Save the Children

ZAPP-UZ

The ZAPP-UZ Project - Psychosocial Support for Orphans and Children Exposed to HIV in Chitungwiza

Final Report

November 2014

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ACKNOWLEDGMENTS

The authors, Chenjerai Sisimayi and Thenjiwe Sisimayi wish to express their gratitude to the communities in Chitungwiza who spared their time to share their experiences with the support received from the programme. We are sincerely grateful to the stakeholders, namely Chitungwiza Town Council, City Health Department, Department of Social Services and Church Institutions for their support in the implementation of programme activities that are documented in this report. We are also very much grateful to them for sharing their experiences, wisdom, lessons learned and recommendations for typical future programmes.

Many thanks also to ZAPP-UZ Team, particularly Andrew Saruchera and Vimbainashe Makani who very well coordinated the mobilization of programme beneficiaries and stakeholders for the documentation exercise. We would also like to thank Linile Malunga for her constant support, comprehensive and analytical comments. These were vital in strengthening the quality of this report. Our gratitude also goes to Save the Children Zimbabwe for affording this opportunity to document work of their support in mitigating the impact of HIV and AIDS for the purpose of sharing their fine work with other like-minded stakeholders.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
EGPAF	Elizabeth Glaser Paediatric Fund
HIV	Human Immunovirus
M & E	Monitoring and Evaluation
MoESAC	Ministry of Education, Sports, Art and Culture
MoHCC	Ministry ofHealth and Child Care
NAP	National Action Plan
OI	Opportunistic Infections
OVC	Orphaned and Vulnerable Children
PMTCT	Prevention of Mother to Child Transmission
PSS	Psychosocial Support
REPSSI	Regional Psychosocial Support Initiative
SCZ	Save the Children Zimbabwe
UNICEF	United Nations Children Fund
WHO	World Health Organisation
ZAPP- UZ	Zimbabwe AIDS Prevention Project- University of Zimbabwe
ZNASP	Zimbabwe National AIDS Strategic Plan

1. Introduction and Background

1.1 Introduction

The Save the Children Zimbabwe (SCZ) and Zimbabwe AIDS Prevention Project-University of Zimbabwe (ZAPP-UZ) partnership (2004 – 2014) was anchored on raising awareness on PMTCT ,promoting and providing psychosocial support services and training for infected pregnant and lactating mothers, their spouses/partners and children within broader efforts to prevent mother to child transmission (PMTCT) of HIV. The partnership, which extended to local actors such as Community Advisory Board, strategic partners such as line ministries and local council as well as other development partners, collaboratively sought to facilitate an increase in access to Psychosocial Support (PSS) services by Orphans and other Vulnerable Children (OVC), as well improve survival of HIV infected children through follow-up for care and treatment under the PMTCT programme.

The specific objectives of the programme were:

- To create an enabling environment for increased access to PMTCT services.
- Increase in the proportion of OVC affected and infected by HIV and AIDS accessing psychosocial support among the 0-18-especially 0-5 years

The expected results were:

- Increased awareness on PMTCT in Chitungwiza
- Increased proportion of OVC-under 5s accessing PSS in established PSS/ECD centers
- Reduced rate of infection among HIV exposed infants.
- Increased proportion of HIV positive clients being referred to the OI/ART programme

1.2 Project Rationale

The PSS component of the project herein referred to as the ZAPP-UZ Project was established in 2004, largely due to a realisation of a significantly emerging effect of a protracted highly prevalent HIV epidemic that was compounded by high levels of morbidity and mortality amongst patients and widespread poverty in communities of Zimbabwe including Chitungwiza.

The majority of HIV+ patients, during the late 90s and the years preceding and during project inception were intermittently falling bedridden, during the progression of their illness and families were shouldering a huge burden of caring for their loved ones. Families, including children, suffered multiple losses due to the deaths of loved ones as well as loss of income and/or social capital as the majority of those who died were fending for these households. HIV related deaths rose to an average of 3,000 a week whilst the number of children who were either orphaned or vulnerable peaked to 1,6 million in a population of 12.5 million[1].

