

Preserving the Future: Social Protection Programmes For Orphans and Vulnerable Children (OVC) in Zimbabwe

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Abstract

This article focuses on the social protection programmes that have been put in place in Zimbabwe to assist orphaned and vulnerable children. The programmes inter-a-lia includes BEAM, adoption, institutionalisation, Free Treatment Orders, and the National Plan of Action for Orphans and Vulnerable Children. It is argued that though the programmes are commendable, they have gaps which need to be addressed. This will result in many orphans and vulnerable children lead a near normal life. The article is concluded by making some recommendations which might make the social protection programmes more responsive to the needs of orphaned and vulnerable children.

Keywords: Programmes, Social protection, Orphans and vulnerable children.

1. Introduction

Traditionally children have been viewed as central to society, hence, their protection has been rendered an issue of particular concern to the whole community (Mushunje, 2006). There are over one million orphans in Zimbabwe and only 527,000 of these currently have access to external support (National AIDS Council (NAC), 2011). In Zimbabwe, much attention and concern over the issue of child welfare has been generated since Independence in 1980 (Mupedziswa, 2006).

Due to urbanisation traditional community structures for child protection have been decimated resulting in social problems such as the street children phenomenon. 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 (NAC, 2011). The state has now taken a centre stage in the issues of child protection replacing the traditional child protection systems such as the family and the community. State intervention has been in the form of public assistance, food hand outs and school fees.

Mushunje (2006) observed that in Zimbabwe, many families are finding it hard to protect their children because of limited access to resources. This is due to the fact that the urban economy has not been able to absorb those in need of gainful formal employment. In the last decade, the number of orphans and vulnerable children in the country has swelled to unprecedented levels (Mupedziswa, 2006). This can be attributed to the economic meltdown and the HIV and AIDS pandemic. This state of affairs calls for enhanced child social protection programmes in Zimbabwe to arrest the burgeoning number of OVC failing to access social services critical for their development. Some OVC are unable to access basic services such as health and education (Ministry of Labour and Social Services, undated). The Ministry further noted that child abuse is an increasingly recognised issue. This shows that OVC are facing a number of challenges hence the government of Zimbabwe and non-State actors have collaborated in coming up with social protection programmes for OVC. Unicef and GoZ (2010:1) said “the future of Africa lies with the wellbeing of its children.....investment in children is tomorrow’s peace, stability, security, democracy and sustainable development”.

Social protection can broadly be defined as the protection that a society provides to its vulnerable members. This protection can be in form of laws, policies and programmes. Social protection is founded on three pillars of social security, income security and social safety nets (Gandure, 2009). Devereux and Sabates-Wheeler (2004) defined social protection as all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised. These initiatives have the main objectives of reducing the economic and social vulnerability of the poor, vulnerable and marginalised groups. It is necessary to examine key attributes of social protection programmes with a view of using these attributes in analysing the gaps inherent in child social protection programmes in Zimbabwe. These key attributes are predictability, consistency, transparency and durability.

Table 1 Key Attributes of Social Protection Programmes

ATTRIBUTE	EXPLANATION
Predictability	Beneficiaries should know when to expect the service or access benefit
Consistency	Beneficiaries have a certainty that the service will be provided
Transparent	Beneficiaries selected in a clear and understood fashion or criteria
Sustainability	Long lasting effects or benefits
Quality	Whether services are of high standards to meet identified needs

Source: Gandure (2009)

1.2 Legislative and policy framework

Zimbabwe has made considerable strides in ratifying most conventions and international instruments that guarantee fundamental human rights as well as protection of children. Some progress has also been recorded in domesticating these instruments into laws and policies. However, it is particularly instructive to note that the Bill of Rights within the Constitution of Zimbabwe guarantees civil and political rights, but it does not guarantee socio-economic and cultural rights. This has been highlighted by civil society groups advocating equity in access to social services for vulnerable populations, particularly children, women, the elderly and the disabled. The Bill of Rights is applicable to all, but civil society also advocates for rights specific to children to be clearly articulated within the Constitution to address their specific needs and offer better protection. For example, the bill of rights in the constitution does not guarantee at least 9 rights guaranteed in Convention on the Rights of the Child (CRC); a significant gap¹.

