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THE SOCIO-ECONOMIC IMPACT OF HARMONIZED SOCIAL CASH TRANSFERS ON ORPHANS AND OTHER VULNERABLE CHILDREN IN ZIMBABWE: A CASE OF ZVIMBA DISTRICT

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ABSTRACT

The paper looked at the impact of Harmonized Social Cash Transfers (HSCT) on the socio-economic status of Orphans and other vulnerable children (OVCs). The program established in 2011, by August 2012 reached out to about 18000 households in 10 districts and by 2015 targets about 250 000 households nationally. In Zvimba an approximated 5 400 OVCs have benefitted through the program. The paper adopted a mixed method in data gathering and analysis but relied mainly on the Qualitative model. In-depth interviews and F.G.Ds have been main methods of data collection. The findings of the paper were discussed using Social Network theory. The paper used programme beneficiaries and key informants also chosen through purposive and expert sampling using a sample of 50. The paper established that the program immensely improved the socio-economic status of OVCs as it targeted labor constrained households that are food poor. The eligible households after means-testing receive unconditional cash payments bi-monthly ranging from US$10-US$25 depending on the household size. HSCT in Zvimba district has managed to strengthen households' economy and vastly improved household consumption. Other social services such as education, clothing, nutrition, health among others has also improved significantly. The paper established that many OVCs are enrolling back in schools as their families now have financial breathing space to accommodate other expenses that include school fees, uniforms, books and other requirements. Of paramount importance according to the

findings of the paper is the improvement on the household consumption pattern. In most households prior to the HSCT, families could skip meals during the morning and afternoon in other circumstances to budget the little that they have. This improvement trickles down into the health status of OVCs and the general community as nutritionally they are now doing well. The extra money they get from the program also helps to cater for hospital bills, clothing and shelter among other amenities. However the paper established anomalies in the program in the way and period of payment is conducted. Payment is done bi-monthly and at a central payment point. Two months is quite a lengthy period and recommendations are that the program adopts alternatives to payment that may allow beneficiaries to access their monies on a monthly basis like use of eco-cash or the previous payment method via P.O.S.B than to gather beneficiaries at a point on a particular day as disturbances may be encountered.

Introduction

Social Protection also known as social security is the mechanism governments put in place to protect their citizens against contingencies. A lot of definitions and explanations of the term have been proposed. This paper relies on the definitions proffered by Holzmann and Jorgensen(2001) who define social protection as a concept of risk management and consist of 'public interventions to (i) assist individuals, households, and communities better manage risk, and (ii) provide support to the critically poor'.

Social protection has an international recognition and is taken as a human right as enshrined in Article 22 and 26 of the Universal Declaration of Human Rights of 1948. In light of this view the paper in its quest to assess the impact of Harmonised Social Cash Transfers on orphans and other vulnerable children as a social protection mechanism will also be based on the definition given by the Ministry of Public Service, Labour and Social Welfare(2002:6) which defines social security as ' a set of public and private, formal and informal measures that assist people to

manage risks and minimize the incidence and impact of welfare losses that might lead to unacceptable living standards'.

In order to fully conceptualize social protection systems in Zimbabwe there is need to understand as well the trend of social policy practice in Zimbabwe. The provision of social services according to Kaseke, Gumbo and Dhemba (1998) is a shared responsibility between the government, non-governmental and local authorities. They point out also that the Department of Social Welfare in the Ministry of Public Service, Labour and Social Welfare has overall responsibility for coordinating the provision of social services under the guidance of the Social Welfare Assistance Act (Chapter 17:06).

In 2011 the Government of Zimbabwe (GoZ) rolled out the Harmonised Social Cash Transfers in 10 districts. The aim was to cover the 65 districts nationally and focusing to reach out to 250 000 households. The paper looks at the impact of these Harmonised Social Cash Transfers on the socio-economic status of Orphans and other Vulnerable Children. HSCT according to the American Institute for Research (2013) is poised to become Zimbabwe's primary Social Protection programme, it provides cash to the most vulnerable households across the country, targeting mainly labour constrained households that are food poor.

Background

Social Protection in Zimbabwe has undergone various developments and reengineering. It can be traced from the pre-colonial period to the contemporary period spanning the three stages (for the purpose of this paper). Social Protection can be best understood as practices that are either written on paper (formal) or unwritten (informal). These according to Kaseke, Gumbo and Dhemba (1998) can also be provided by Governments, Non-Governmental Organizations and Local Authorities. Individuals and firms can also weigh in through Corporate Social Responsibility. This highlights and concurs with the findings of Kaseke, Gumbo and Dhemba (1998) that Social Protection in Zimbabwe and generally elsewhere is a shared responsibility.