Although national level efforts to respond to the epidemic had noticeably progressed by the time of project inception, the results were yet to be realized due short implementation period. Of particular note and directly linked to the project was the National PMTCT programme which was rolled out in 1999. Chitungwiza was one of the five pilot sites that was set-up nationally and the experiences and lessons learnt in managing the efforts to prevent HIV transmission from mothers to the children was pivotal in the establishment of the ZAPP-UZ Project. The project was seen as a strategic entry point to address the fourth prong of the WHO Four Prongs of PMTCT National Programmes - the community level mobilization, care, support and follow-up.

The programme was implemented within a context in which the country was yet to cope with the devastating effects of HIV and AIDS at individual, family and community level. Families were experiencing prolonged illnesses of HIV infected family members who died over time. Children living in such households faced multiple HIV-related stressors including illness and death of parents and caregivers, stigma and discrimination, isolation, loss of a home, worsening poverty, and separation from siblings.

During this time, there was limited focus on the psychosocial wellbeing of children infected or affected with HIV. Bereavement counseling for children was extremely minimal and in many instances children had no opportunity to witness the burial of their loved ones and were often provided with information that their dead loved ones were going to come back at some point in time. Focus was on addressing the physical needs such as nutrition. ART was mainly available to adults. Pediatric ART was available on extremely thin coverage.

[1] Zimbabwe National HIV and AIDS Estimates, 2000

This programme noted the importance and need for PSS for such children, as this was essential for their psychological and emotional wellbeing, as well as their physical and mental development. These children needed additional, specific psychosocial support having experienced the devastating effects of HIV and AIDS and were not receiving necessary caregiver support. HIV and AIDS exposed the children to multiple traumas such as the illness and death of parents, stigma and discrimination, isolation and loneliness, and lack of adult support and guidance, poverty, neglect and abuse all of which are known to affect children's psychosocial wellbeing.

The programme therefore sought to provide PSS to OVC and their families and to build their resilience. It tried to support the families to provide for children's physical, economic, educational, health and social needs. It was also integrated into existing community support mechanisms, non-formal pre-school system, social services and health services.

In general, the key obtaining lessons and driving factors for establishing the PSS OVC component were that:

1) Children who were either exposed to HIV or were orphaned had significant psychosocial support needs due to the trauma of witnessing the illnesses of their parents/guardians and also most often the grief accompanying their multiple losses
2) The provision of psychosocial support services (PSS) for HIV infected and affected children below 5 years was not always prioritized within the PMTCT program,
3) Keeping HIV exposed infants in follow up for the provision of care and treatment following PMTCT interventions was critical for the survival of the children and
4) Loss to follow up and retention in care of HIV exposed infants remained a major challenge within the PMTCT program.

The partnership's response was an initiative that was deeply anchored on the support of the community and existing structures to offer basic Psychosocial Support Services through community based play centres manned by beneficiaries of the PMTCT Programme. From inception, the dual effect of leveraging on the national programme and also the initiative complementing the national level efforts were anticipated.

Figure 1 below indicates the rollout and implementation timeline for the ZAPP-UZ Project. Whilst additional reference to this timeline is provided in latter sections, some key events to note include the linkage of the initiative to the national PMTCT programme which was rolled out in 1999 as well as the evolution of the national programme's strategy to strengthen the community component - the fourth prong in the PMTCT response. The program received direct complementary support from UNICEF under the National Action Plan for OVC (Phase II) through Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), who have been the lead agency in the clinical component of the PMTCT programme.