In the area of child protection and welfare, for example, Zimbabwe has a legal framework that supports children and two key national policies. Legislation pertinent to children includes the Children’s Act, the Guardianship of Minors Act, the Maintenance Act, and the Child Abduction Act.

¹ These include: Child’s right to be registered immediately after birth, to have a name, nationality (art. 7 and 8); right to maintain family link. (Art 8, 9and 10), right to be protected from all forms of abuse (art. 19, 34); the principle of best interest of child (Art. 20, 21); right to the enjoyment of the highest attainable standard of health and access to health care (Art, 24); right to be benefit from social security (Art. 26); right of adequate housing. (Art. 27); right to education including free compulsory education (Art. 28, 29); right to be protected from economic exploitation (Art 32); and right to be treated in a manner consistent with the promotion of the child’s sense of dignity and worth in criminal procedure. (Art 40)

Many other statutes which are also relevant to Orphans and Vulnerable Children, includes those pertained to education, birth, death, marriage registration, legal age of consent and majority, criminal law and inheritance. The Children's Act (Chapter: 5:06) provides categories of children who need care as including those who are destitute or have been abandoned, who are denied proper health care, whose parents are dead or cannot be traced, whose parents do not or are unfit to exercise proper care over them, and whose parents or guardians give them up in settlement of disputes or for cultural beliefs.

National policies include the National Orphan Care Policy and the National AIDS Policy, both adopted in 1999. These policies were developed using a broad-based consultative approach, reflecting Zimbabwe's strengths in traditional ways of doing things, and promote collaboration between government and civil society. These policies also establish the government structures to implement and coordinate services and benefits provided in the policies. The Zimbabwe National Orphan Care Policy identifies opportunities to provide care and support for vulnerable children that are inherent in the country's legislative framework, the cultural tradition of caring and the collaborative approach, which exists between government and the civic society, especially the six-tier safety net mechanism².

In terms of the legislative and policy framework, it can, therefore be fairly concluded that Zimbabwe does have a basic legislative foundation which could be used as a base to improve child protection. It should be recognised and appreciated that law makers have made an effort to introduce laws that protect children and other vulnerable groups. Unfortunately, as the above analysis has demonstrated, even with the ratification of certain international conventions such as the CRC, the Constitution does not yet succeed in providing equitable protection or access to certain rights, particularly due to the lack of explicit inclusion of social and economic rights. It is hoped that the new Constitution will incorporate the issue of social protection for vulnerable groups as a human rights issue. Even when laws have been passed that can bring further benefit or protection to vulnerable groups the additional resources and improved capacity development necessary for their implementation is not available, making it difficult to lift the provisions of the Children's Act off the paper into something tangible within the community.

2.1 Child social protection programmes in Zimbabwe

As a result of increasing number of OVC, the government of Zimbabwe in collaboration with United Nations agencies and civil society came up with a number of social protection initiatives to assist OVC. Several social protection programmes meant to cushion the poor from the high cost of living as well as improve the quality of life for orphans and vulnerable children have been put in place. These programmes include Basic Educational Assistance Module (BEAM), Child Adoption, Institutional Grants, Free Treatment Orders and National Action Plan (NAP) for OVC.

2.2 Basic Educational Assistance Model (BEAM)

The Basic Education Assistance Module (BEAM) is one of the five components of the Enhanced Social Protection Project (ESPP), which forms part of the Government of Zimbabwe's wider social protection strategy (Government of Zimbabwe, 2001). BEAM is administered by the Ministry of Education, Sport and Culture (MoESC) in collaboration with the Department of Social Services (DSS) under the Ministry of Labour and Social Services. Previously funds for BEAM were provided in the national budget, of late it is now mainly donor funded under the auspices of the National Action Plan for OVC.

BEAM assists vulnerable children with the payment of levies, tuition and examination fees. This programme caters for orphaned or vulnerable children with ill, disabled or single parents or come from very poor families. Beneficiary children are selected at school level by a committee consisting of parents and school authorities. This noble programme has remained as the only hope for some OVCs to get their right to education. The primary objective of BEAM is to reduce the number of children dropping out of, and reaching out to children who have never been to school due to economic hardships. The Table 2 below reveal that although BEAM is attempting to assist OVC to access education, most of the vulnerable children are not being assisted. The then Ministry of Public Service, Labour and Social Welfare (undated) observed that as a result of the socio-economic situation and the HIV and AIDS epidemic, all children in Zimbabwe are potentially vulnerable.

