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# Coordinating Educational Transitional Services for Adolescent Orphan Girls in Zimbabwe

A Community Systems Framework

Pamhidzayi Berejena Mhongera

## GLOBAL SCHOLARS PROGRAM WORKING PAPER SERIES

This working paper series focuses on education policies and programs in developing countries, featuring research conducted by guest scholars at the Center for Universal Education at Brookings. CUE develops and disseminates effective solutions to the challenges of achieving universal quality education. Through the Global Scholars Program, guest scholars from developing countries join CUE for six months to pursue research on global education issues. We are delighted to share their work through this series.

**Pamhidzayi Berejena Mhongera** is a guest scholar of the Center for Universal Education at Brookings.

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# Coordinating Education Transitional Services for Adolescent Orphan Girls in Zimbabwe

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### OVERVIEW

Zimbabwe has one of the highest rates of orphaning in the world with 25 percent of all children having lost one or both parents due to HIV and other catastrophic causes (UNICEF 2010). Many of these children lack the educational services they need for academic success and to thrive in society. This is mainly due to fractured government agencies along with lack of proper documentation of orphans and vulnerable children (OVC) and insufficient case management capacity. Although education provides the knowledge and skills needed for child protection and development, most OVC, particularly adolescent orphan girls in Zimbabwe are dropping out of school due to lack of transitional services that could address the challenges of poverty, HIV/AIDS, intrahousehold discrimination and psychosocial stress. The situation continues despite the availability of multi-sectoral responses, child-friendly policies and

strategies, increased investments in education and donor-funding coordination mechanisms in Zimbabwe (Foster 2010).

A study I conducted in the urban community of Mufakose, Harare, identified the major barriers faced by OVC, particularly adolescent girls, in receiving the educational services they require to navigate the challenges they encounter in school, home and the community. The study projects that at least 787 OVC in the Mufakose Community have fallen through the cracks of the social services system and that more than 124 are out of school. To ensure that OVC who now fall through the cracks instead begin to receive the education they deserve, this paper recommends service delivery reform through community transition agencies.

Community transition agencies provide transitional services and support that enables

OVC to meet age-appropriate education milestones and to earn high school and post-secondary school diplomas that will enable them to achieve significantly brighter outcomes as adults (Leone and Weinberg 2010). As community gatekeepers, these agencies act as buffers to protect and promote the rights of OVC who are at risk of disconnecting from the social services systems. Community transition agents are service brokers, ensuring that the educational and psychosocial needs of OVC are identified and matched to the available resources in the community, facilitating increased enrollment and school retention. Overall then, through advocacy and capacity building, transition service delivery by these agencies can bridge social services gaps fostering positive schooling experiences, academic success and psychosocial well-being. As affirmed by Atkinson (2007:15);

*Successful transitions build respect for individual differences, encourage understanding of the whole child, create a sense of trust and belonging, and reduce child and family anxiety toward school. Transitions that bring together the home, school, and community continue the collaborative effort and promote the common goal of providing successful school experiences for all children.*

Accordingly, this paper advocates a community systems framework for coordinating high-quality transitional services to enhance educational attainment for adolescent orphan

girls in Zimbabwe. After the first introductory section, the paper is organized in six thematic sections. The second and third sections outline the situation of OVC in general and Zimbabwe's educational responses for OVC. The fourth section explores transitional education needs and programs. The fifth section describes a case study conducted by the Blossoms Children Community in Mufakose to assess of OVC educational service delivery. And the sixth section highlights the solution for delivering transitional services for adolescent orphaned girls at the community systems level. The seventh section concludes.

## **INTRODUCTION**

### ***Orphanhood and Vulnerability***

Orphanhood is not a new phenomenon. In recent years, however, it has become more pronounced as the population of orphans has grown due to the catastrophic causes of HIV/AIDS, violent conflict and natural disasters. Globally, about 153 million children below the age of 17 years have lost one or both parents due to all of these causes. And in Sub-Saharan Africa, there are more than 56 million orphans (UNICEF 2009a). UNAIDS, UNICEF and USAID (2004) define "orphans" as children under 18 who have lost their mother, father, or both. Maternal orphans are children whose mothers have died, paternal orphans are children whose fathers have died, and double orphans have both parents deceased. Although this phenomenon exists in all societies, different societies have responded differently to it, and their

responses have shaped child reform policies and practices globally.

### ***The History of Orphanhood in Zimbabwe***

Traditionally, the phenomenon of the social orphan was not known in Zimbabwe. In the Shona culture, one benefit of the extended family system is that if a man dies one of his brothers or even a patrilineal cousin can take his place as parent with legal and economic responsibility for his children (Bourdillon 1976). This form of care is still widely practiced today and is referred to as 'informal fostering' (Powell 2006). Informal fostering by relatives keeps the orphaned child within the family and community, preserving important cultural norms and values as well as spiritual bonds. According to Chizororo (2010), missionaries also supported children, especially orphans to exchange their labor for education through a concept known as 'earn and learn'. This practice created the first instance of the "social orphan," whereby the church rather than extended families took care of orphans.

In contemporary Zimbabwe, orphanhood is shaped by a mixture of influences such as the modern legislation, economic conditions, traditional values and the influence of HIV/AIDS (Chizororo 2010). The AIDS pandemic is one of the largest drivers of widespread poverty and the major cause of the increase in the number of orphans in Zimbabwe. Out of 1.4 million orphans, 73 percent are between the ages of 10 and 17 years and 36

percent are between 15 and 17 years (Miller, Sawyer and Rowe 2011). Although about 98 percent of orphans are living with their relatives or kin, poverty fuelled by HIV and other socio-cultural challenges has caused the safety nets of families and communities to break, relegating children to a cycle of social and economic disadvantage (Jackson 2002: Powell 2006). As highlighted by UNICEF (2004:11), "even cultures and communities with strong social cohesion and traditions of providing support to orphans and other vulnerable children can be overwhelmed when the rate of increase and the overall number of orphans reach such high levels."

