

Challenges and Opportunities for Child-Sensitive Social Protection Programmes in Zimbabwe

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ABSTRACT

There is a growing need among social workers and stakeholders that have a bearing on the welfare of children to find the best ways to respond to the specific challenges faced by children and their families. The article interrogates the child-sensitive social protection programmes in Zimbabwe in terms of opportunities and challenges. The review process targeted both formal and non-formal social protection programmes. Some of the social protection programmes include; the harmonised social cash transfer programme, the assisted medical treatment order (AMTO), the basic education assistance module (BEAM), the child supplementary feeding programme, zunde ramambo, and sara pavana among others. The review is based on qualitative documentary analysis. The child rights perspective has been adopted to analyse the sensitivity of the social protection programmes in Zimbabwe. The research findings suggest that the child-centeredness of the social protection programmes in Zimbabwe is severely affected by the nature and level of the challenges they face. The article concludes by lobbying and advocating for social protection programmes in Zimbabwe to put children at the centre of their programming.

Keywords: Child rights, child-sensitive, social protection, health, education, programming.

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<https://dx.doi.org/10.4314/jsda.v38i2.2>

Introduction

Children are the future of each and every society (Mushunje 2006). Children are also a vulnerable group (Mwapaura et al., 2022). Key stakeholders and duty bearers have roles to ensure safeguarding and protection issues among children. Over the last two decades there has been increased global attention on issues such as childhood poverty, vulnerabilities and also attempts to address some of the challenges faced by children (Roelen & Sabates-Wheeler, 2012). This is an attempt by key stakeholders that have a bearing on the welfare of children to respond to specific problems encountered by children and their families. Social protection has been viewed as core to development policy and practice (Roelen & Sabates-Wheeler, 2012). The domain of social protection is poverty alleviation, reduction, prevention, social compensation, and income distribution (Patel, 2015). The term social protection is associated with a diversity of strategies such as social assistance, social insurance and private insurance (Patel, 2015). Social protection programmes include safety nets and are broader in scope as well as diverse in practice (Devereux 2006; Devereux and Sabates-Wheeler, 2004). Social protection has also been viewed as an integral part of responding to childhood poverty and vulnerabilities among developing countries (Devereux et al., 2011).

There are growing debates among key stakeholders including the United Nations Children's Fund (UNICEF), researchers, and practitioners on what constitutes child-sensitive social protection (Roelen & Sabates-Wheeler, 2012). There is an appreciation that it combines financial support for families, health care, essential nutrition, childcare services and education. Child-sensitive protection is a phrase used to summarise a spectrum of policies and programmes (Roelen & Sabates-Wheeler, 2012). Child-sensitive social protection aims to improve opportunities and progress outcomes for children using a multidimensional approach to understanding their well-being and with a sensitivity to how risks

faced by the children are responded to (African Child Policy Forum (ACPF) & Overseas Development Institute (ODI), 2013). It also ensures that care workers have good working conditions.

Child-sensitive social protection is also regarded as responding to vulnerabilities through building instruments and safeguards that can reduce or minimise and counteract their impacts on children's well-being (Roelen & Sabates-Wheeler, 2012). Child-sensitive social protection aims to specifically address the different patterns of childhood poverty and vulnerabilities with a view of recognising the importance of investing in children in the long term (Roelen & Sabates-Wheeler, 2012). However, policies and programmes do not directly target children for them to be considered child-sensitive social protection (Yates et al., 2010). Child-sensitive social protection is part of the economic and non-economic interventions aimed to ensure that the most vulnerable children and their families are the beneficiaries (Temin, 2008). Some of the social protection interventions include; social work, early childhood development, cash transfers, and alternative care among others (Roelen & Sbates-Wheeler, 2012).

The provision of social protection to children is a human rights issue as defined in the Universal Declaration of Human Rights of 1948 and the United Nations Convention on the Rights of a Child (1989) articles 20, 26 & 27. The African Charter on the Rights and Welfare of Children (1999) article 25 is about the provision of social security and insurance to children with a view to maintaining an adequate standard of living. The child-sensitive social protection reduces the impacts of diseases and malnutrition on orphans and other vulnerable (OVC)s, protecting them against human immunodeficiency (HIV) and acquired immunodeficiency syndrome (AIDS), and also increasing access to health care, education and other social services (ACPF and ODI, 2013). In

order to reduce the vulnerabilities of children in Africa a number of child-sensitive social protection programmes have been implemented. For example, in Kenya, social transfer programmes have been implemented to improve food security and child health (ACPF & ODI, 2013). In Malawi, a Mchinji cash transfer programme has also been implemented (ACPF & ODI, 2013). The child support grant has also improved the lives of OVCs in South Africa (ACPF & ODI, 2013).