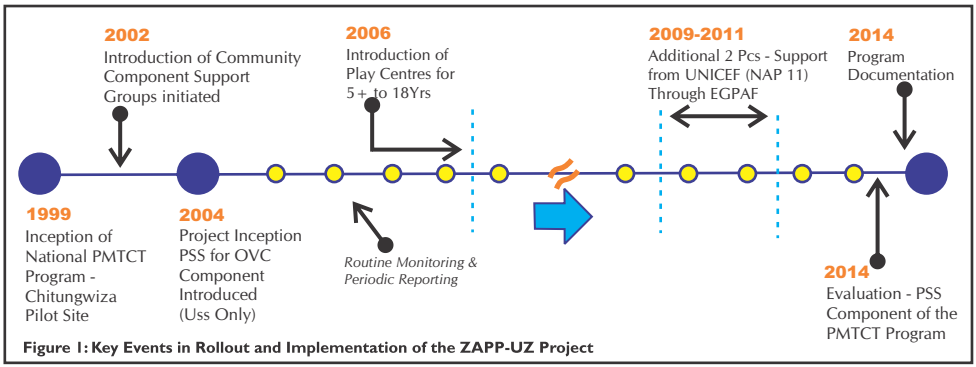


Figure 1: Key Events in Rollout and Implementation of the ZAPP-UZ Project

2. Conceptual Framework

The program's Conceptual Framework has been re-constructed based on the logical theory of change drawn from the objectives, programme strategy and stakeholder's perceptions of expected changes. Like other development programmes, the intervention was anticipated to realize results at different stages across a results chain. More specifically it was the expectation of the stakeholders from inception that the provision of Inputs such as finances for meetings and travel; and human resources (managers, child minders), the project would be able to undertake such Processes/Activities as the play centres, support group meetings and supervision visits. At the immediate level of results (Outputs), increased access to the play centres and therapeutic services for targeted children would be witnessed whilst guardians would be relieved of the burden of caring of these children and have an opportunity to engage in some economic activities. The medium and long-term term results (Outcomes and Impact) include the improved psychosocial wellbeing of both children and guardians and equitable access to social services such as education and health in the community.

Further inquiry unpacks the black box that masks the complex dynamics underlying the expected transition from inputs to outcomes and impacts. Fig 1 below shows that a number of factors are anticipated to influence the transition to the end results and these include i) Intervention Design Factors, Immediate Effects of the Intervention, Mediating Processes and Contextual Factors. In the diagram, factors to the left have a direct influence on aspects immediately to their right, and either a direct or indirect effect on aspects further to the right, including on impact.

Contextual factors independently, and/or concurrently influence the factors, the performance, and the impact. These include, but are not limited to factors like: **Health System/Social Protection System Context; Community Context** (Social Networks, Gender Norms, Cultural Practices, Beliefs); **Political Context** (Type and Status of Polity, Security); **and Other** (Legal System, Other Sectors, Economy).

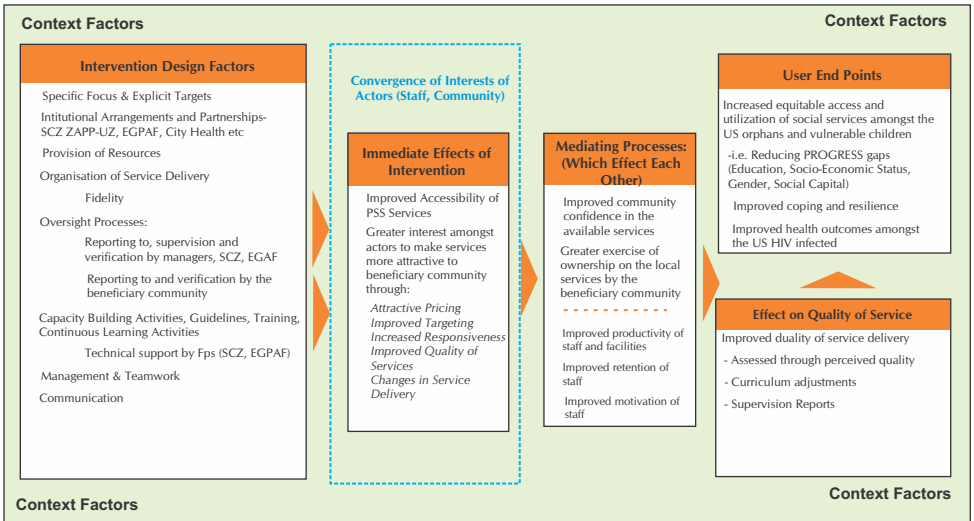


Figure 2: The ZAPP-UZ Project Conceptual Framework

3. Logic of Enquiry and Methods

The realisation of the outcomes of interest indicates the possible effectiveness of the program. However, it is only through validating Programme Impact Pathways (PIPs) that we can have some degree of confidence in the contribution of the programme to these results. A logical start point for the enquiry was therefore to establish the status of the outcomes of interest (last two boxes) and then assess the extent to which the factors on the left influence the realisation of the results. This was to a large extent validating the conceptual framework and enabling the documentation of the processes that may have led to the outcomes.