² The six tier safety mechanism according to National Orphan Care Policy has the following six steps of care that a child in need can be catered for in order of appropriateness. The six are nuclear family, extended family, community care, foster care, adoption and institutional care.

Table 2 Children Benefitting from BEAM

Year	Total Enrolment	Total Assisted	% of Total
2002	3 335 995	865 761	25.9
2003	3 315 604	588 817	17.7
2004	3 316 879	310 363	9.3
2005	3 317 699	969 962	29.9
2006	3 277 008	347 525	10.6
2007	**	74 997	**
Total	16 536 185	3 157 425	19.0

Source: Gandure (2009)

According to Unicef and GoZ (2010) a total of 527 310 and 573 245 children benefited from BEAM in 2009 and first half of 2010 respectively. These statistics show that BEAM is now being accessed by increasing number of OVC which is very commendable.

The BEAM programme before being incorporated in the National Plan of Action for OVC had benefits which were predictable since the funds were provided for in the national budget. On transparency of BEAM, there is a challenge as there are allegations of corruption on selection of beneficiaries. The Daily News (2012:6) quotes a director of a local AIDS organisation saying “We have question marks over the way those who benefit from most social intervention programmes particularly BEAM” Also in the same story, the Principal of Government Correspondence School in the MoESC is quoted admitting that government’s BEAM programme has its own problems which include the late arrival and unavailability of funds. This undermines the predictability of the benefits from BEAM.

Unicef and GoZ (2010) noted that according to a BEAM Assessment 2010, the scheme is excluding categories of OVC such as those with learning difficulties as well as those who live far from schools. These factors among others compromises the programme’s predictability, consistency, transparency, sustainability and quality making it difficult for orphans and vulnerable children to depend on the programme as a form of social protection. BEAM has since been incorporated in the National Action Plan Phase 11, it is hoped this will translate in improved performance of this critical social protection programme for OVC provided weaknesses of the programme are rectified.

2.3 Child adoption

Dhlembeu (2010:15) defined child adoption as “a permanent arrangement whereby adoptive parents and the adopted child acquire the same rights, duties and privileges towards each other as if the child had been their biological child, born in lawful wedlock”. Children usually available for adoption include children born out of wedlock, abandoned and neglected children, orphans and children voluntarily given up for adoption (Dhlembeu,2010).

The Children’s Act (Chapter 5: 06) Part VII, sections 57 and 58 provides for the manner in which adoptions are carried out. Adoption involves issue of an adoption order by the Juvenile Court where a probation officer³ from the Department of Social Services (DSS) who acts as *guardian ad litem* of the child whose duty is to safeguard the interests of the child throughout the process of adoption. It was envisaged that this adoption could assist some OVCs to be absorbed in families thereby avoiding institutionalisation and the menace of street children.

This social protection programme has a number of challenges. While adoption has been widely utilised in Western countries, it is not widely accepted in Africa (Powell, 2006). This is due to factors such as inheritance, totems and fear of avenging spirits (*ngozi*). Powell (2006) further noted that over a 5-year period in Zimbabwe, only 19% of 187 formal adoptions processed were to black families although the vast majority of infants and children available for adoption were black. This is revealing that there is low uptake of this service in Zimbabwe. However informal adoptions might be taking place and are not recorded.

³According to the Children’s Act ,a probation officer should be a social worker registered in terms of the Social Workers Act (chapter:27:21).

The DSS is heavily involved in the adoption process, but the DSS is facing a myriad of challenges which compromises this service. One of the most pressing challenges is the shortage of social workers in the DSS who are supposed to act as *guardian ad litem* during the adoption process. A research by Wyatt, Mupedziswa and Rayment (2010) revealed that there was a 39% vacancy rate in the DSS. The Council of Social Workers 2011 factsheet there are at least 90 social workers currently employed by DSS. Wyatt et al (2010) observed that a rough estimate of the ratio of children to social workers in need in Zimbabwe is astronomical, which compromises the quality of child social protection services such as adoption, as shown in Table 3. There have been recent reports that vacant posts have been frozen within the DSS due to budgetary constraints. This will further compromise the quality of this scheme.