Just like other OVCs in many parts of developing countries, those in Zimbabwe are confronted with a number of risks and vulnerabilities and the government has been making efforts to address this state of affairs (Mwapaura et al., 2022). Some of the risks or challenges are related to inadequate policies and programmes to respond to pandemics such as HIV and AIDS, and the COVID-19 pandemic, among others. As of 2003, Zimbabwe had an estimated 1.3 million orphans and 980 000 of them were orphaned by HIV and AIDS (Dhlembeu and Mayanga 2006). As of 2011, an estimated 1.6 million children were orphaned by HIV and AIDS (Chikwaiwa et al., 2013; Takaza et al., 2013).

The crisis involving OVCs in Zimbabwe was compounded by a number of risk factors (Dhlembeu and Mayanga 2006). Some of the risk factors included; deepening poverty, declining economic indicators, low agricultural productivity linked to persistent droughts, increase in disasters, limited support from the donor community, and reduction in budgets for social service sectors among others (Dhlembeu and Mayanga, 2006). For example, some of the OVCs in Zimbabwe such as street children continue to struggle to meet their basic needs like food, clothes, and shelter, among others with very little support from the Government of Zimbabwe and other duty bearers (Chikoko, 2014; Chikoko, 2017).

In order to address some of the challenges confronting the OVCs in Zimbabwe, a number of social protection programmes have been initiated and implemented by the government with technical and financial support from UN agencies, bilateral agencies, and non-governmental organisations among others. These included both formal and non-formal child-sensitive social protection programmes such as zunde ramambo, sara pavana, social cash transfers, Assisted Medical Treatment Orders (AMTO), the Basic Education Assistance Module (BEAM), and child supplementary feeding programmes among others.

In Zimbabwe, the provision of social protection is guided by principles such as social insurance, labour market interactions, livelihoods support strategies, social support and care among others (Government of Zimbabwe, 2016). Social protection has become popular as part of the broader strategies to address child poverty and vulnerability (Zibagwe et al., 2013). A child is defined as any human being below the age of eighteen years (UNCRC, 1989; ACRWC, 1999). Ostensibly, there are limited academic studies that have been carried out that interrogate the challenges and opportunities associated with child-sensitive social protection programmes in Zimbabwe. This is because it can go a long way in securing basic incomes and reducing risks for children in poverty or without family care. This article, paper and or manuscript is an attempt to fill in this academic gap.

Theoretical Framework.

Child Rights Perspective.

The child rights perspective has been adopted to analyse the sensitivity of the social protection programmes in Zimbabwe. The child rights have been defined into four principles namely, the best interest of the child, the right of a child to participation, non-discrimination and the right of a child to survival and development

(UNCRC, 1989; ACRWC, 1999). The child rights perspective recognises the relationship between the duty bearer and the rights holders (Save the Children 2002). The child rights perspective could be seen as social contract that exists between the rights holders and the duty bearers (Chikoko 2014 & 2017).

In an effort to domesticate the provisions of the UNCRC (1989) and the ACRWC (1999), the Government of Zimbabwe has enacted a number of child rights laws, policies and programmes (Nhenga 2008, Mwapaura et al., 2022). Some of the laws that have been promulgated included, the Children's Act (5:06), Criminal Law (Codification and Reform) Act (9:23). Some of the policies that have been affected included the Multi-Sectoral Response to Child Sexual Abuse among others. Some of the child rights programmes included the National Action Plan for Orphans and Other Vulnerable Children (2016-2020) among others (Chikoko, 2014 & 2017).

A number of criticisms or flaws have been raised against the UNCRC (Nhenga 2009). The UNCRC is seen or viewed as a western conceptualisation of childhood (Bourdillon 2009; Nhenga 2009). In addition, Morrow and Pells (2012: 04) noted that,

“The UNCRC does not contain specific rights relating to poverty and does not define the term.”

The socio-economic challenges associated with the delivery of social protection in Zimbabwe demonstrate that the programmes are not implemented in the ‘best interest of the child’ principle of the UNCRC (1989) and ACRWC (1999). The social protection programmes are not putting children at the ‘centre’ of programming. In other words, some of the challenges affect how social protection programme respond to the risks and vulnerabilities of children in Zimbabwe. Therefore, such programmes are promoting child rights abuse, violence and

exploitation of children in Zimbabwe. This is demonstrated as some of the social protections do not meet some of the expected standards of child sensitivity for example reduction in impacts of diseases and malnutrition among others.