The enquiry adopted a process evaluation approach that applied a retrospective study design, which was principally qualitative in nature. Primary data was obtained directly from the programme beneficiaries (OVC and Caregivers, implementers (ZAPP-UZ), strategic partners e.g. Ministry of Education, Sports and Culture (MoESAC,) Ministry of Health and Child Care (MoHCC) and City Health Department; and technical partners (SCZ, EGPAF). Secondary data was obtained from ZAPP-UZ and SCZ programme and progress reports. The process of the enquiry was therefore anchored on seeking to unpack the actual processes and contributory factors leading to the success of the programme towards the results achieved so far. The combination of document review and primary collection of qualitative data allowed for the use of a mixed methods research design. However, the absence of an electronic data repository of beneficiary details and contacts was a significant limitation to the robust application of a sequential mixed methods design.

4.Findings

4.1 Current Status of Outcomes of Interest

The effectiveness of the programme was assessed at four levels relating to children themselves, their households, the community and the system. Within each level, specific outcomes were noted as outlined below.

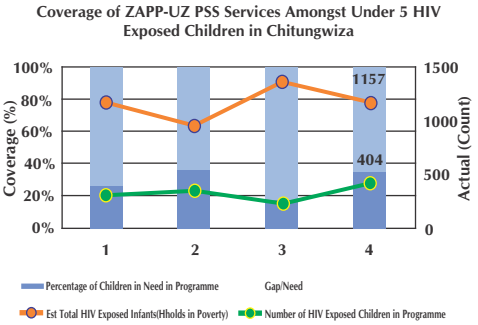
4.1.1 Child Level Outcomes

4.1.1.1 Access to PSS Services

A critical change that was envisaged from design was an improvement in the levels of access to Psychosocial Support services amongst the target group. More specifically, the programme anticipated an increase in the proportions of OVC who had access to PSS services. In-depth discussions with stakeholders provided the indication an apparent gap in the cycle of support that was being provided to these children either directly targeting them or their households. Most support came in the form of material items, which included food and educational materials for the older children. However, the emotional and psychological trauma associated with caring for an ill parent or relative, and the multiple losses that were experienced by the children was often neglected.

Assuming that the absence of this programme or similar intervention is itself a counterfactual at the very basic level, it can be noted that the programme enabled contact to PSS services for at least a third of eligible children on average

annually. The modeled estimates of need and the actual coverage were computed for HIV exposed infants, orphans in households with poverty and the combined as shown in the Figure 3 below.



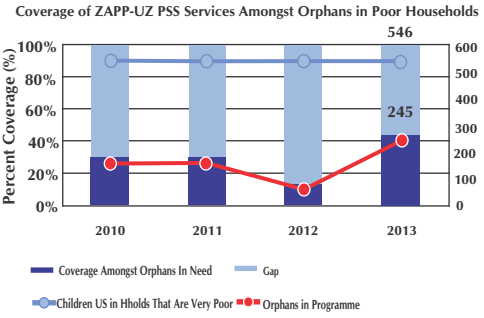


Figure 3: Coverage of PSS Services

4.1.1.3 Stigma in Society and In Schools

Children who are exposed to HIV and those who are orphans do not feel stigmatized for being in their circumstances. With the exception of isolated cases, children and guardians interviewed in this review strongly felt the community and school environment has vastly improved over the years in as far as respect and acceptance of children in such circumstances are concerned.

"My father died in 2007, at first I used to think he will come back but later when I came to Utano I learnt that he wont come back at all and there were many other children whose fathers have died" Kunashe, 8 years old.

"I would like to come here everyday to play with my friends", Tapiwa, 5 years old, Triniity Church

"ZAPP helped me a lot, this is my second child to benefit from the play centre. The first one graduated and is now in primary school. I could never have afforded pre-school for them. Today they are not different from other children in the community". Parent

"I did not have an ID, The ZAPP programme enabled me to obtain one so that I could actually get birth certificate for my child. So I think the need to get my child to enrol here facilitated a significant development in my life. The child minders here play a crucial role. Parent

4.1.1.4 Coping and Resilience

The children's psychosocial coping skills and resilience were very commendable. Older children who were interviewed demonstrated high levels of confidence in describing their experiences with the effects of HIV in their lives and how the participating in the programme helped them

overcome them. Children were able to openly narrate the depressing events they went through in their lives. Using the PRA "The way I want it to be" and the "My Life Now" children were able to express their future hopes while relating their current experiences to the similarities they observe in other children whom they identify with. Some children were able to sing some songs that encourage resilience and others cited poems discouraging stigma towards children orphaned and made vulnerable by HIV and Poverty. The primary caregivers of the children across all sites confirmed that they observed significant positive changes in the levels of emotional coping among their children once they enrolled into the play centres.