### ***Adolescent Girls and Orphanhood in Zimbabwe***

Adolescence spans from 10 to 19 years of age marking the beginning of an adult identity, roles and responsibilities, as well as development of intimate relationships (Collins 2001). The advent of puberty is a major physiological event for both boys and girls that transform the human body and mind. Thus, capturing the physiological, emotional, and social implications of pubertal onset is critical for understanding the risks and opportunities of adolescence (Sommer 2011). Orphanhood in the era of HIV brings additional complications to the lives of girls, who have to grapple with multifaceted developmental processes. As they approach sexual and physical maturation, they are at increased risk for HIV, sexual abuse, exploitation, illness, early pregnancies and marriages (Bruce 2007). UNAIDS and others (2004)

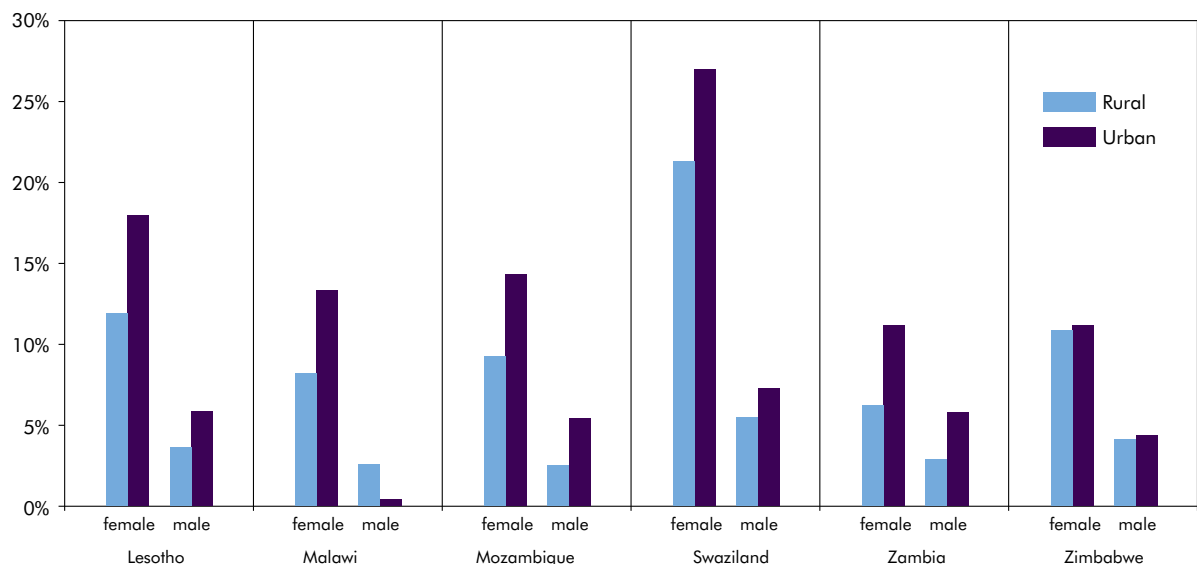
report that the 15- to 24-year-old age group accounts for half of all new cases of HIV infection globally and three-quarters of HIV infections in this age group are borne by adolescent girls and young women. In Sub-Saharan Africa, more women than men are living with HIV, and young women age 15 to 24 years are as much as eight times more likely than men to be HIV positive (UNAIDS 2010).

A study conducted among married women between the ages of 14 to 19 years in urban Harare, half of whom were orphans, found that 18 percent were infected with HIV and 42 percent with Herpes Simplex Virus Type 2, compared with a 6 percent prevalence for both sexually transmitted infections among those who had never been married (Hallfors et al 2011). Furthermore, intrahousehold experiences of abuse, exploitation, violence and discrimination are causing unsafe migration of a large number of OVC in Zimbabwe,

resulting in increased school dropout rates (UNICEF 2010). In Zimbabwe, “25 per cent girls affected by HIV are exposed to sexual violence before their 18th birthday, 22 per cent of children report experiencing abuse by a caregiver, 36 per cent of women have experienced physical violence since they were 15 years old, 13 per cent of girls report being sexually harassed by teachers and/or fellow pupils. Of these, 7 per cent report having been forced into sex at least once” (UNICEF, CASS and GOZ 2011). According to the World Bank (2002), in urban Zimbabwe half of all reported rape cases involved girls younger than 15, who were most likely to have been abused by male relatives, neighbors, or schoolteachers.

In 2010, 2.2 million adolescents worldwide between the ages of 10-19 were living with HIV. In Zimbabwe, the rate of HIV infection for adolescent girls is higher than boys both

FIGURE 1: THE PREVALENCE OF HIV AMONG YOUNG WOMEN AGE 15-24 YEARS IN URBAN AND RURAL AREAS.



Source: UNICEF 2012



in urban and rural areas (figure 1). HIV infection is highest for adolescent girls living in urban areas. This situation, according to UNICEF (2012:22), is because, “during a critical period of childhood, many of these adolescents were left without access to appropriate information, treatment, care or support, including age-appropriate sexual and reproductive health care and prevention services.” Hence, there is a greater need for innovative solutions that will surround an adolescent girl with a protective developmental net, especially as she approaches puberty (Bruce 2007).

## **EDUCATIONAL OUTCOMES FOR ORPHANS AND VULNERABLE CHILDREN**

According to UNICEF and others (2011:14), recent studies show that many orphans live in extremely poor households and are less likely to access health care, attend school or have basic clothing, shoes and bedding than other children from the same communities. OVC are also more likely to suffer from psychological problems and to be subjected to abuse, including forced sex in adolescence, which increases their likelihood of contracting HIV. Education offers hope for better life chances for OVC and leads to increased productivity of labor, reduced fertility, improved health outcomes and enables them to participate fully in the economy and the development of their societies (UNAIDS et al 2004). But alas, like health care and social support services, education is not easily accessible to OVC. Access to education and

learning is also viewed as a ‘social vaccine’ for HIV. However, in high prevalence areas, OVC are frequently unable to attend school regularly and thus are being deprived of the very thing they need for protection from infection (Pridmore 2008).

According to USAID and CRS (2008:4), educational barriers can be categorized as:

- within the child, through impaired health, including faulty development, and through emotional stress;
- within the family, including the child but adding the dynamics of the family’s functioning as a group;
- within the community; and
- within the school system and the school.

### ***Education Transition Status in Zimbabwe***

Globally, the net level of attendance for secondary school is one third lower than that for primary school. According to UNICEF (2011), 1 in every 3 girls in the developing countries is married before the age of 18. A study conducted in Zimbabwe by Gundersen, Kelly and Jemison (2004), reveals that school attendance for orphans is lower than for non-orphans and lowest for orphan girls of ages 11 to 16. School enrollment for orphan girls also starts to decline at the age of 10 and is at its lowest at age 16. The net enrollment rate for orphaned girls is 74 percent compared to 87 percent for non-orphan girls. An analysis of these statistics proves that adolescent girls in Zimbabwe are at an

increased risk of poor educational outcomes compared with their peers. This situation justifies the need for transition services to facilitate increased school retention and ensure successful transitions from primary to post-secondary education.

An overview of education transition status in Zimbabwe notes that although net attendance rates for primary schools in Zimbabwe have remained high (with less than 90 percent absenteeism), the declining grade 7 examination pass rate of 39 percent demonstrates deterioration in education quality. According to UNICEF Annual Report for Zimbabwe (2010:2), “more than 1 million children and young people of secondary age are out of school, with few educational or employment options. Disparities in education are growing; children from the top wealth quintile are three times more likely to attend secondary school than children from the bottom quintile. Although there is gender parity at primary levels, girls represent only 35% of pupils in upper secondary schools. Financial barriers are increasingly constraining access for both the disadvantaged.”