Research Methodology

A qualitative documentary analysis was adopted in this study. In the study, document analysis was vital in providing context within the research, introducing questions researchers may ask, providing additional insights researchers would find valuable, giving researchers a way to track the development of the study and served as a tool for confirming evidence found in this research (Bohnsack, 2013).

Bowen (2009: 28) defines document analysis as “a systematic procedure for reviewing or evaluating documents both printed and electronic material.” The scholar furthers that the examination and interpretation process is to elicit meaning, gain understanding and develop empirical knowledge. The documents that may be used for systematic evaluation of a study take a variety of forms (Bowen, 2009).

Like any other research methods, document analysis has advantages and limitations. Bowen (2009) observed that some of the advantages include; coverage (Yin, 1994), exactness, stability, efficiency, availability, cost effectiveness, lack of obtrusiveness among others. However, document analysis has a number of limitations and these include; insufficient detail, biased selectivity, low irretrievability among others (Yin, 1994; Bowen, 2009).

The documentary analysis involved desk review of various literature around child sensitive social protection programmes in Zimbabwe. Literature search was conducted both manually and electronic databases which include Africa Social Work Network (ASWNet), African Journals Online (AJOL), PubMed, ResearchGate, Google Books, and JSTOR. Additionally, another search was made on Google Scholar and Google. Some of the

search terms used include child rights in Zimbabwe; child sensitive policies in Zimbabwe; and social protection, health, education, programming in Zimbabwe. The literature review focused mainly on the documents below among others:

TABLE 1: Formal Social Protection

| Author (s) | Year | Core-ideas |
|------------------------|------|--|
| Munro | 2002 | Child Supplementary Feeding programme |
| Kaseke | 1989 | |
| CARE International | 2002 | |
| Government of Zimbabwe | 2009 | |
| Francis-Chizororo | 2005 | Basic Education Assistance Module (BEAM) |
| Chatikobo | 2015 | |
| Mtapuri | 2012 | |
| Ringson | 2020 | |
| Nyambayo | 2019 | |
| Nyatsanza & Hlatywayo | 2014 | |
| Mutasa | 2015 | |
| Mushunje & Mafico | 2010 | Cash Transfer programme |
| Sedenfield et al | 2016 | |
| Chikoko et al | 2022 | |
| Chinyoka | 2012 | |
| Chinyoka and Seekings | 2016 | |
| Chinyoka | 2018 | |
| Mwapaura et al | 2022 | Assisted Medical Treatment Order (AMTO) |
| Dhemba | 2013 | |

TABLE2: Informal Social Protection

| Author (s) | Year | Core-ideas |
|-----------------------|------|---------------------------------|
| Warria & Chikadzi | 2020 | Zunde Ramambo (Chief's Granary) |
| Dhemba | 2002 | |
| Mushunje | 2006 | |
| Patel et al | 2012 | |
| Mararike | 2000 | |
| Samkange and Samkange | 1980 | |
| Mushunje & Mafico | 2010 | |
| Warria & Chikadzi | 2020 | Sara pavana (Guardianship) |
| Ruparanganda et al | 2017 | |

The literature review focused on, legislations, policies, research reports, academic books and or peer reviewed articles among others. The researchers followed the following steps, listing sources, decided how to organise the information, made copies for notes, ensured authenticity, checked for biases, asked questions, and evaluated the documents. The conclusions made in this article were based on purposively identified themes namely, savings clubs, credit schemes, churches, community-based networks, extended family and kinship based, burial societies, zunde ramambo, sara pavana, kuronzera among others.

Research Findings.

This section presents research findings. The research findings are categorised into two groups thus formal and non-formal social protection. Under formal social protection there are child supplementary feeding programme, BEAM, cash transfers, AMTO. The informal social protection component covers sara pavana and zunde ramambo among others.

1. The Formal Social Protection

a) Child Supplementary Feeding programme

The research findings indicate that the child supplementary feeding programme is one of the child sensitive social protection initiatives in Zimbabwe (Kaseke et al., 1989; Munro, 2002). The supplementary feeding programme is aimed to prevent and or reduce malnutrition in incidences or situations of severe droughts (Munro, 2002). The malnutrition among children is seen as very dangerous as it can cause permanent damage and, in some cases, even death (Munro, 2002). The main objective of the Zimbabwe's child supplementary feeding programme is to improve and or maintain the nutritional status or position of children under five in drought prone and or affected areas (Munro, 2002).

