., Üstün, T. B., ... Kessler, R. C.(2011). *Days out of role due to common physical and mental conditions: results from the WHO World Mental Health surveys*. *Molecular Psychiatry*, 16(12), 1234–46. doi:10.1038/mp.2010.101, pdf

Government of Zimbabwe 2004. *National Child Labour Survey Report Harare*: Ministry of Public Service, Labour and Social Welfare.

Government of Zimbabwe 2006. *Zimbabwe third Farm Workers Survey Report*. Harare: Ministry of Public Service, Labour and Social Welfare.

Hellmuth, J. & Duncan, G.J. (2007). *The Effects of Poverty on Children. The Future of Children* 7 (2).*Children and Poverty*: 55-71.pdf

Hermenau, K., Hecker, T., Ruf, M., Schauer, E., Elbert, T., & Schauer, M. (2011). *Childhood adversity, mental ill-health and aggressive behavior in an African orphanage:Changes in response to trauma-focused therapy and the implementation of a new instructional system*. *Child and Adolescent Psychiatry and Mental Health*, 5(1), 29. doi:10.1186/1753-2000-5-29, pdf

Holzer, H.J., Duncan, G.J. & Ludwig, J. (2007). *The Economic Costs of Poverty in the United States: Subsequent Effects of Children Growing Up Poor*. Madison, WI.

Machel, Graça, *The Impact of War on Children: A review of progress since the 1996 United Nations Report on the Impact of Armed Conflict on Children*, Hurst & Company, London, 2001, p. 33.

Mood, C. & Jonsson, J.O. (2014). *Poverty and Welfare among children and their families 1968-2010*, Institute for Future Studies, Research Report 2014/2, Stockholm.

Mupedziswa, R (2006) Editorial, *Journal of Social Development* Vol 21 No 1:111.

Mushunje, M, T (2006) *Child protection in Zimbabwe: yesterday, today and tomorrow*, *Journal of Social Development* Vol 21 No 1:12-34. pdf

National AIDS Council (2011) *National child and social protection mechanisms revitalised, Harare*, <http://www.nationalaidsCouncil.zim/html/4/06>. Accessed 8 October 2016

Nixon, E. (2012). *How Families Matter for the Social and Emotional Development of 9-Year-Old Children*. Dublin: Department of Children and Youth Affairs.

Omwa, S. S., Titeca, K, (2011) *Community-based initiatives in response to the OVC crisis in North Central Uganda*, IOB master dissertation valorization grant. Discussion paper pdf

Ridge, T. (2002). *Childhood Poverty and Social Exclusion*, Bristol, Policy Press.

Swords, L., Greene, S., Boyd, E. & Kerrins, L. (2008). *All You Need is ... Measuring Children's Perceptions and Experiences of Deprivation*. Dublin: Children's Research Centre, Trinity College Dublin.

Terr, L. (1992). *Too scared to cry: Psychic trauma in Childhood*. New York: Basic Books.

UNAIDS/UNICEF/USAID (2007) *Children on the Brink 2007: A Joint Report of New Orphan Estimates and a Framework for Action*, The Joint United Nations Programme on

HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), and the United States Agency for International Development (USAID).

UNICEF (2003), *The State of The World's Children 2003*, New York USA, Library of Congress. pdf

UNICEF (2003). Report on the World Social Situation: *Social Vulnerability: Sources and Challenges*, New York: United Nations Department of Economic and Social Affairs.

UNICEF (2007). Child Poverty in Perspective: *An overview of child well-being in rich countries*. A comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations, <http://www.childinfo.org/developedcountries/html> Accessed 7 October 2016

UNICEF (2010) *Promoting the Rights of Children with Disabilities*, OnnicentDigest.13. Available at www.unicef.org/publications/pdf/digest Accessed 13 October 2016.

United Nations Children's Fund [UNICEF]. (2012). *Statistics by area HIV/AIDS*. Retrieved from http://www.childinfo.org/hiv_aids.html Accessed on 11 October 2016

United Nations, *Human Development Report 2005*, Oxford University Press for UNDP, New York, 2005, pdf

World Bank (2010). *World Development Report 2009-10: Attacking Poverty*, New York: Oxford University

ZAOGA FIF CEM ANNUAL REPORT 2014 and 2015

ZAOGA FIF CEM STRATEGIC REVIEW 2015

INTERVIEWS

Blessing Chigwenhembe

Dafferen Dzuwa

Emerson Gumbezi

Irene Gomwe

Mr Chena

Mrs Gwembi

Mrs Maponde

Mrs Mutandi

Ms Memory Vera

Pastor Jestina Gandawa

Pastor Mr Chikari

Patricia Mukorangebachi

Simbarashe Makoni

APPENDIX

QUESTIONNAIRE ONE: Guide for orphans and vulnerable children who are beneficiaries of ZAOGA FIF CEM.

My name is Brian Chitima, a student at Midlands State University studying for a Bachelor of Arts Honors Degree in Development Studies. As part of the programme requirement, I am carrying out a research on the role ZAOGA FIF CEM is playing in rehabilitating orphans and vulnerable children.

Instructions

- ❖ Please answer all questions
- ❖ Indicate your response with a tick in a given box or space
- ❖ Give explanations where necessary.
- ❖ Please fill in your name if you want it to be disclosed in the research

1. Name and surname..... Age..... Sex.....

2. Status: (please tick which category you belong to)

Orphan vulnerable child
FIF children's home Mutare FIF children's homeMtoko Foster family
Other *(please specify in the spaces below where you stay and if you are a beneficiary)*

.....
.....

3. What have you benefitted from ZAOGA FIF CEM?

(Please tick the item or items which you have been provided for)

Health care Birth certificate Shelter Clothes
Counseling Food Education Other (specify in box)

4. What have you been protected against by ZAOGA FIF CEM ?

(Please tick the issue or issues which you have been protected against)

Sexual abuse Child labor Child marriage Discrimination
Torture Violence Exploitation Other (specify in box)

5. What project have you participated in?

(Please tick the project or projects that you have participated in)

FARMING

Maize Beans Sugar Cane Peas Potatoes Vegetables
Other.....

POULTRY

Chicken Chicken eggs Quils Quil eggs Other

MANUFACTURING/PRODUCTION

Candle making Freezit making Peanut butter making Other.....

6. COMMENTS

(You are welcome to use either shona or english in this part, to fully express yourself)

As a beneficiary of ZAOGA FIF CEM what outstanding life experiences or events do you credit the church for playing in your life?.

.....
.....
.....
.....
.....
.....
.....
.....
.....

INTERVIEW GUIDE

1. What is your name and the position you occupy in ZAOGA FIF CEM
2. What role has the church played in the rehabilitation of OVC's
3. What are some of the outstanding cases that you have experienced in rehabilitating OVC's
4. How effective has the church been in rehabilitating OVC's
5. What has been the sources of funding for the church towards the helping of OVC's
6. Are there any other outstanding donors that have contributed to ZAOGA FIF CEM towards rehabilitating OVC's
7. What issues do you normally deal with when giving counselling to OVC's
8. What type of children are accommodated at the FIF children's homes
9. What are some of the success stories that the church has encountered in rehabilitating OVC's
10. What are the challenges that the church has encountered in rehabilitating OVC's