OVC in Zimbabwe have low educational attainment for the following reasons:

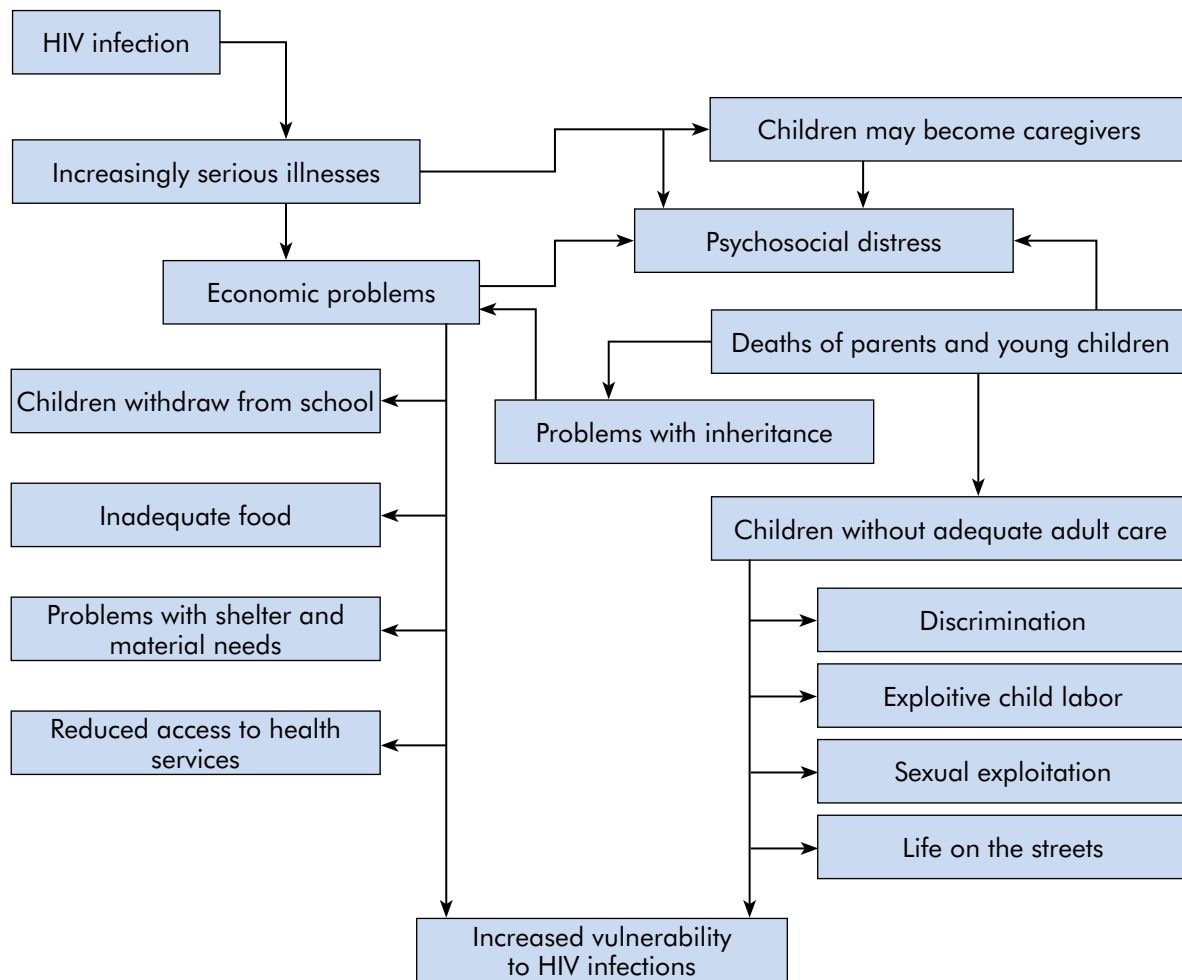
- a lack of parental love and support, household composition, household chores, care-giving roles;<sup>1</sup>
- psychosocial challenges due to orphan status;<sup>2</sup>
- poverty; and /or <sup>3</sup>
- physical and sexual abuse. <sup>4</sup>

Orphanhood is an extremely emotional event in the life of a child and it produces different outcomes in terms of schooling, health, economic and social participation (Gundersen et al 2004; Chirwa 2002). Figure 2 shows the challenges faced by families and children affected by HIV/AIDS. In the context of HIV/AIDS, poverty and psychosocial distress are the major drivers of negative outcomes for both families and children.

### **Poverty**

As noted by Beegle et al (2010), poverty affects the developmental trajectories of children, exposing them to a myriad of risks. According to AIDSTAR-One (2011), OVC are at risk of poor health and nutrition, limited educational and vocational opportunities, developmental delays, and inadequate social and emotional support. The effects of orphanhood on education include “delayed school enrollment, an increase in the drop-out rate, erratic attendance, lack of concentration and poor performance in school and behavioral disturbances,” Rembe (2006:237). Recent statistics in Zimbabwe suggests that approximately 78 percent of the population is absolutely poor and 55 percent live below the food poverty line (Schubert 2010). Thus, according to Newton (2009), strengthening families and their protective capacities can prevent children from dropping out of school, being abandoned, abused and exploited.

FIGURE 2: THE CHALLENGES FACED BY FAMILIES AND CHILDREN AFFECTED BY HIV/AIDS



Source: Williamson (2000)

### **Psychosocial Distress**

In Zimbabwe, low educational attainment for OVC can be attributed to the challenges of anxiety, grief, trauma, depression, stigma and discrimination (Chitiyo et al 2008:386). According to Gilborn and Nyonyintono (2000), some OVC do not wish to attend school because of the stigma and scorn they experience coming from AIDS affected households and the psychosocial trauma and shock they

suffer following the death of a family member. Other OVC experience discrimination in the families to which they are fostered out, being treated poorly compared with their peers who still have living parents (Case et al 2004). Although counseling and guidance are critical in addressing the psychosocial challenges that OVC face, many schools lack the resources to offer comprehensive counseling programs (Rembe 2006: Chitiyo et al 2008).