The provision of child supplementary feeding programme is done by both by Government of Zimbabwe and non-governmental organisations from support from United Nations (UN) agencies and bilateral agencies such as DFID (Munro, 2002). For example, Care International implemented a child supplementary feeding programme in Zaka, Bikita, Chivi and Mberengwa districts during 2002 to 2003 with technical and financial support from Department for International Development (DFID) (Care International, 2002). The child supplementary programme targeted all under-fives children and pregnant and lactating mothers in all the wards of the targeted districts (Care International, 2002).

During 2008/9 period, non-governmental organisations such as Plan International implemented a child supplementary feeding programme in selected wards in Chipinge district (Plan International 2009). The programme got financial and technical support from UNICEF (Plan International 2009). The major aim of the programme was to improve nutrition levels of under five

children in selected wards of Chipinge district. The 2008/9 was considered a drought year in Zimbabwe (Government of Zimbabwe, 2009).

The child supplementary feeding programme has faced a myriad of challenges. For example, the programme has been donor funded and or driven with minimal contribution from the Government of Zimbabwe (Kaseke et al., 1989). Some of the challenges included; poor logistics, poor targeting, lack of transport and poor procurement and absence of meaningful measures and or strategies for drought preparedness severely affected the effectiveness of child supplementary feeding programme (Kaseke et al., 1989).

The effectiveness of the child supplementary feeding programme was also affected by lack of motivation by volunteer mothers to take their young children to the feeding points (Kaseke et al., 1989). Consequently, this led to irregular attendances that negatively impacted on the programme (Kaseke et al., 1989). The practice became more pronounced during the farming and or rainy season as the mothers focused more on farming activities (Kaseke et al., 1989).

Poor coordination with other safety nets was also noted as one of the challenges associated with child supplementary feeding programme (Kaseke et al., 1989). For example, there was no referrals and or simultaneous assessments with other safety nets like Grain loan scheme (Kaseke et al., 1989).

The efficiency of the child supplementary feeding programme was also affected as a result of centralisation of the procurement process of the food supplies (Kaseke et al., 1989). The centralisation of the procurement process of the food supplies delayed the delivery of food supplies on the various feeding points

(Kaseke et al., 1989).

The child supplementary feeding programme has been criticised for limitedness in self-sustenance (Kaseke et al., 1989). The child supplementary feeding programme is supposed to be complimented with community projects such as poultry, nutrition gardens that could be used to enhance and or improve the nutritional status of the children (Kaseke et al., 1989). However, such community projects are severely affected due to lack of water supplies during drought periods (Kaseke et al., 1989).

The child supplementary feeding programme has sustainability challenges in the context that the programme has been entirely donor driven (Kaseke et al., 1989). The government of Zimbabwe seem to struggle to run child supplementary feeding programme in a context donors and bilateral agencies pull out and or stop funding the programme (Kaseke et al., 1989).

b) Basic Education Assistance Module (BEAM)

It is evident that the BEAM is one of the social protection programmes that benefit orphans and other vulnerable children in Zimbabwe. Some of the beneficiaries of the programme are children under grandparent headed households. As a result of the unprecedented impact of HIV and AIDS some of the orphaned children are under the care of the elderly, grand parent households (Francis-Chizororo, 2008). The BEAM is specifically for catering for school and examination fees, levies (Chatikobo, 2015; Mtapuri, 2012; Ringson, 2020) The programme was introduced by the Government of Zimbabwe in 2001 with initial funding from the world bank (Ringson, 2020). The BEAM programme is administered by the Social Dimension Fund under the Ministry of Public Service, Labour and Social Welfare in conjunction with the Ministry of Primary and Secondary Education (Ringson, 2020).

A closer analysis indicates that the BEAM programme has a

number of challenges. For example, it has been associated with underfunding from treasury as a result of the socio-economic and political challenges affecting the country (Chatikobo, 2015; Nyambayo, 2019; Ringson, 2020). Out of 24 per cent (%) of school children who needed assistance only 17 % had received the support through the BEAM programme (Ringson, 2020). As of 2015, the BEAM programme covered only 16 per cent (%) of the disadvantaged children (Nyambayo, 2019).

The lack of integration of BEAM programme and other psychosocial support care for orphans and other vulnerable children is one of the weaknesses of the programme (Ringson, 2020). In a study of orphaned children in Masvingo Province, Ringson (2020) observed that the children had psychosocial support needs such as low self-esteem, psychosomatic disorders, hopelessness, anxiety, learning disabilities among others. The BEAM programme has also been criticised for failing to provide provisions for the training of life skills among its recipients (Nyatsanza and Hlatywayo, 2014). The beneficiaries of the BEAM programme are not empowered enough on vocational skills training (Nyatsanza and Hlatywayo, 2014).