Table 3 Ratio of Children to Social Workers in Selected Countries in Southern Africa

Country	Population	Population of Children	Total Number of Social Workers	Ratio of Children to Social Workers
Botswana	1.8 million	784, 000	420	1,867:1
Namibia	2.0million	860,000	200	4,300:1
South Africa	47 million	15,000,000	12,000	1,250:1
Zimbabwe	12.5 million	6,000,000	121	49,587:1

Source: Wyatt, Mupedziswa and Rayment (2010)

2.4 Institutional Care

This is another type of protection provided by institutions for the maintenance of disabled, homeless and delinquent children. The Government administers 8 children's institutions, 3 Rehabilitation Centres for persons living with disabilities and 1 Repatriation Centre for the destitute (Gandure, 2009). In 2004, there were 56 residential care facilities for OVC in Zimbabwe (Powell, 2006). The government through the Department of Social Services provides financial support granted to children in institutions that are registered by the Department of Social Services in terms of Part V of the Children's Act. Currently the institutional grant is US \$15 per child per month. Applications are made at the district office, and then forwarded to the Department of Social Services head office.

This scheme has a host of challenges. There have been reports indicating that institutional grants supposed to be paid by government are erratic. The programme is taking care of insignificant number of OVC. According to UNICEF (2001), a total of 5 000 children were living in institutions. This service is taking care of a negligible number of OVC considering that there are over one million OVC in Zimbabwe, which means there are well over 5 000 children in need of institutionalisation bringing in the concern on appropriateness and sustainability of this service.

The DSS is supposed to supervise the services offered in institutions for OVC, due to staff shortage in DSS this might not be taking place at required times making it possible for institutions to provide poor services to the detriment of OVC. The Sunday Mail (2011) reported that orphans at Mariele Children's Home in Mhondoro⁴ are believed to be involved in delinquent behaviour owing to minimal supervision following the sacking of their caregivers by new owners. The Herald (2012) quoted the Council of Social Workers board chairperson Mr Bhowasi saying "For children's home to operate without a qualified social worker is an anomaly.... There is no substitute for the social worker's role because it's a specialised skill". However many children's homes are operating without social workers. These highlighted challenges might be a tip of the iceberg and are compromising the quality of this social protection scheme.

Institutionalisation is unAfrican since it undermines the traditional modes of care as it alienates children from their families, communities and culture (Unicef, CASS and GoZ, 2010). Research has proven that institutionalisation has deleterious effects on the growth and development of OVC. Most institutions for OVC are donor funded which makes predictability of services a challenge whilst government institutions suffer from chronic underfunding. Therefore there are a host of factors that negatively affect the predictability, consistency, transparency, sustainability and quality of institutional care for OVC in Zimbabwe.

⁴ Mhondoro is a rural area in Zimbabwe's Mashonaland West Province.

2.5 Free Treatment Orders

This is a form of assistance provided as a waiver or voucher issued to indigent persons to facilitate access to intermediate and tertiary health services such as provincial or national hospital or other specialist facilities. The fund is for the provision of free medical services to the economically deprived children and adults unable to pay for their medical expenses. OVCs are one of the categories of people covered under this scheme. The voucher covers the cost of treatment in hospital and subsequent check-ups for a period whose duration varies depending on nature of illness (Chikova, undated). The services are accessed only in government hospitals.

The health institutions receive block grants from the Ministry of Labour and Social Services to settle claims for all assisted treatment orders redeemed at the Department of Social Services to facilitate health delivery for the very poor (Gandure, 2009). Assessment of need is done by the Department of Social Services in collaboration with clinics and hospitals. Since 2002, the scheme has faced many challenges due to insufficient government funding, inefficiencies in the health delivery system caused by shortages of drugs and expertise (Gandure, 2009). Newsday (2012) quotes the provincial medical director for Mashonaland West province expressing concern over the shortage of doctors with a vacancy rate of 72%. He also lamented the shortage of all categories of medical drugs including inadequate vaccines for the six child killer diseases. This state of affairs makes free treatment orders an ineffective social protection service for OVC seeking medical help. Moreover, the number of undeserving cases has been rising showing that the system is subject to abuse and manipulation. These challenges makes the service unpredictable, inconsistent and of poor quality.