## **EDUCATIONAL NEEDS AND PROGRAMS IN ZIMBABWE**

### **Government Responses to OVC Education—Addressing Poverty**

Recognizing the educational barriers that girls and OVC face, Education for All: Towards 2015-National Action of Plan Zimbabwe adopted strategies to ensure that all children, especially girls and those in difficult circumstances, have access to and complete primary education and are thus provided with life skills and HIV/AIDS education. Also the plan mandated improvements in education quality through the provision of learning and teaching resources for all schools. This response is in line with Article 28 of the Convention on the Rights of the Child, where state parties recognize children's right to education and commit to achieving this right progressively and on the basis of equal opportunity. The Education Act of 1987 makes attending school a fundamental right for every child in Zimbabwe, ensuring that no child is excluded from the public education system (Chitiyo et al 2008). However, because education is not free in Zimbabwe, the need to pay fees prevents many children from poor and vulnerable family backgrounds from entering and staying in school (Chitiyo et al). Government charges school fees with the exemption of 80 percent of primary schools categorized as P3. However, all schools charge levies and these are determined at school level. According to the Ministry of Education, Sport, Arts and Culture (2011), these levies can be used as incentives to supplement teachers' low remuneration.

### **The Basic Education Assistance Module (BEAM)**

Although educational services are administered by the Ministry of Education, Sports, Arts and Culture and the Ministry of Higher Education, the Basic Education Assistance Module (BEAM), a national program is being administered by the Ministry of Labour and Social Services. This program targets children who are in school but are failing to pay fees, children who have dropped out of school and children who have never been to school. BEAM is one of the five components of the Enhanced Social Protection Project. Other components include the Public Works Component, the Children in Especially Difficult Circumstances Module, the Essential Drugs and Medical Supplies Component and the development of a longer term Social Protection Strategy. BEAM does not address areas like food, housing and clothing. Its main support is in the providing for the payment of tuition fees, examination fees, building fund and school levies (Marongwe 2007).

Although the process of selecting BEAM beneficiaries is decentralized and is done by community selection committees, the process is marred with inefficiencies that make it complicated for OVC to access school fees. According to Rembe (2006) and Marongwe (2007), the challenges in the implementation of BEAM include the following;

- There are low levels of implementation in some regions and districts.
- There are often delays in processing applications and disbursements.

- Socio-cultural and political influences can cause bias in the selection of beneficiaries.
- There can be a lack of flexibility in the selection process, resulting in the non-processing of late applicants.
- Secondary and special learners are being left out due to logistical problems especially if learners are attending school outside their community.
- The BEAM program is not monitored adequately in terms of expenditures, beneficiaries (gender-based selectivity) and current systems of disbursement.

The Bulawayo Progressive Residents Association (2012), argues that BEAM has not been able to serve disadvantaged children due to corruption, a lack of transparency and the politicization of the selection of beneficiaries. The “unavailability of information on who the beneficiaries of BEAM are, means that there is leeway for inequitable distribution of the funds to deserving people among the provinces” (BPRRA 2012:1). Therefore, the association proposes increased monitoring and evaluation mechanisms to ensure accountability and transparency in the selection of beneficiaries and also increased allocations of funds so that many OVC can have access to education.

### **NGO responses—Addressing Psychosocial Challenges**

The government of Zimbabwe has taken measures to reduce the prevalence of HIV/AIDS and mitigate the impact of the epidemic through the development of sectoral

policies and strategic plans; the management structures for planning; and by managing, coordinating and providing a range of support programs by the government, international nongovernmental organizations, domestic nongovernmental organizations and community-based organizations (Rembe 2006). In the education sector, the OVC interventions seek to provide up-to-date and relevant information on prevention, impact mitigation, care and support. However, at the school level, teachers lack the capacity to provide comprehensive psychosocial programs for OVC. They lack counseling skills and the psychosocial programs in most schools have been haphazard, ad hoc and without proper coordination (Rembe 2006).

To address this challenge, some schools have formed partnerships with NGOs and community-based organizations to implement programs that enhance OVC motivation for academic progress and build resilience to help them cope with the psychosocial challenges associated with orphanhood. Good examples of empowerment programs include interventions from the Girl Child Network, CHIPAWO, CAMFED, Catholic Relief Services, and FAWEZI (Zimbabwe National Strategic Plan 2005-2010). The Masiye Camp Initiative, developed by the Salvation Army in 1994, is another example of psychosocial support service provision for OVC (World Bank n.d.). However, these and other programs could not be scaled up at the community level due to coordination and funding challenges. As asserted by Coombe (2003), strengthening such interventions is dependent on how NGO

partners' programs are integrated into the sector's strategic planning and resource allocation and whether they can be scaled up effectively.

### ***Multi-sectoral Coordination in Zimbabwe***

The government of Zimbabwe recognizes the importance of partnering with NGOs in managing and coordinating responses for children affected by HIV/AIDS (Foster 2010). Zimbabwe's Programme of Support for Orphans and Other Vulnerable Children is an innovative mechanism for coordinating responses ensuring predictable funding and improved policy dialogue between donors and the government (UNICEF 2008), as shown in Figure 3. The Education Transition Fund, which was established in 2009, offers a platform for donors to align their contributions with government priorities. As of 2010, 50 million dollars has been raised to support the ailing education sector (Ministry of Education, Sport, Arts and Culture 2011). Recently, the United Kingdom's Department for International Development has committed 10 million pounds (more than 15 million dollars) to support the BEAM (Scott 2012).

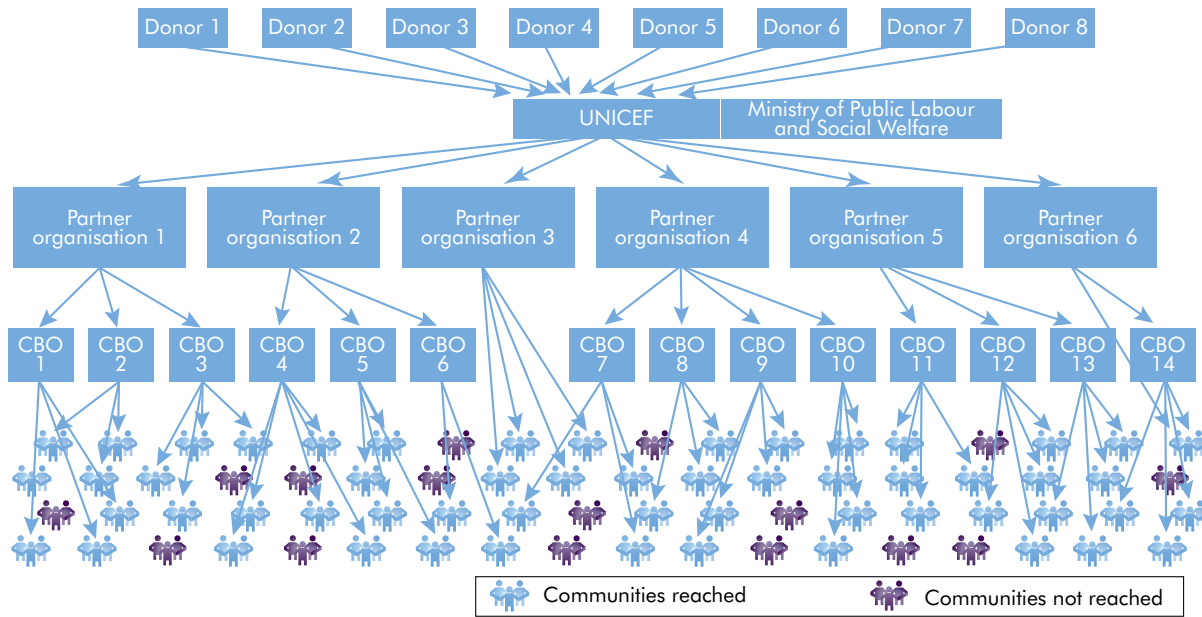
Although nearly all donor funded interventions are channeled through non-state actors, the effectiveness of programs targeting vulnerable populations has been compromised due to poor coverage, fragmentation and coordination of services along with lack of reliability and transparency (Schubert 2010). Therefore, Foster (2010) recommends the