In addition, the majority of care givers particularly elderly persons in Zimbabwe struggle to meet the basic needs of these orphans and other vulnerable children (Ringson, 2020). For example, they struggled to provide food, clothes, medical aid among others to the orphaned children (Ringson, 2020).

The late and or erratic disbursements of funds are also associated with BEAM programme in Zimbabwe (Chatikobo, 2015; Mutasa, 2015; Nyambayo, 2019). The situation becomes very severe in a hyper inflationary environment as the disbursements would not contribute towards anything meaningful. The BEAM programme does not cater for school uniforms, books and other projects

approved by the School Development Associations (Chatikobo, 2015; Mutasa, 2015). Ironically the projects approved by School Development Associations have proven to be more expensive (Mutasa, 2015).

The lack of transparency in beneficiary selection has been one of the criticisms of the BEAM programme in Zimbabwe (Chatikobo, 2015; Ngazimbi, 2014; Mutasa, 2015). The BEAM programme has been associated with corruption affecting the targeting selection process at the expense of the neediest OVCs (Chatikobo, 2015; Mutasa, 2015).

The BEAM programme has also been criticised for limited access of information by its beneficiaries and or recipients (Mutasa, 2015). The potential beneficiaries of the BEAM programme could not access adequate information. In other words, there was lack of awareness of the BEAM programme among potential beneficiaries (Mutasa, 2015). The potential beneficiaries struggled to get access of the information pertaining to the BEAM programme.

The inadequate community participation is one of the challenges associated with the BEAM programme in Zimbabwe (Mutasa, 2015). The inadequate community participation is seen as members fail to articulate critical issues during selection meetings (Mutasa 2015). The inadequate community participation provides room for corruption (Mutasa 2015). Some of the community members withdraw their participation for fear of witchcraft and also political victimisations among other reasons (Mutasa, 2015).

c) Cash Transfer programme

The research findings suggest that cash transfer programme is one of the social protections for the children in Zimbabwe. However, the research findings indicate that HSCT programme was marred

by human resources related challenges. Some of the challenges included; low level of motivation due to low salaries, high case load, limited administrative skills and experience and little experience in results-oriented management (Mushunje and Mafico, 2010; Sedenfeld et al., 2016, Chikoko et al., 2022). For example, the social welfare officers employed at District level had limited administrative skills and exposure on results-oriented management.

i) Coverage and Targeting criteria

It is evident that the HSCT programme phase 1 targeted 10 districts of Zimbabwe (Chinyoka, 2017). Among the targeted most 85 per cent of the households had children (Chinyoka, 2017). In addition, the 42 per cent of the beneficiaries of HSCT programme were orphans (MLSS, 2012). By late 2011 during the first scale up period, the HSCT programme had reached 10 districts and also benefited 19, 827 households (Chinyoka, 2017). Towards the end of the Government of National Unit, the HSCT had reached 16 districts and benefited 39 004 households (Chinyoka, 2017; Seidenfeld et al., 2016). As of year 2014, the HSCT programme had reached almost 90 000 households and expanded to a total of 30 districts (Chinyoka and Seekings, 2016). The HSCT programme was funded both by Government of National Unit and UNICEF through Child Protection Fund (Chinyoka and Seekings, 2016).

The HSCT programme targeted ten percent of poor households in each district and was seen as a huge or enormous increase over the traditional public assistance programme (Chinyoka, 2017). However, the coverage of the HSCT programme was very much limited as many very poor households were excluded (Chinyoka, 2017; Chinyoka and Seekings, 2016). As from August 2016, the HSCT programme had reached less than 1 per cent of children thus 25 598 households (Chinyoka, 2018). The HSCT programme coverage was the least comparably with neighbouring countries in

Southern Africa, South Africa (95 %), Botswana (85%) and Namibia (65%) respectively (Chinyoka, 2018).

The harmonised cash transfer programme in Zimbabwe had challenges related to limited funding as a household would get between USD 10 and 25 per month when the Zimbabwe food poverty line was being USD 30 per person per month (Chinyoka, 2017). In other words, the cash transfers were far less below both the food poverty line and the total consumption poverty line (Chinyoka, 2018). For example, Chinyoka (2018) argues that the benefits of the HSCT programme translated to US\$0.16/person/day in comparison to the international absolute poverty line of US\$1.90/person/day. Among the vulnerable children targeted by the HSCT programme in Zimbabwe, a very important constituency of street children seem to be left out that of the programme. They were left out for various reasons that include the limitedness of targeting and coverage of the programme as the HSCT emphasis households as the entry point for social grant. Ironically street children do not have households to talk about.

ii) Limited integration with other social protection programmes

The research findings suggest that the HSCT programme was not well integrated with other social protection programmes such as Basic Education Assistance Module (BEAM), Assisted Medical Treatment Order (AMTO) among others. During the first phase of the HSCT programme there was no well coordination and or between the beneficiary households of HSCT and BEAM (Sedenfeld et al., 2016).