Holzmann and Jorgensen (2001) explains two forms of risk that affect societies; idiosyncratic and covariant risks. Idiosyncratic affects isolated households or individuals and covariant risks affects a greater number of the population or households as they are caused by external factors such as natural disasters like rainfall, landslides, earthquakes, drought among others, health issues such as illness e.g cholera, typhoid outbreaks, injury and disability also life cycle such as old age and death together with social, economic, political and environmental problems may also contribute to covariant risks.

Whilst informal risk-management instruments according to Holzmann and Jorgensen (1999) can often handle idiosyncratic risk, they are easily overwhelmed in some instances when the covariant risk is very high. Covariant risks require strong intervention usually from outside the family and mostly in the form of government and other developmental agencies or stakeholders outside government. This further solidifies the findings by Kaseke, Gumbo and Dhemba (1998) that social protection/services are a shared responsibility. This is a situation also obtainable on ground in Zimbabwe generally and in Zvimba in particular where a cocktail of social protection mechanism are employed by various implementing partners in a bid to fight common challenges of vulnerabilities.

Social Protection/Security in the (Pre-colonial) Egalitarian Society

Marxist Anthropologists according to Leacock and Etienne (1980) argue that in the pre-class societies social structures were sexually egalitarian. Class stratification which brings about differences among societal members was an alien practice. They posit that in pre-colonial Zimbabwe the Shona, Ndebele and Tonga among others societies for instance, kinship and inheritance formed the basis of their social organizations. Vulnerabilities where addressed at nucleus level and if the biological family was overwhelmed, kinship ties in terms of extended family members would assist and if the extended family members were overwhelmed again the community would come in to assist through various social protection mechanism they put in place.

Marxist Anthropologists according to Leacock (1975) argue that European colonialism brought in private property, commodity production, cash nexus and western values that laid the foundation for both class and sexual inequalities which gave birth to deprivations and inequalities which the contemporary societies are grappling with. The pre-class societies were largely agro-societies and hunter gatherers, surviving on agriculture, wild fruits and hunting. Land was one of their main resources that catered and held intact their food and welfare supply. The advent of colonialism brought about privatization of land which was not initially owned by individuals but owned by chiefs and headman who allocated it to their subjects basing on need. The land tenure system which was mainly based on usufruct rights afforded equal chance of ownership and control to every household in the society. Colonialism spelt an end to communal ownership of land to private ownership this means some individuals and households were left without land and this according to Marxist Anthropologists marked the genesis of deprivation and vulnerability.

The pre-class societies were not free from vulnerabilities, it was compounded with challenges of their own and they devised their own informal arrangements to provide social security to their members. Lassiter (1983) concurs with the above as he postulated that welfare provision in traditional African societies was well guarded and enshrined in the informal arrangements that existed. Various safety nets were in place to cater for the vulnerable members in the community irrespective of age, gender and class among other categorizations. Mushunje (2006) is of the similar findings as she noted the existence of various social protection mechanisms. She points out that these social protection mechanisms were often utilized by the able bodied and economically capable to care for the elderly who were no longer able to economically sustain themselves, as well as the young for the same reason.

Social Protection provisions obtainable in traditional African societies according to Dube (1999) included but not limited to borrowing and lending, where a borrower has an obligation to return, although the lender out of his benevolence may decide to ignore in a case where the borrower is extremely poor. This did not imply immediate repayment as is common practice nowadays, and whatever was owed did not accrue interest or value added to it despite the time lapse. This

significantly helped those in adverse conditions to recuperate and pay later when they are in a better situation. Dube (1999) talks of another support mechanism of cattle loaning (mombe dzekurunzira/inkomo zamasiso), where cattle can be loaned for use as draught power and milk for children. Children after working as cattle herders could also be paid with a cow so that they start their own herd creating a buffer zone for vulnerabilities. Other practices such as the 'Chief's granary' (Zunde raMambo/Isiphala seNkosi) assisted vulnerable people greatly. This was an initiative headed by the chief who could coordinate man power to work in a community field and take custody of the produce to distribute among those who may not have harvested enough.