strengthening of district-level coordination structures through provision of clear policies regarding membership, roles and responsibilities. However, putting this strategy into practice has been difficult in Zimbabwe due to both the varying needs and priorities of donors and also local stakeholders' varying capacities. The lack of capacity of district committees to collate data and report to national structures presents a major challenge, which affects the delivery of evidence-based OVC strategies and programs. If case management systems are not effective and data from communities are inaccurate, what will be the basis for informing policies, strategies and programs at district, provincial and national level? Unless a dedicated community-level agency is responsible for OVC case management, how will government and non-governmental educational responses be monitored for effectiveness?

### ***Assessing the Government Agencies Capacity (Social and Education Services)***

The capacity of social services in Zimbabwe has been badly affected by "out-migration, limited funding, reduced numbers of qualified social workers in post, poor working conditions, and perceived high workloads. For a country with an estimated population of 12.5 million, there are only 118 Social Workers providing specialized social services to 5 million children, a ratio of 1:42,273" (UNICEF et al 2011). According to Rembe (2006), the provision of high-quality educational services for OVC is also affected by government

FIGURE 3: ZIMBABWE'S PROGRAMME OF SUPPORT FOR ORPHANS AND OTHER VULNERABLE CHILDREN



Source: UNICEF (2008).

overlapping structures and mandates, unclear understanding of roles and responsibilities, poor coordination, supervision, accountability, and support at national and local levels, a lack of accurate and up-to-date data to inform priorities and policies and insufficient equipment, supplies, infrastructure and vehicles. The challenges in planning and coordination between agencies and stakeholders has resulted in the disaggregation of services and many inefficiencies in the delivery of essential social services for vulnerable groups in Zimbabwe (Capacityplus 2011). Thus, effective coordination of multiple agencies can help ensure that vulnerable children are able to benefit fully from policies and services.

Systemic hurdles in the delivery of social and educational services can be addressed through public-private partnerships, where the government and non-governmental ac-

tors alike can collaborate to make educational services and resources available and accessible to girls and other OVC (Bote 2012). This entails strengthening of the child protection system as a critical component of the overall child welfare system. Through effective case management systems, important information is collected, providing evidence for future OVC programming. According to Foster (2010:95), this ensures "increased coverage of services, access to difficult-to-reach areas and less duplication, better access of implementers to external resources, networks and capacity building, improved national information systems with reduced reporting burdens, improved services through better access of implementers to good practice articulation and increased cost efficiency." Therefore, well-coordinated service delivery systems by community transition agencies are able to break the cycles of



vulnerability by facilitating the optimum use of resources in improving the quality of life of children and families at the community level.

## **TRANSITIONAL SERVICES**

### ***The Case for Transitional Services Agencies***

The recent literature on service perspectives views the provision of transitional services as a process that seeks to meet the needs of young people with special needs as they move from childhood to adult services (Stewart et al 2012). Other studies have indicated how holistic and life-long views of transitional services are being regarded as an important principle of service and support for young people with special needs. Nevertheless, the management transitional services are critical whenever there is a change in status and/or circumstances (Halpern 1994). Transitional services are coordinated sets of activities designed within a results-oriented process facilitating movement from school to post-school activities including postsecondary education, vocational training and employment (Wehman 2011). In education, “transition” refers to a passage from one grade or form to another as one progresses through the educational structure (Wesley 2001). According to Wesley, educational transition teams work toward bridging the gaps between each transition level, facilitating educational attainment.

### ***The Benefits of Transitional Services***

Community transition agencies are responsible for coordinating essential social and

educational support services, facilitating the identification of success factors and good practices needed to formulate responsive education policy and programming (Carnaby et al 2003). According to Wesley (2001), successful transitional services benefit children, families and schools.

For *children*, successful transitions ensure

- that activities, resources and expectations work to build enhanced self-esteem and confidence;
- improved peer-group relation;
- greater efficiency and enjoyment in learning; and
- positive regard for teachers and reduced stress.

For *families* the benefits include

- active participation in planning and carrying out transition services;
- help in developing an understanding of the phases of child development and education;
- increased confidence in communicating with educational personnel; and
- a positive outlook about collaboration with schools and an enhanced self-esteem regarding parents’ communication and advocacy skills.

For *teachers and schools*, the benefits include

- collaboration eases the child’s transition experiences between home and school and the school can expect and



an enhanced ability to meet individual needs of children;

- increased efficiency in program planning and implementation;
- better community support; and
- enlarged professional support network and a wider pool of resources.

### **Transition Services for “At Risk” Children**

In the United States, special education programs have been influenced by federal and state education reforms (Johnson et al 2002). These have provided comprehensive strategies for improving public school programs for all students, including those from diverse, multi-cultural backgrounds and situations of poverty. The re-authorization of the Individuals with Disabilities Education Act (IDEA) in 1997, strategies to encourage the involvement of state and local education agencies and community services agencies to address the transition service requirements of all students. According to Johnson and others (2002), this entails the development of individualized education plans as well as curriculum and instructional strategies relevant for all students with special educational needs. Education transitional services provide needs-based services through building of community relationships. However, research indicates that fragmented services, varying eligibility criteria, different funding mechanisms, and distinct philosophies across the child and adult systems pose challenges for obtaining appropriate services for ‘at risk’ children (Clark 2004).

‘At risk’ children need structured programs and learning experiences that help them to become socially, morally, emotionally, physically, financially and cognitively competent (Collins 2001). Such programs enhance motivation and build resiliency enabling children to cope with change and adversity. Failure to cope can have life-shaping consequences for the child and also social and economic costs for the community at large (Atkinson 2007). Thus communities should support the transition process to ensure success across all life domains, particularly for children with distinct developmental needs. According to Casey Family Programs (2009), the provision of education transitional services in communities is not only expedient but also should be a priority because it affects school stability and attainment for children in the child welfare system.