2.6 National Action Plan (NAP) for OVC

NAP for OVC in Zimbabwe was set up to deal with increasing number of OVC due to burgeoning poverty and increased death rate as a result of the HIV and AIDS epidemic. Gandure (2009) noted that in response to the financial challenges and poor macro-economic conditions, the government developed a framework of support for OVCs through the National Action Plan for Orphans and Vulnerable (NAP for OVC). NAP for OVC seeks to prioritise and address the urgent issues facing OVC, their families, and communities (Ministry of Public Service, Labour and Social Welfare, undated). This plan of action can be viewed as a social protection initiative. The plan is being implemented in phases, the first phase was between 2004-2010 and the second phase 2011-2015. Perhaps it is vital to assess how the first phase performed to determine whether this social protection initiative offers any hope for the OVC.

The vision of NAP 1 was “to reach out to all orphans and vulnerable children in Zimbabwe with basic services that will positively impact on their lives” (Ministry of Labour and Social Services, 2011). NAP 1 comprised of seven areas of activity, coordination, child participation, birth registration, formal education, social services, extra-curricular education, and livelihoods support and child protection. Resources for NAP 1 were mobilised under the Programme of Support (PoS 1), which was a predictable funding mechanism through which interested donors could pool their resources (Ministry of Labour and Social Services, undated). Evaluation of NAP 1 activities showed that it achieved well on relevance, efficiency and effectiveness. It exceeded its target of reaching at least 25 % of most vulnerable children by reaching 410 000 OVC with services, at a time when the capacity for service delivery was declining in government and outside (Ministry of Labour and Social Services, 2011). During this period 2004-2010, Zimbabwe was reeling under declining economy and political turmoil blamed on neo-colonialism, Western imposed sanctions, alleged human rights violations and bad governance.

The revised NAP II (2011-2015) builds on the success and lessons of the National Action Plan (NAP I) for OVC, which was launched in 2005 and received funding through the Programme of Support. Under this multi donor pooled fund, US\$85million was used to respond to the needs of more than 500 000 children in the areas of education, health, nutrition and social welfare, as well as strengthening the capacity of government to build safety nets for children and their families (NAC, 2011). The Ministry of Labour and Social Services concluded that the support under NAP 1 was not comprehensive. This might have been caused by adverse political, social and economic conditions alluded to earlier which were prevailing then. It is against this mixed background that the NAP II is being implemented.

In a collective move to address the unmet basic and social needs of orphans and other vulnerable children, the Inclusive Government of Zimbabwe⁵, the International Donor Community comprising the Governments of Netherlands, Sweden, United Kingdom, the European Commission and UNICEF unveiled a massive social protection response mechanism for Zimbabwe's most vulnerable children (National AIDS Council (NAC), 2011).

NAP Phase II, 2011-2015, implemented with support from the Child Protection Fund, integrates action to help families cope with risks and shocks through three main interventions: a) cash transfers to the poorest families; b) education assistance through the Basic Education Assistance Module (BEAM) and c) child protection service delivery for children survivors of abuse, violence and exploitation (NAC, 2011).

NAP 11 target vulnerable children and their households to improve effectiveness, provide a comprehensive package to address the wide range of deprivations experienced by vulnerable children and their families, rebuild capacity of Government to deliver the social services needed by children and strategically position NAP 11 to become a national child sensitive social protection programme for most vulnerable children (Ministry of Labour and Social Services, 2011).

The prospects of NAP 11 succeeding in providing social protection to OVC are bright, provided it does not fall in the same trap that has affected some social protection programmes in Zimbabwe. On predictability, in terms of funding, US\$ 45 million of the needed US\$75 million for the Child Protection Fund for the next three years has been mobilised from donors (NAC, 2011). It is further noted that, there remains a funding gap of US\$30 million which is required to ensure full national coverage of this programme. This programme has potential to be predictable, consistent, transparent, sustainable, and of better quality, provided it is not adversely affected by factors that have negatively impacted on many donor dependent programmes in Zimbabwe. These factors include volatile political and economic environment.