Sedenfeld et al (2016) observed that there was no direct influence between HSCT programme and BEAM. The targeting of BEAM programme has been community based and is independently of HSCT programme targeting. As a result of such poor integration

and or coordination of social protections efforts the success or achievements of the HSCT programme is compromised.

iii) Lack of political will

The HSCT programme was severely affected by lack of political will from bureaucrats and politicians. After the collapse of the Government of National Unity in 2013, there was shift in investment of social protection programmes in Zimbabwe (Chinyoka, 2018). Seemingly politicians from the ruling ZANU PF party were more interested in agrarian based social protection programmes such as input scheme which could receive higher budget allocations than any other social protection programmes (Chinyoka, 2018). As a result of limited political will the funding of the HSCT programme went down as the Government of Zimbabwe focused on Command Agriculture, input scheme and other non-cash social transfer related programmes (Chinyoka, 2018). The lack of political will is demonstrated when the Government of Zimbabwe did not honour its commitment of 50/50 match donor funds, leaving donors to fund 80 per cent of the HSCT programme (Chinyoka, 2018).

iv) Negative Attitudes Towards HSCT programme

It is evident that some of the politicians and bureaucrats had some negative attitudes towards the HSCT programme. Chinyoka (2018) argues that the Minister of Public, Service, Labour and Social Welfare and honourable Members of Parliament after the Government of National Unity in 2013 had negative attitudes towards investment in HSCT programme. This was demonstrated when heated debates in Parliament of Zimbabwe on the sustainability of giving cash to vulnerable members of society (Chinyoka, 2018). The politicians were of the view of giving vulnerable members of Zimbabwean society food instead of cash (Chinyoka, 2018).

The negative attitude towards HSCT programme was also illustrated by conflicting social protection priorities. The Government of Zimbabwe seemed to be more interested in the funding of BEAM programme where as donors preferred HSCT programme (Chinyoka, 2018).

d) Assisted Medical Treatment Order (AMTO)

The Assisted Medical Treatment Order is one of the social protection programmes that are accessible to needy individuals including children and elderly persons in Zimbabwe. The AMTO is a medical voucher that facilitate needy persons to access health services on Government hospitals (Mwapaura et al., 2022:10). The success of the AMTO has been compromised. For example, the medical voucher is only accepted at Government hospitals (Dhemba, 2013). However, the Government run hospitals and pharmacies have shortages of drugs and medical specialists among other challenges (Dhemba, 2013).

The majority of private hospitals and doctors are charging medical fees in United States Dollars. This becomes very difficult of children and elderly persons in Zimbabwe given the chronic nature of their health conditions. This implies that the majority of the elderly persons in Zimbabwe do not access medical insurance because of the prevailing and or constraining socio-economic and political environment. The functionality of the AMTO programme as a medical voucher has been criticised in Zimbabwe particularly in COVID-19 pandemic environment. The orphans and other vulnerable children of Zimbabwe seem not to benefit much from the medical voucher considering underfunding of the programme.

2. The Informal Social Protection

a) Zunde Ramambo

It is evident that the zunde ramambo is a traditional social protection programme geared to address issues of food insecurity

among the most vulnerable members of the Zimbabwean society (Warria and Chikadzi, 2020). The zunde ramambo concept is one of the pre-colonial community-based system of social protection (Dhemba et al., 2002; Mushunje 2006; Mushunje and Mafico 2010; Patel et al 2012). Zunde ramambo is a Shona phrase for ‘Chief’s granary’ (Dhemba et al., 2002; Mushunje 2006; Mushunje and Mafico, 2010; Patel et al., 2012).

The major aim of the zunde ramambo was to ensure that communities have food reserves that could be useful in terms of food insecurity and or shortage (Dhemba et al., 2002; Mararike 2000). In history, the zunde ramambo was used for economic, social and political solidarity for the community and not only used to produce communal crops for food security (Dhemba et al., 2002). The practise is more common in rural communities of Zimbabwe where each and every member contributes towards working in the fields in the context of group solidarity (Warria and Chikadzi, 2020; Mushunje, 2006; Patel et al., 2012).