### **The Casey Family Program Model-Interagency Collaboration**

Studies showing poor educational outcomes for children in the foster care system in the United States have increased in recent years. According to Casey Family Programs (2009), children in foster care face many disruptive experiences that affect their school continuity and stability, causing them to fall behind socially and academically. Children in the foster care system have higher drop-out rates, are less likely to complete high school, and are less likely to complete post-secondary educational pursuits. However, through stable home placements and school attendance, educational outcomes can improve significantly (Casey Family Programs 2007).

Children in the foster care system have poor psychosocial outcomes compared to the general population, due to histories and experiences of dysfunctional families, rejection, neglect, abuse and poverty along with the stigma of being called a ‘foster child’ (Collins 2001). According to Courtney and Heuring (2005), foster children experience a higher level of depression and suffer from behavioral disorders that require the provision of specialized mental health services.

Casey Family Programs have come up with a framework (Figure 4), which seeks to improve educational outcomes for children in out of home care. For more than 40 years, Casey Family Programs (2007), have worked

across states and counties across the United States, providing services and developing tools to nurture all children and youth in care and helping parents to strengthen families. Casey Family Programs facilitate increased access to education-related and mental health support services through advocacy and comprehensive school counseling programs for children in both elementary and secondary school children.

Using collaborative and person-centered approaches, service-providers work to address systemic and individual barriers that affect educational attainment and the successful transitions of youth out of child welfare systems. According to Casey Family Programs

FIGURE 4: THE CASEY FAMILY PROGRAM’S FRAMEWORK FOR EDUCATIONAL ATTAINMENT



Source: Casey Family Programs (2009).

(2009) and Atkinson (2007), the benefits of interagency collaboration include:

- shared ownership and responsibility for problem-solving;
- enhanced advocacy and communication on transitional barriers and opportunities;
- increased resource mobilization (funding, skills, experience and expertise) from multiple educational stakeholders;
- capacity building of all stakeholders;
- participation of families in transition planning and parental involvement in children's education; and
- development of self-determination and advocacy by children through participation in transition planning, goal setting and tracking.

### **Relevance to the Zimbabwean's Context**

The Casey Family Programs model can be adapted to Zimbabwean communities because of the similarities in the experiences, challenges and outcomes between children in the foster care system of the United States and the OVC in the informal foster care system of Zimbabwe. These include the instabilities caused by changes in childhood identities, household composition and dynamics and the lack of support from the school and community. As both pertain to the transition from childhood to adulthood, they often lack the psychosocial support needed to enhance their coping mechanisms; thus,

they must deal with pain from the past and uncertainty about the future. Children in both contexts need to navigate through multiple agencies to access specialized social services administered by multiple agencies to address their distinct educational and psychosocial needs (Greene and Uebel 2006). Although there are many similarities between the two groups, the situation of OVC in Zimbabwe is more desperate considering that foster parents do not receive child care subsidies from the government like their peers in the West. The effects of poverty and HIV/AIDS on families along with the lack of capacity of government agencies to provide transitional services also complicate the lives of OVC in Zimbabwe compared with their counterparts in America.

### **The Transition Needs of Orphans and Vulnerable Children**

According to Kohler and Field (2003), transition-focused planning encompasses all aspects of education, focusing on student outcomes. It is able to connect curricular and extracurricular activities, strengthen family and community's capacity to respond to the educational needs of the student at the same time focusing on the improvement of the quality of life outcomes (Kohler and Field). Because the challenges of OVC are multi-dimensional, responses should support the holistic development of the child, paying special attention to age and gender-based vulnerabilities (Engle 2008). As noted by Halfors and others (2011), gender inequalities make adolescent orphaned girls in Zimbabwe vul-

nerable to dropping out from primary and secondary school, early sex, increasing their vulnerability to HIV and sexually transmitted infections (STIs). To address this challenge, one of the goals of the Zimbabwean National Strategic Plan (Ministry of Education, Sport and Culture 2005-2010) is to close the gender gap in secondary school completion and reduce the vulnerability to abuse and exploitation of children of both primary and secondary school age. In this regard, education transitional responses for adolescent girls in Zimbabwe focus on the issues and responses highlighted in Table 1.

As can be seen in Table 2, poverty and psychosocial distress are the cross-cutting issues facing OVC in their education transition. Due to these issues, Pridmore and Yates (2005) argue that adolescent girls are most likely to get abused or engage in unsafe sex increasing their vulnerability to HIV.

## THE CASE OF THE MUFAKOSE URBAN COMMUNITY

### Background

Blossoms Children Community, a community-based organization providing OVC services, conducted a primary study to assess the OVC education service delivery system in the poor urban community of Mufakose, Harare in March 2012. Established in the 1960s, Mufakose is an African urban township with full general families from Malawi, Mozambique, South Africa, Zambia and Zimbabwe (Constituency Profile 2006). It is situated 14 kilometers outside the Central Business District of Harare and shares its boundaries with Budiriro, Kambuzuma and Kuwadzana. Mufakose has 4 wards (Wards 34, 35, 36 and 37) and a population of 100,292 (52% females and 48% males). Mufakose has 14 government schools, 9 primary schools and 5 secondary schools.

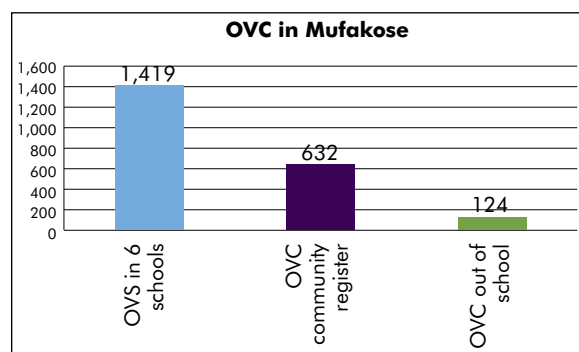
TABLE 1: OVC EDUCATIONAL BARRIERS AND TRANSITION SERVICES RESPONSES

Category	OVC Issues/Barriers	Transition Services/Responses
Primary	Stigma, discrimination, abuse, adult roles, poverty	School fees assistance, feeding programs and psychosocial support (HIV/AIDS education)
Secondary	Low self-esteem, stigma, discrimination, abuse, adult roles, STIs, poverty	School fees assistance, food security, psychosocial support (mentoring and HIV/AIDS education)
Post-Secondary	Low self-esteem, stigma, discrimination, abuse, adult roles, STIs, exclusion from formal employment, poverty	School fees assistance, food security and psychosocial support (mentoring and HIV/AIDS education), livelihood skills
Girls	Sexual risks, increased demand for labor, low self-esteem, fear of violence (home and school), gender inequalities, perceived irrelevance of education, poverty	Gender-sensitive policies and practices, scholarships, flexible learning options, sanitary wear, financial incentives, (mentoring and HIV/AIDS education), livelihood skills

Sources: Subbarao and Coury 2004, Caroll and Boler 2003

According to the Constituency Profile (2006), the 9 secondary schools have a combined enrollment of 7,593 students out of which 3,969 are boys and 3,624 are girls. One Secondary School (Mufakose 1 High) provides advanced-level education and in 2006, its enrollment was 2,184 (974 girls and 1,210 boys). Chart 1 shows gender disparity in terms of enrollment. In fact the secondary school enrollment is the opposite of the constituency's population.