Social Protection/Security in the Colonial Period

Social Policy which was developed during the colonial era according to Kaseke, Gumbo and Dhemba (1998) hinged upon the notion of racial segregation and aided in promoting white supremacy of the settler regime. The Old Age Pension Act of 1936 provided means-tested old age pensions to all non-Africans above 60 years of age. In most facets of social security provision such as education and health services racial segregation was very conspicuous for instance the Compulsory Education Act of 1930 made it compulsory for all non-African children between 6 and 15 years to attend school. Riddell (1980) in agreement with Zvobgo, R (1994) pointed out that there were separate education systems, Zvobgo went on to highlight that the colonial governments adopted this model to suit their particular needs. The colonial education according to Zvobgo was divided into two systems: an elite system for whites and a very inferior system for blacks. All in all the colonial social policy practiced through Public Assistance Programmes restricted assistance to urbanized Africans only.

Kaseke, Gumbo and Dhemba (1998), lament the manner in which social security was ensured or provided in the colonial regime. They noted that the health policies favored the white minority in terms of access and quality of services. This dual service provision precipitated the fragmentation of the health policy which resulted in churches and missions shouldering the burden of extending health care to the African population. They pointed out also that only destitute white people and urbanized Africans were eligible for assistance which was very

limited in scope and that could be withdrawn as soon as the concerned individual's status improved.

Social Protection/Security in the Post-Colonial Period

At independence in 1980 according to Kaseke (1998) the government disbanded the discriminatory practices and decentralized its services in a bid to improve accessibility. Social Services/Welfare includes the provision of assistance to destitute members of society, child protection, and care for elderly through institutions and rehabilitation of persons with physical difficulties or challenges. Previously there was according to Kaseke, Gumbo and Dhemba (1998) the contributory social security scheme, namely the Pensions and other Benefits scheme which provided protection against contingencies of old age, invalidity and death.

At independence according to Kaseke (1988) the government continued with most of social security arrangements but in an expanded format which included all races and locations. The new government also recognized the cultural arrangements that shaped social engagements and also made efforts to revamp the pre-colonial practices of informal arrangements. This cultural consideration is evident in the acknowledgement of the contribution of traditional medicine which resulted in the enactment of the Traditional Medical Practitioners Act of 1981 and the incorporation of traditional mid-wives in the health delivery system. This acknowledgement of Indigenous Knowledge Systems gave an alternative of an affordable and accessible health service to various social groupings.

Although informal arrangements as practiced in the traditional African society were being reengineered by the new government however their utility and feasibility was overtaken by events. The country has greatly changed and new challenges brought about. According to Chikova (2011) when the country urbanized new forms of social protection were required as the risk profile changed and the family support was weakened. The movement and colonial policies put in place during the era of colonial rule which thrived on racial subjugation according to Arrighi's (1970) stimulation and strangulation theory left the black majority without land which was their main source of livelihood as they were agro-based. Most peasant and subsistence

farmers were turned into pools of forced labour which received inadequate wages which were later drained by the colonial taxes levied on the natives. These appalling conditions were further strengthened by the new government's reluctance to resettle the landless majority who eked their living out of subsistence farming a situation which gave vulnerabilities created as a result of colonial imbalances breeding space. New policies such as private ownership of property, urbanization, industrialization and agricultural mechanization significantly weakened the ability of the nucleus family and extended families to offer social protection to their orphaned, aged, sick and destitute members.

Social Protection during the Economic Structural Adjustment Program era (ESAP)

Dambisa M, (2009) announces a paradox in terms of development during this era. He postulates that poverty levels increased from 11% to 66% during the period 1970 to 1998. This according to his findings does not tally with the levels of aid given to developing nations Africa included as he points out that during this era huge volumes of aid was channeled to developing nations. His findings coincide with recommendations given by Mutetwa, E and Muchacha, M (2013) that donor aid is not to be strongly relied on. ESAP brought about variations in social service delivery however according to Chikova (2011) the funding mechanism did not change.

ESAP was instituted to stimulate development of poor nations. These development packages were technical ideas given by the World Bank and the International Monetary Fund (IMF) commonly known as the Bretton Woods institutions. ESAP according to Chikova (2011) aimed at improving living standards for the poor, through raising incomes and lowering unemployment via the generation of sustained economic growth. ESAP recommended the removal of subsidies from maize meal and other basic food items and introduced a cost-recovery in education and health services by levying user fees.