The following provides a list of the key competencies of the children on graduation. *Remember to recite poems and sing along common tunes; Communication through narrating stories and counting as they play games; Interact well with each other and share toys; Can identify different parts of their bodies; Can identify different colours; Aware of basic hygiene, like hand washing after use of toilet and before eating; Preparedness for formal school education and Can follow instructions from child minders.*

4.1.1.5 Access to Heath Care and Treatment

The target children have similar opportunities of accessing health care for presenting common illnesses to those who are either well-off, non-exposed to HIV and/or the non-orphans.

Although it is difficult to ascertain the levels of equity in access to health services in the absence of survey data, respondents provided a strong indication that the children targeted by this project do not typically define a particular sub-group that is regarded as having relatively unequal opportunities to access treatment and care. Whilst there may be found across the different domains that contribute to inequity: PROGRESS - Place of stay (i.e. those who stay far), Race, Occupation, Gender, Religion, Education, Socio-Economic Status and Social Capital; the children beneficiaries were confirmed to be having similar likelihood as other children in or outside their categories in terms of accessing health care.

Figure 4: The PROGRESS Framework for Assessing Equity (Jennifer O'Neill etal)

4.1.2 Household Level Outcomes

4.1.2.1 Guardian's Emotional Wellbeing

Primary caregivers of supported children professed an increased sense of emotional wellbeing, which they indicated that it is mainly linked to the support they have received from participating in the programme. They were exposed to supportive counseling during the time they enrolled into the PMTCT programme. Through the support groups, they also learnt a lot of life changing things, which also facilitated acceptance of their HIV status. Those with HIV exposed children who did not transmit to their babies were particularly happy and attributed this to the ZAPP-UZ programme. They indicated that ZAPP-UZ further helped them gain some emotional wellbeing by extending their care and support to their children who are happy and not different from other children through the play centres.

Grandmothers and those who were fostering the orphaned children indicated that the meetings and follow-ups done by the counselors gave them hope and helped them cope with the devastating effects of HIV and troubles it left on its wake.

4.1.2.2 Guardian's Participation in Economic Activities

The households from which the children come from are generally poor and poverty stricken. In other circumstances they are also labour constraint. Their immediate livelihood option is to engage in petty trade involving buying and selling. The PSS play centre afforded these parents sometime to undertake these activities during the

time they will be at school. They also do not have to worry about the children's safety as the centres protect the children from possible harm and abuse that they may be exposed to if they were left at home alone or with neighbours. Although the parents and guardians still complained about the economic hardships, they felt somehow they were able to engage in economic activities that helped them to survive although they could do more.

4.1.3 Community Level Outcomes

At community level, the programme brought some improvements in equity in access to education and health care. The poor orphans and children exposed to and infected with HIV have had a platform to leverage on and access education and health care services through participation in this programme. Although the number of children assisted may be perceived to be a small fraction relative to the number of children in need in Chitungwiza, the programme was able to assist those that it managed to reach in view of the available resources.

4.1.4 System Level Outcomes

4.1.4.1 Continuum of Care

The continuum of care from the health institution to the community has significantly improved over the past years, particularly for follow-ups, care and support. One of the documented major challenges to the success of PMTCT programme is Loss to follow up and retention in care of HIV exposed infants. This programme sought to strengthen the continuum of care from health institutions rolling out and managing PMTCT programme to the community. Mothers who enrolled into the programme could be tracked through follow-ups to ensure adherence to treatment and psychosocial well being through the support groups. This also provided a platform for following up on infants born to HIV infected mothers to ensure their survival.

4.1.4.2 Clinical Heath Outcomes for Children

By keeping HIV exposed and infected infants in follow up setting facilitated by the play centres, the programme enabled for the provision of care and treatment for the children and eventually contributed to their survival. This also contributed to the current health outcome of the children. All children interviewed were physically fit without any clinically visible signs of illness, playful and jovial.

4.2 Factors Influencing Performance

4.2.1 Program Design Factors

4.2.1.1 Institutional Arrangements (Partnerships and Collaborations)

The programme was well designed to complement other existing programmes that sought to address the OVC and HIV & AIDS problem in the country. It was also aligned with the priority areas for intervention as stipulated in the NAP for OVC, ZNASP and Health Policy. It drew its strength in the formation of partnerships and collaborations with institutions with experience in HIV programming and provision of relevant technical support.