FIGURE 5: THE STUDY'S MAIN RESEARCH FINDINGS



Source: Blossoms Children Community (2012)

Figure 5 shows that in the Mufakose Community

- The community register had 632 OVC;
- Six schools' registers had a total of 1,419 OVC;
- 124 OVC were not in school (52 girls, 74 boys).

### **Other Research Findings:**

There was increased absenteeism among adolescent OVC.

- There were limited services and support for orphaned girls.
- Late payments and non-payment of fees were a problem.

- There was alleged corruption in OVC selection and administration of BEAM funds.
- The BEAM funds were insufficient to meet the high demand for assistance with school fees assistance, thus OVC, are failing to pay fees.
- Schools were not providing counseling services.
- There was limited information and knowledge on available services and support in community.

### **Community OVC Registers**

According to the study, focal persons selected from the community are responsible for collecting OVC information. The information includes the name of the child, date of birth, address, nearest schools, name of deceased parents, name of care-givers and any particular problems the child is facing. Although this information is critical for evidence-based OVC programming in the community, the focal persons have not been collecting information for a long time due to a lack of incentives. Currently, there are no mechanisms for tracking OVC who have moved out of the community.

### **School Fees Payment for OVC in Mufakose**

BEAM is the main government school fees assistance program assisting OVC in the community. Capernaum Trust is the second local organization providing scholarships and food hampers for OVC registered with organization in the community. Community churches and individual philanthropists are

also assisting with the payment of school fees and school uniforms. There are other NGOs working with children, youth and women in the community on health and food security, cash transfers, sustainable livelihood projects and microfinance programs. However, the community lacks comprehensive information of these organizations and how OVC can benefit from their programs.

### **Psychosocial Support**

Three out of the six schools in the study provide psychosocial support for children through school clubs, even though the activities are not structured or well coordinated. The five schools that participated in the study do not offer any special services for girls. One secondary school provides guidance and counseling services for girls. The teachers lack the capacity to provide counseling services for OVC.

### **Community Service Delivery Analysis**

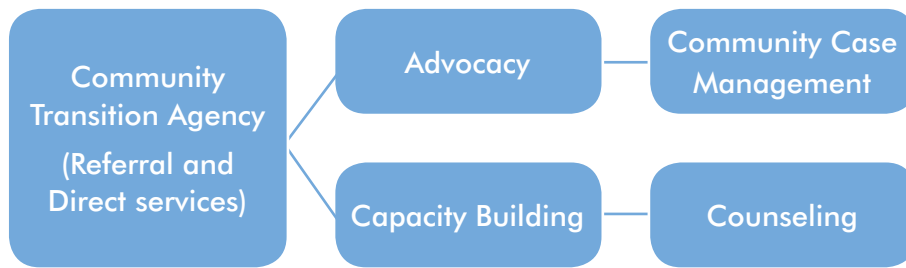
Findings from the Mufakose case study confirm that at least 787 OVC are falling through the social services cracks and 124 OVC are out of school. The community register, which is supposed to record all OVC in the community, has only 632 listed compared to 1,419 OVC recorded by the survey in six schools. Considering that only six schools out of 14 participated in the study, there is a high likelihood of hundreds of OVC that the community case management system has not been able to identify. The community lacks a strategy to address the educational needs of orphaned girls

who are out of school and those in school. Thus, the absence of an effective community case management system and comprehensive counseling services affect educational attainment for OVC in Mufakose. An analysis of the community also highlights critical gaps in the coordination of services, resulting in OVC not accessing the required educational services. The study shows that poor coordination exists between governmental and non-governmental agencies who are working in a parallel on the education of OVC. Inadequate collaboration, monitoring and evaluation at the community level expose OVC to protection and development risks, where vulnerable children are not identified and reported by the case management system. In that regard, there is an urgent need for a community-based services agency responsible for the coordination of educational services and resources for OVC in the community.

## **THE INTERVENTION: THE COMMUNITY TRANSITION AGENCY**

The community transition agency is able address the challenges of coordination of OVC educational programs at the community level. The agency is responsible for ensuring that protective and developmentally-appropriate services and supports are accessible for the orphan girl to pursue her goals across all transition domains. Through capacity building, the agency strengthens the capacity of community safety nets including teachers, families and other education stakeholders to be able to respond to age and gender-based

FIGURE 6: THE COMMUNITY TRANSITION AGENCY SERVICE MODEL.



Source: Berejena (2012)

OVC needs, providing high quality educational services and support (Figure 6).

The model provides both direct and referral education services. This means that transition coordinators might provide counseling services and in a referral role, may link children to specialists like child lawyers or psychologists. The agency shall be responsible for data collection, the identification and mobilization of community resources (human and other), service mapping (identifying gaps in education services and communicating with guardians, teachers and other government departments (Wehman 2011).

### **Advocacy**

Advocacy harnesses stakeholder involvement in the community, fostering change and participation through meetings, the sharing of information, policy making, planning, implementing, monitoring and evaluating educational programs (Brown 2008). It ensures that the special needs of vulnerable children are identified, support groups and counseling services are availed, curricula are flexible and responsive, anti-stigma programs are supported and chil-

dren are supported in school registration, payment of fees, psychosocial support, tutoring and access to vocational training and employment.

### **Case Management: The Empowerment/Advocacy Approach**

Case management is a process that assists OVC traverse the community child welfare and protection system. It focuses on systems, structures and resources (human, financial and technological) in the community. Case management can be categorized as falling into three models. The *broker model* is where the case manager makes referrals and linkages in an effort to achieve intersystem or interagency cooperation among agencies. *Assertive outreach* is where the case manager facilitates the attainment of the treatment plan. And the *empowerment or advocacy approach* is a client-driven path where the case manager has a dual commitment to meeting vulnerable clients' needs and challenging dysfunctional service delivery systems (Greene and Uebel 2006). The intervention proposed in this paper follows the *empowerment or advocacy approach*.