Government acknowledged the adverse effects of ESAP and devised ways and means of cushioning the vulnerable groups through the Social Dimensions of Adjustment which through the Social Dimension Fund introduced social safety nets which provided assistance in food expenses and school examinations and health fees. Kaseke et al (1997) point out that these

measures failed to protect the population as they were mainly confined to the urban areas and also was abused by undeserving people as it was difficult for the deserving to access. SDF budgets were underfunded according to Kaseke and delays in disbursing the funds which characterized the programme made it lose value and significance due to inflation and devaluation by the period payments were made.

The Enhanced Social Protection Project

This falls under public assistance and constitutes a number of vulnerability response mechanisms. This had a five-component package which included the Basic Education Assistance Module (BEAM), the Public Works component, Essential Drugs and Medical Supplies component, Children in Especially Difficult Circumstances and the development of a longer term Social Protection Strategy (Chikova 2013). BEAM's main objective is to reduce number of drop outs and to enroll children of school-going age (6-19 years) who haven't been in school due to economic difficulties. It assists primary and secondary children by paying their education fees.

Included in this programme was also the War victims' compensation, Old-age pensions and Occupational pension schemes. The War Victims' Compensation Act [Chapter 11:16] effected in 1980 provides for compensation for injuries caused by the liberation war. This compensation extends to dependents of peoples who died as a result of the war, injuries and death incurred before 1 March 1980 were the only ones covered. Old-age pension were enshrined in the Old Age Pension Act of 1936 which however was laden with racial undertones which according to Clarke (1977) only catered to non-Africans above the age of 60 years. By 1980 anyone who became destitute as a result of old age were considered under this public assistance programme.

Other Social Protection Programmes

Assisted Medical Treatment Orders (AMTO) under the Essential Drugs and Medical Supplies component assisted and continues to assist a lot of people especially orphans and other vulnerable children. An AMTO existed since 1980 and is a fee waiver/voucher issued to indigent persons to assist with their medication. These were redeemable mainly from state owned clinics and hospitals. They were and still managed by the Ministry of Public Service, Labour and Social Welfare. It covers old people over sixty years, orphans and other vulnerable children, those with

chronic illness, the handicapped and other conditions and found deserving by responsible authorities like social workers in the department of social services or medico-social workers stationed in hospitals.

Drought Relief Public Works programmes also helped to enhance the socio-economic status of communities as it provided cash and employment opportunities to the elderly, chronically ill and disabled. Those able bodied were the ones obligated to work or participate in community projects. As highlighted by Kaseke, Gumbo and Dhemba (1998) that social protection provision is a shared responsibility, some social security provisions were administered by Aid Agencies like the Action Aid International which implemented a rural livelihoods programme in Seven districts according to Chikova (2011) which include Bulilima, Mangwe, Shurugwi, Kadoma, Sanyati, Makonde and Nyanga.

The 1998 Orphan-Care Policy

In light of the disturbing results of the HIV and AIDS scourge, the government in 1998 promulgated a package of basic care protection for orphans and other vulnerable children affected and infected by the disease. This prompted the setting up of a multitier approach, the six-tier safety-net system focusing on biological families, nucleus families, extended families, community care, formal foster care, adoption and institutional care. According to Chikova (2011) the main advantage for this was that it was based on legislation and also took a multi-sectoral approach to the challenges, but was criticized mainly for being a top-down approach. The approach alienated and disenfranchised concerned parties from meaningful participation and decision making.

Harmonised Social Cash Transfers

The program put in place in 2011 focuses mainly on labour-constrained households and those which live in abject poverty or households that are found below the food poverty line. This program as highlighted above is not a new phenomenon or does it exist in isolation. It builds up from the previous Public Assistance programmes that existed and continues to exist either being administered by the Government or other stakeholders like NGOs, Local Authority, Community

Based Organizations, Corporate, individuals, or any other stakeholder as pointed out earlier by Kaseke, Gumbo and Dhemba (1998)

Contemporary challenges though it should be acknowledged that they have their roots in the historical past such as residual effects of Colonialism, the ESAP reforms and other conditions brought about by the effects of HIV and AIDS and unstable political environment and the economic meltdown that ravaged Zimbabwe for the past decade has greatly weakened community, households and individual capacities to sustain themselves. A plethora of adverse conditions mentioned above drove people into vulnerabilities. High levels of mal-nutrition and other deprivation due to chronic hunger affected and destabilized communities resulting in death, illnesses, school drop outs and other social ills.