As a traditional social protection programme the vulnerable members such as OVCs, widows, widowers, elderly benefit from zunde ramambo (Mushunje 2006; Ringson 2017; Warria and Chikadzi, 2020). The concept of the zunde ramambo is based on the promotion of the spirit of sharing and togetherness as defined in the Ubuntu and or hunhu, batho, harambee (Warria and Chikadzi, 2020). The society should take care of the needs of its vulnerable members (Mangena, 2007 & 2012; Mushunje, 2006; Samkange and Samkange, 1980). However, the zunde ramambo programme seem to be confronted with a number of challenges. Some of them include; shortage of land, inadequate cooperation between Government departments and traditional chiefs, lack of agricultural inputs, corruption, erratic rainfall, poor community mobilisation and participation, lack of proper understanding of the zunde ramambo concept, limited motivation among villagers to

participate in the programme (Dhemba et al., 2002; Mararike, 2000; Patel et al., 2012).

b) Sara pavana (Guardianship)

The sara pavana concept is also one of the indigenous social protection programmes very common in Zimbabwe (Warria and Chikadzi, 2020). Upon the death of parents, a kin-guardian is appointed by the family to take care of the orphaned children (Warria and Chikadzi, 2020). The kin-guardian would provide material, psychological and social support to the orphaned children (Ruparanganda et al., 2017; Warria and Chikadzi, 2020). There are challenges associated with the sara pavana concept. The sara pavana can work against its original concept as there could be misunderstanding between the children and the surrogate parent.

Discussion

Our analysis indicates that some of the social protection programmes in Zimbabwe are ‘not child sensitive’ as they are marred with a number of challenges. These challenges affect both the formal and non-formal social protection programmes in Zimbabwe. For example, the harmonised social cash transfer programmes have numerous challenges. Some of them included; limited integration with other social protection programmes, lack of political will from leaderships including politicians, negative attitudes towards the programmes and coverage and targeting criteria among others. Given such challenges associated with the harmonised social cash transfers, the child sensitivity of the programme is questioned or contested. In fact, the harmonised social cash transfer programme in Zimbabwe fails to address the risk and vulnerabilities associated with child poverty. In this light, efforts should be made to ensure children’s rights are realised through mitigating the effects of exclusion and poverty on children and families.

On the other hand, the zunde ramambo programme as an indigenous social protection system in Zimbabwe have also been criticised for their child sensitiveness as they face a number of challenges. Some of them included; poor community mobilisation and participation, erratic rainfall, corruption, lack of agricultural inputs, shortage of land, inadequate cooperation between Government officials and traditional leadership among others. The challenges associated with zunde ramambo can actual promote instead of reducing malnutrition among OVCs in Zimbabwe.

Drawing from the child rights perspective, the challenges affecting the social protection programmes in Zimbabwe illustrate that they are not in ‘the best interest of the child’ principle as defined by the UNCRC (1989), the ACRWC (1999). This demonstrates that the social protection programmes such as the BEAM, the AMTO, the HSCT are not there for the children. They are not sensitive to their intended beneficiaries thus the children. In other words, the social protection programmes in Zimbabwe promote child rights abuse, violations and exploitation. This is enunciated as there are coverage and targeting criteria challenges associated with the harmonised social cash transfers programme in Zimbabwe. A significant number of deserving children do not benefit from the harmonised social cash transfer programme in Zimbabwe.

The child participation is one of the four principles of the UNCRC (1989), the ACRWC (1999). As presented and or highlighted above, there is limited child participation in the implementation of the BEAM programme in Zimbabwe (Mutasa 2015). This limited community participation in the implementation of BEAM suggests that the programme is not child centred. The child sensitivity of the BEAM programme is a highly contested and or compromised one.

The child sensitivity of social programmes in Zimbabwe such as AMTO is highly questionable. It is highly questionable given that the programme has numerous problems. For example, the validity of the medical voucher on non-Government hospitals and pharmacies (Dhemba, 2013). The needy sick children can die even if they are holding an AMTO in their hands as they fail to secure services in the non-Government hospitals and pharmacies. The private specialists and pharmacists do not accept the AMTO as a medical voucher. Utilising the child rights perspective, the challenges associated with the AMTO illustrates that the programme is not ‘child centred.’

As presented above the harmonised social cash transfer programme in Zimbabwe has been marred with a number of challenges that compromised its child sensitiveness. With such observations and or findings some critics have even questioned the rationale and or justification of cash transfers programme given the nature of the challenges they face (Molyneux et al., 2016). Some of the challenges include; corruption, poor quality, inaccurate targeting and leakage among others (Molyneux et al., 2016).