## **Capacity Building**

Capacity building is able to strengthen the educational responses across systems through the implementation of training programs targeting all critical education stakeholders. As asserted by Franco and others (2002), capacity development should be able to identify the areas that need improvement, explain the problem, hypothesize the change and test the solution to assess outcomes. It enhances the community's capacity to perform tasks and meet set objectives. Service delivery capacity confers the appropriate knowledge, skills, competencies, systems and mechanisms needed to meet the needs and aspirations of OVC. Therefore, capacity building in this context entails the provision of comprehensive counseling training programs for children, parents, teachers and other educational stakeholders to increase their knowledge, skills and competences in supporting the OVCs' psychosocial well-being and educational attainment.

## **Counseling**

Comprehensive counseling programs are both preventive and developmental in scope and their aim is to enhance academic success, provide career guidance, encourage self-awareness, foster interpersonal communication skills and impart life skills for all students (deFur and Patton 1999). Counselors provide support to deal with crises such as parental loss, trauma, abuse, emotional distress, behavioral disorders and other family, school and community problems. Comprehensive school counseling involve individual

and small group counseling, consultation, coordination, case management, guidance, program evaluation development and academic program planning.

## **COORDINATING TRANSITIONAL SERVICES AT THE COMMUNITY SYSTEMS LEVEL**

Figure 7 provides a logical sequence for coordinating transitional service delivery at the community systems level (Brown 2008). It provides a systematic framework detailing the steps of information gathering and action needed for transitioning orphaned girls who are both in and out of school, starting from primary to post- secondary school. Transition service assessment is an ongoing and coordinated process, which provides information for decision-making and advocacy. Assessments will help in identifying girls who are struggling in school and facilitate the development of relevant instruction and learning interventions that address the educational needs (Atkinson 2007).

## **CONCLUSION**

In Zimbabwe, greater opportunities exist to strengthen the links between the education and social service systems to ensure that girls, orphans and other vulnerable children have access to support for educational attainment and psychosocial well-being. These opportunities are capable of addressing systematic and individual barriers that hinder successful transitions from primary to post-



FIGURE 7: FRAMEWORK FOR COORDINATING TRANSITIONAL SERVICES



Source: Brown (2008)

secondary education for adolescent girls. Interagency collaboration facilitated by community transition agencies fosters increased advocacy and capacity building, addressing cross-cutting issues affecting OVC's educational outcomes. They also give the opportunity to tackle other long-term health and social issues that have a bearing on livelihood outcomes for adolescent girls as they make the transition to adulthood. Through the empowerment of children, families, teachers and communities, agencies are able to meet the educational needs of OVC through the allocation of available resources and by building community relationships that facilitate safe learning and living environments.

The challenges of coordinating effective responses to address the effects of orphanhood, HIV/AIDS, poverty and other socio-cultural issues on educational attainment can be eliminated at the community systems levels.

Community transition services can provide the evidence-based practice and strategies necessary for the development of age and gender-appropriate OVC responses. Through effective community case management systems, the impact of current and future programs can be assessed based on accurate information, making the monitoring and evaluation of OVC interventions easier at the systems level. If service reform starts at the community level, bottlenecks in service delivery at the district, provincial and national levels can be removed, improving OVC access to resources, transparency and accountability. The education of OVC will cease to be 'someone else's baby' when a dedicated agency is available to coordinate services across multiple agencies. The challenges of poor identification, under-reporting and under-representation of OVCs' educational needs and other overarching challenges affecting the overall development and well-

being of orphaned girls can be dealt with at community level. Thus, the agency is the missing link in promoting and protecting the rights of adolescent orphan girls; and by strengthening the public-private partnerships at the community level, the OVC education service delivery gap can be closed.

The government's failure to deliver high-quality educational services for the poor on its own and the market's failure to address social inequalities call for innovative and collaborative efforts to ensure that essential educational resources are managed effectively. Therefore, effective multi-sectoral collaboration enhances sound governance at the community systems level. Central to this is the building of a service delivery system that will not fail orphaned girls, the poor and children with disabilities, who have special needs that need specialized social services and support.

Although much progress has been made in channeling resources to organizations serving

OVC, through the Programme of Support innovation in Zimbabwe, more effort is needed to build local expertise to develop community service delivery strategies and programs that will transform the service culture across agencies by strengthening human, financial and technological capacities. In Zimbabwe, there is an urgent need to invest in community-based service models that are able to fill the OVC service delivery gaps at the community level, taking cognizance of the trajectories of all OVC, especially those in institutional care systems or orphanages who are more vulnerable to poor livelihood outcomes as they make the transition out of institutional care. Therefore, innovative models such as the community transition agencies are critical for ensuring that no OVC, particularly adolescent orphan girls, are lost in education transitions or fall through the social services cracks.

## **APPENDIX: STUDY METHODS**

### ***Study Method***

The author conducted a case study to assess educational service delivery in the urban community of Mufakose, Harare. The study's hypothesis was that OVC, particularly adolescent girls, have poor educational outcomes because they are falling through the cracks of the social service systems and are getting lost in education transitions.

### ***Sampling***

The research used the purposive sampling technique, which excludes certain types of respondents and considers the specific needs that the research needs to satisfy. Against this background, this study concentrated on primary and secondary schools as well as the key stakeholders responsible for education service delivery in the Mufakose community.

### ***The Respondents***

The Blossoms Children Community coordinator, (a qualified child social worker), administered questionnaires to school heads and/or their deputies, who responded and stamped the forms to authenticate the process. Due to time constraints, four primary schools instead of nine and two secondary schools out of five participated in the study. All six schools received the same questionnaires, which consisted of both closed and open-ended questions to provide quantitative and qualitative data, respectively. The second reference group of key informants consisted of three senior district officials drawn from the Ministry of Labour and Social Services, the Ministry of Education, Sport and Culture; and the Mufakose Municipal Council. Different structured interviews were used to provide up-to-date and in-depth information regarding their experiences and viewpoints on education service delivery for Orphans and Vulnerable Children in the community.

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## ENDNOTES

<sup>1</sup> Lack of family support and love deprives children of a family system of support necessary for affection, self-esteem, spiritual guidance, economic provision, daily care, socialization, recreation and education (Chitiyo et al 2008).

<sup>2</sup> OVC experience anxiety, grief, trauma, depression, stigma and discrimination, which make their educational needs exceptional (Chitiyo et al 2008).

<sup>3</sup> The increase in the number of households headed by children has resulted in high drop-out rates, erratic school attendance, poor concentration and behavioral disturbances (World Bank 2006).

<sup>4</sup> Girls in Zimbabwe are abused by relatives, neighbours, peers and school teachers. Corporal punishment is still being used by teachers in school (UNICEF et al 2011).







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