3. Recommendations

The analysis of some child protection programmes has resulted in some recommendations which if some are taken into consideration might positively impact on the performance of these programmes. There is need to cut the red tape associated with the disbursement of the Beam funds. This will result in predictability, consistency, and improvement in quality of this programme.

There is need to move away from institutionalisation of OVC through strengthening the community support structures. This can be through initiatives such as intensifying the cash transfer programme which has potential of strengthening the family and community support structures. The health sector needs to be supported in terms of funding for staff and drugs for free treatment orders to be a useful social protection programme for OVC.

Strategies have to be devised to retain social workers in the DSS as well as attract those presently outside the DSS. This can be through improving the conditions of service for social workers in the DSS. Social workers outside the DSS should be engaged to offer probation work on behalf of DSS to improve services such as adoption.

The Council of Social Workers should lobby the government to make it mandatory for all children's homes in Zimbabwe to employ social workers for their child welfare services. This might go a long way in improving service delivery for institutionalised OVC. More local funding for child social protection programmes should be mobilised to reduce dependency on donor funding which usually comes with rigid conditions and can be unpredictable.

Conclusion

Although Zimbabwe has put in place arguably one of the best child social protection system in Africa, there are a host of challenges bedeviling the child social protection schemes. These programmes have suffered mainly from limited human and financial capacity due to political and economic challenges facing Zimbabwe. This is making it very difficult for many OVC to access such social protection which is vital for their survival and development. Resultantly, many OVC are falling into the vicious cycle of poverty.

⁵ The government of national unity which was formed by a coalition of ZANU PF and the two MDC formations in 2009 after an inconclusive election in 2008.

References

- Chikova, (undated). *Section 3: Social Protection: Benefits, Schemes Planning and Research*, Harare, National Social Security Authority.
- Devereux, S and Sabates-Wheeler, R. (2004) *Transformative Social Protection*. IDS Working Paper 232. www.ids.ac.uk/is/bookshop/wp/wp232.pdf
- Dhlembeu, N (2010) *The Department of Social Services: Training Manual/Handbook on Child Care and Protection*, Harare, Ministry of Labour and Social Services.
- Gandure, S (2009) *Baseline Study of Social Protection in Zimbabwe*, A Report Prepared for the Social Protection Technical Review Group (SPTRG) of the Multi-Donor Trust Fund.
- Ministry of Labour and Social Services and Ministry of Education, Sport, Art and Culture (2001) *Enhanced Social Protection Project: Basic Education Assistance Module (BEAM): Operational Manual, Draft Version 7*, Harare, Government of Zimbabwe.
- Ministry of Public Service, Labour and Social Welfare (undated) *National Action Plan for Orphans and Vulnerable Children 2004-2010*. Harare, Ministry of Public Service, Labour and Social Welfare.
- Ministry of Labour and Social Services (undated) *National Action Plan for Orphans and Vulnerable Children Phase 11 2011-2015*. Harare, Ministry of Labour and Social Services.
- 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.
- National AIDS Council (2011) *National child and social protection mechanisms revitalised*, Harare, National AIDS Council (accessed from internet on 28/2/2012).
- Powell, G (2006) “Children in institutional care: lessons from Zimbabwe’s experience”, *Journal of Social Development Vol 21 No 1*:130-146.
- UNICEF (2001) *A situational Analysis of Orphans and Vulnerable Children and Adolescents in Zimbabwe*, Harare, Unicef.
- Unicef, CASS and GoZ (2010) *A Situational Analysis on the Status of Women’s and Children’s Rights in Zimbabwe, 2005-2010*, Harare, Unicef, CASS and GoZ:.
- Wyatt, A, Mupedziswa, R and Rayment, C. (2010) *Institutional Capacity Assessment*, Harare Unicef and MoLSS.

Articles

- “Shortage of drugs, staff at hospitals worrying” (2012), *Newsday*, 5 March.
- “Cracking whip on unregistered social workers” (2012) *The Herald*, 24 February.
- “Rampant rape at children’s home” (2011). *The Sunday Mail*, November 27-December 3.