The program is driven by three main objectives placed in levels of improvements namely the Output level which aims at strengthening the households economy in terms of purchasing power to an estimated 300, 000 ultra poor households which are labour constrained. The Outcome level empowers the beneficiaries to increase consumption level dragging above them the food poverty line. This also will help curb child labour and early marriages as cited in the HSCT Manual (2012). At impact level the program targets an increase in consumption of goods and basic services/needs. This program according to the findings of this paper has managed to achieve at least some of its objectives.

Impact of HSCT on Education

Literacy according to the UNDP Report (1996) is one of the factors that can be used to measure the developmental level of a nation, community or individual. Most developing countries are inundated in high illiteracy. This is caused by a lot of problems and factors but chief among them are structural challenges that prohibit human development in terms of education. Zvobgo (1994) highlights that education system allows people to climb the social ladder and attain a living standard that may lift them from poverty and hence change their social, economic or in some point political status. The Harmonised Cash Transfer has greatly improved chances of children attending classes. The HSCT programme is not outrightly meant for educational assistance

because there are programmes meant for that but it should be taken into cognizance that the Basic Education Assistance Module is not enough although it has assisted many but some have slipped through. Those who missed the BEAM programme can be catered to by the HSCT. This is highlighted by a number of such cases in Zvimba where shortfalls of BEAM are being complemented by HSCT for instance Mrs. Rugare's response…

"Ini kwandiri chirongwa ichi chabatsira chose Tichaona akajambwa neBEAM izvezvi kamari katootambira ndookandaaakusngira kuchikoro kwake…" Mrs. Rugare

[In my case the programme is very helpful, Tichaona was not considered for the BEAM assistance but now the money that l get is the one l budget for his school fees.

Siampondo (2012) highlighted that BEAM was not a comprehensive programme that catered for all the requirements of a child in school. BEAM mostly paid school fees and in some instances levies are not catered for. This also leaves a gap in the comprehensive cover of the child's educational needs as the child upon finishing cannot access results if he or she still owes the school levies. This goes down to other important items also like uniforms, books and pens. Previously children could have their fees settled at but without uniforms or books and other school requirements still the circumstances of that child would not change as he or she will be out of class for lack of one or another thing between uniform, books, pen, pencil etc. the HSCT is playing a complementary role as it is addressing gaps left by BEAM. Even school authorities have also noted the improvements as supported by the Mucheri grade 7 teacher Mr. Kufakunesu.

"…the programme has brought vast improvements. BEAM only paid fees but you could notice that a pupil on BEAM would be absent from school mainly because he or she lacked other provisions like pens, books and uniforms but now although they are early stages of the programme attendance has vastly improved…"

The programme also has provided conducive learning circumstances for children in difficult conditions. Chambers (2006) on alternative development where he concurs with other development scholars on ensuring participation of the concerned aid targets or beneficiaries exalts the approach as the terrain of citizens or the third politics. Here the beneficiaries are given much room to contributing to what is of priority to them. Children have highlighted that the

programme was of huge significance to them as it gives them the ability to decide on what to spend their money on rather than guided expenditure where one is ordered to enter a classroom because fees where paid even when it is clear the other requirements are yet to be fulfilled. Presentation and appearance has also been found to be a component of status in society. Erving Goffman's dramaturgy theory clearly explains that people are in a constant struggle to give lasting impressions to those who see them. The HSCT has also uplifted the social status of children in difficult circumstances in terms of appearances. Regarding children and community's participation Janet a Form 2 student at Kawondera Secondary said,

"Iyi programme iri right nekuti unochuza wega zvakakukoshera. Kuchikoro hakuendeke neyuniform yakabvaruka, unonyara. Panouya mari gogo ndovaudza kuti bhutsu neyuniform kuri kuprimary yaa unoenda netsoka but high school manje iiii zviri nani kugara kumba pane kunozvifumura…"

[this programme is better in the sense that you chose your priorities. You cannot go to school in a tattered school uniform, it is shameful. When the money comes l tell granny l need shoes and a uniform, if it was primary level yes l could go on barefoot but this is high school, l would rather stay home than to make myself a laughing stock.]