The cash transfers programme has been criticised for failing to address gender issues (Molyneux and Thomson, 2011). The cash transfers programme because of their gender blindness fails to tackle issues of vulnerabilities of the women (Molyneux and Thomson, 2011). The women beneficiaries of conditional cash transfer programme in Peru, Bolivia and Ecuador struggled to access health and financial services (Molyneux and Thomson, 2011). There were incidences of racial discrimination and mistreatment of women beneficiaries as they interacted with staff members of health centres (Molyneux and Thomson, 2011). The indigenous women beneficiaries in Peru and Bolivia complained for mistreatment as they waited longer at health centres before

getting services (Molyneux and Thomson, 2011). In Peru and Bolivia, health centres under the conditional cash transfers programme were criticised for failure to promote awareness rights, lack of respectful intercultural relations, appropriate forms of information delivery and proper treatment of women (Molyneux and Thomson, 2011).

Similarly, the social protection programmes in Ethiopia have been criticised for lack of a child labour-saving asset creation approach (Zibagwe et al., 2013). The public works programme in Ethiopia promoted child labour as some of the children withdrew from school to focus on asset creation (Zibagwe et al., 2013). Zibagwe et al (2013) argue that during the public works programme through construction of community assets in Ethiopia, there was no reduction in the cases of child labour and also improvement in the schooling of the children in the target area. Utilising the child rights perspective, this illustrates forms of child abuse, violence and exploitation as defined by the UNCRC (1989), ILO Conventions 183 among others.

Conclusion.

As presented above, the paper reviews social protection programmes in Zimbabwe from a child rights view point. The child sensitive social protection programmes included, the BEAM, the harmonised social cash transfer, the child supplementary feeding, the AMTO, zunde ramambo, sara pavana among others. A child rights perspective was adopted to analyse the challenges and opportunities of both formal and non-formal social protection programmes in Zimbabwe. For example, the BEAM programme is associated with erratic and late disbursements of funds, corruption, poor targeting and selection criteria among others. On the other hand, the zunde ramambo programme is marred with shortage of land, inadequate cooperation between Government departments and traditional

chiefs, lack of agricultural inputs, corruption, erratic rainfall, poor community mobilisation and participation, lack of proper understanding of the zunde ramambo concept, limited motivation among villagers to participate in the programme among others. Some of the challenges of the social protection in Zimbabwe demonstrate that the programmes are not child sensitive. Rather the social protection increases the children at risks and vulnerabilities. Thus, illustrate that there are huge child rights violations in the country. The social protection programmes in Zimbabwe are not putting children at the centre. The children are pushed to the periphery of the social protection programmes in Zimbabwe. Rather the social protection programmes in Zimbabwe are not in the best interest of the children, which is one of the cardinal principles of the UNCRC (1989) the ACRWC (1999) among others. Ironically, as a result of the above presented and discussed challenges a very few sections of orphans and other vulnerable children benefit from such social protection programmes in Zimbabwe.

Recommendations.

The article/paper/manuscript proffers a number of recommendations in order to enhance the delivery of child sensitive social protection programmes in Zimbabwe. Some of them include the following;

- Utilising the child rights perspective, there is need to review the Children's Act (5.06) to ensure improve accessibility of social protection programmes by all children in Zimbabwe,
- There is need to urgently design and implement social protection programmes in Zimbabwe from a child rights perspective. A child rights situational analysis should be conducted on the ground so as to inform the designing and implementation of the social protection programmes in Zimbabwe,

- A gender analysis is also important to be carried out in order to ensure that the girls are not left out of some of the social protection programmes in Zimbabwe. The gender analysis will break the cycle of poverty associated with girls. The girls are some of the most marginalised people in Zimbabwe,
- There is need to improve the integration of social protection programmes in Zimbabwe so as to enhance service delivery. For example, the integration and coordination of the BEAM, the AMTO, zunde ramambo among others,
- The key stakeholders such as Government of Zimbabwe, donors, UN agencies, non-governmental organisations should invest more on child sensitive social protection programmes to as to address childhood poverty in the country. For example, more budgetary allocation towards, the BEAM, the AMTO etc.,
- There is need for involvement of children, parents and other community members in the designing and implementation of social protection programmes in Zimbabwe,
- The delivery of indigenous social protection programmes such as zunde ramambo and sara pavana has to be enhanced by addressing the challenges associated with the specific programmes. For example, improving collaborations between Government departments and traditional leadership on issues of zunde ramambo among others. The zunde ramambo should also benefit from Pfumvudza's Government of Zimbabwe programme,
- There is need to improve the interaction and coordination of formal and non-formal social protection programmes in Zimbabwe so as to maximum and or leverage their benefits to the poor children. For example, zunde ramambo and or sara pavana and other formal social protection programmes such as the BEAM, the AMTO, the HSCT to mention but a few.

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