Hunger according to Manjengwa et al (2012) negatively affects the well-being of people. Well being focuses on whether households or individual are getting enough basics for survival like food, shelter, care and other basic needs. Lack of any brings about malfunctioning in society and reduces productivity and culminates into sadness. In April 2012, a UN Conference, titled "Happiness and Wellbeing: Defining a New Economic Paradigm; endorsed the importance of happiness as an indicator of human development. Improved food provision due to HSCT gave a positive trickle-down effect to education. Vulnerable children's school attendance has vastly improved as they stayed away from class pointing out that it was impossible to pay attention with a rumbling stomach. Many students from vulnerable households attributed their poor results due to hunger as pointed out hunger affected their concentration. Robert a form 3 student at Masiyarwa Secondary said,

"kana uine nzara hapana kuteerera kwaunoita because unenge uchiteerera dumbu and rikarira unosekwa. Mufaro chaipo hapana and maresults achowo anenge ari enzaranzara..."

[If you are hungry you cannot pay attention in class because you will be listening to your stomach and if it rumbles other students will laugh at you. There is no happiness and the results also depict result attained out of hunger.]

The HSCT in Zvimba although it is yet to complete a full cycle on national academic examinations it remains to be seen if it will improve the national pass rate but all conditions points to the HSCT having set good and conducive pre-conditions for takeoff to better results.

Health

Siampondo (2012) postulated that Orphans and other vulnerable children are protected by a cobweb of social protection mechanism. However he highlights these social security mechanisms also has been rendered redundant due to economic conditions prevailing in Zimbabwe which has weakened them. Prior to the advent of Economic Structural Adjustment Programmes instituted in the 1990s and soon after independence health provision was heavily subsidized by the state but with the advent of ESAP a user fee was introduced which coupled with widespread retrenchment rendered a lot of people vulnerable. This also took center stage when the effects of HIV and AIDS were doubling its toll. The Social Dimension Fund meant to serve as safety net was overwhelmed. Health became an expensive commodity. This is still the case in the contemporary Zimbabwean economy. Many people are not affording health services being provided. The government is providing the AMTOs (Assisted Medical Treatment Orders) but just like in the past the service is not only means-tested but is also overwhelmed.

HSCT has also offered an alternative to health care expense provision. Streeten (2009) former director, World Development Institute acknowledged that diseases and ill health in general has a negative impact on the development of a nation and individual. Diseases, ill conditions or sickness occur in various intensity some are spontaneous whereas some sporadic. To those which are sporadic and of minor intensity little resources are needed to treat them. For those who are sustained and chronic usually huge expenditures are encountered. HSCT in its limited form can assist in reacting to minor ill conditions. For major or medical conditions that require sophisticated attention usually got from the capital or neighboring provincial hospitals like Chinhoyi Hospital HSCT has played a complementary role to AMTOs as it helps with transport

expenses for they do not cover transport expenses. HSCT in this regard can help as a stand in for the remotely used Bus and Train Warrants which used to be provided by government and enabled the destitute to travel. From Murombedzi to Chinhoyi bus fare ranges from $1.00 to $3.00 and from Murombedzi to Harare bus fare also ranges from $4.00 to $5.00. It enables people to travel. Commenting on the utility of HSCT the Social Services for Zvimba District has the following remarks,

"…Assuming there are no other intervening expenses HSCT money can be used by the recipients to attend to their medication and in case where they need to travel they can convert the money to pay for their bus fares as our Bus warrants are facing acceptance challenges from these commuter omnibuses which operate the Murombedzi-Chinhoyi or Murombedzi-Harare route. As you can see and aware of as a former insider we do not have a train here…"

HSCT has improved the health of various children under difficult circumstance by ensuring a balanced diet or an improvement on their diet. HSCT have boosted the financial muscle within constrained households. HSCT has improved consumption levels in food deprived households and added an extra meal. According to Manjengwa et al (2012) food deprived households skip meals in order to serve the little they have. This has an effect on their health and nourishment. They can spare and afford to buy extra food from the cash they receive. A remarkable improvement on their health and appearances is starting to be noticed and their social status improving. This has been affirmed by the recipients themselves as noted by Gogo Chihera,

"tisati tatanga kutambira mari idzi taitambura chikafu, taisadya kuseni nemasikati tichimirira manheru pamwe taizomanikidzira masikati kana zviri nani asi kuseni hapana chaidyiwa. Ikezvino taakumbodya katatu makuseni, masikati nemanheru."

[before we started receiving these payouts, we faced food deprivation we did not eat in the morning and afternoon and waited for the evening, but in some instances we could eat in the afternoon when things are a bit better. Now we can afford to eat thrice in the morning, afternoon and evening.

The Community health worker also weighed in by acknowledging the improvements in community health in terms of nutrition. The community is recording a reduction in terms of undernourishment and hunger related diseases. Mrs. Gomba a health officer said,

"we are noticing a change, the health in terms of skin appearances of our previous clients here is changing for the better. The programme is helping in preventing cases of kwashiorkor and other nutrition diseases…"

Clothing and Sanitation

The outcome of a 1998(UNICEF) and 2000(USAID) situational analysis on OVC identified orphaned children as the most vulnerable population in Zimbabwe and among other deprivation clothing and sanitary provision was one big menacing problem. Given the situation of these labor-constrained households most of their income that they manage to get is spent sorely on food. They do not raise much to cater for other provisions besides food. Clothes are an important aspect of a decent livelihood. It also shapes one's status in society. The status of Orphans and other vulnerable children in various societies when deduced through clothing index ranks very low. Besides offering them decency clothes also protect them from harsh weather. HSCT have improved their status as they can now buy some clothing "second hand clothes or used clothes."

*"hembe dzakakosha nekuti kufamba wakashama kunonyadzisa, plus dzinofanira kufambirana neweather. Ini zvaanani manje nekuti patinotambira gogo vanondipa five dollars ndotenga shirt neshort kana trousers. Muna August kuchipisa ndaitopfeka rimwe juzi nekuti ndooraivepo. Ndainzwa kunyara asi ndainge ndajaira hangu…"*said Peter.

[Clothes are important and walking semi-naked is very shameful. The clothes should suit with the weather/conditions prevailing. Myself it's a bit better now because when we get our payments granny gives me five dollars and l buy a shirt, short or a trousers. In August l used to put on a jersey even if it was so hot because it is the one available. I felt shy but l was used to it though.]

National Action Plan for Orphans and Vulnerable Children (2006) has objectives that aim at promoting healthy family and environment, nutrition and hygiene among others. Most OVCs clothing situation is worsened by lack of detergents. Their clothes wear off and tear easily because they are not taken care of adequately. The clothes are washed without detergents and sometimes because of lack of these detergents they see no reason to wash them ending with them torn. HSCT have provided OVCs with some money to purchase detergents such as soap for washing, bathing other toiletries for a better hygiene amongst others. These have positively

impacted on their status now they can take care of their oral health and outside appearance. Charles a beneficiary of HSCT supported this and hailed the programme when he said,

"sipo yaitinetsa taisawana yekusukisa ndiro, hembe nekugeza. Hygiene izvezvi yaanani hembe dzinenge dzakachena, mazino aribhoo mukanwa musinganhuwe…"

[soap was difficult for us to get, be it for washing plates, clothes and bathing. Our hygiene now is better, our clothes will be clean, teeth clean as well and the mouth not stinking.]

Conclusion and Recommendations

The programme has been hailed to be a very helpful programme; it has transformed lives and living standards for the better. Its impacts have good results across the population's categories but for Orphans and vulnerable children it has played a great role in improving their socio-economic status. However the programme in order to improve its effectiveness in turning around socio-economic statuses of the communities in general and OVCs in particular it need to consider (although subject to resource availability) making it a monthly payment than a bi-monthly exercise. Taking into cognoscente the commodities pricing in Zimbabwe which are a bit high it's a toll order in rural areas like Zvimba where prices are even much higher. By the time the next disbursement comes most families will be facing some challenges. It is recommended that effort be made to raise extra resources to improve the timeliness of disbursement so that families and beneficiaries won't be skipping a month without payments just like the now defunct Monthly Payments under Public Assistance.

The programme is characterized by some rigidity although good for security purposes but in terms of effectiveness and efficiency especially at an individual scale it cannot achieve the intended results. The programme stipulates that once a beneficiary doesn't claim his or her money for three consecutive payments the system automatically deletes him or her and no additions can be made. However it is recommended that the system be fine-tuned to be human friendly, for human beings are not machines that can be automated. They get moved around by relatives or by themselves permanently or temporarily in search of different services. It should take into consideration that it deals with vulnerable people some who are chronically ill although some people may collect on their behalf for those who fail to make such arrangements it's a

disaster. A case in point is a woman in Zvimba who was taken by relatives after her illness worsened and upon returning her monies were not collected and deleted from the system. Upon being informed of her deletion the woman collapsed. It is recommended that the programme should be improved to take in additions and subtractions.

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