4.2.1.2 Targeting

The programme's targeting of beneficiaries justified its relevance. Children exposed to HIV were the primary beneficiaries as well as those orphaned and made vulnerable by HIV. The enrolment criteria, was entirely informed by the contextual background of the children, in which generally, provision of psychosocial support services (PSS) for HIV infected and affected children below 5 years was not always prioritized especially within the PMTCT program. As such a strict enrolment criteria ensured the programme's targeting efficiency and effectiveness.

4.2.1.3 The Product Offering

The PSS Play centres have a well-defined product that they deliver over a stipulated timeframe. First, the school hours and location of the centres allow for easy access by target group. Beneficiaries do

not incur any expenses relating to travel to reach the play centres. Second, the content of what children are taught and exposed to include the basics that enable management of trauma and cognitive development (poem recitals, play, group interaction with other children with similar challenges). It was noted to be age-appropriate.

There is a general perception among all the interviewed participants that both the community and other children somehow stigmatize children who do not attend pre-school. Such stigma arises from the general realization that children must go to school. However this stigma normally arises without necessarily contextualizing the circumstances of each child and as a result, those children who do not attend pre-school may feel different from other children. This programme provided the beneficiaries opportunity to escape such stigma. They were able to learn the basic skills as does other children in other centres, go to "school", wore similar uniforms and also graduate PSS play-centres.

The programme recognized that families and communities are best placed to provide psychosocial support to their children. It therefore designed the interventions to work through families to keep children in supportive and caring environments and to strengthen families' abilities to meet a range of children's needs. For example, by obtaining the child minders from the community where children were found, created convenience and time for children to be at the PSS centres and caregivers could use the time to conduct economic activities that can contribute to household income and protect children from possible neglect and abuse. The PSS centres became safe places for young children.

The play centres are noted to have provided a platform for case identification, referral and management of health conditions amongst the children. In addition to access to HIV treatment and continued adherence support, the children in the play centres were provided with access to health care and treatment for other possible childhood illnesses through the annual health assessments

facilitated by the programme.The play centre offered the children a platform for case identification and immediate referral and treatment as necessary. According to the primary caregivers, some of the illnesses would possibly go unnoticed or untreated if the health assessments were not done as they could not afford to pay for the consultation fees and medications as may be prescribed.

4.2.1.4 Capacity Building

The Child Minders were knowledgeable of their roles and responsibilities in the provision of care and support to the children as well as in the management of the play centres. All the child minders were trained on how to provide PSS to OVC and Play by REPSSI and SCZ. This combination of capacity building logically supports a therapeutic platform.

Both the Save The Children Zimbabwe PSS training curriculum and the REPSSI training covered the following core topics:

- Psychosocial Support for children including play therapy
- Child development and basic needs of children
- Basic facts about HIV and AIDS including PMTCT
- Child rights responsibilities; child abuse and child protection
- Communication and basic counseling
- Basic infant and young child feeding counseling
- Loss, grief and the Memory Work/Box
- Community follow up, conducting a home visit and referral
- Nutrition, growth monitoring and immunization

The above training components are noted to have been very much aligned to the roles of the Child Minders as indicated below:

- Promote child development through play
- Sensitization of communities on child health, child rights and child abuse
- Basic counseling of parents/guardians
- Identification of treatment defaulters using registers
- Follow up of defaulters and appropriate referrals for health and other social services
- Actively participate in child protection committees within the community

The training elements that were commonly regarded as having been useful by the Child Minders were the aspects on communicating and counseling children, particularly on sensitive subject matters, as well as the application of play techniques. The latter was re-enforced through the REPSSI training and the learning visits that were undertaken.

4.2.1.5 Supportive Supervision

The regular presence of the ZAPP-UZ team and occasionally from the other stakeholders such as SCZ and EGPAF was seen to have enhanced the perception of importance of the program and its benefits. Respondents felt this in a way contributed to continuation of processes despite the low levels of funding that the project had. Despite the ongoing support, there is no clear framework for quality assurance and improvement mechanisms. It appears, the program did not place a strong emphasis on quality of both processes and outcomes.

4.2.1.6 Resources

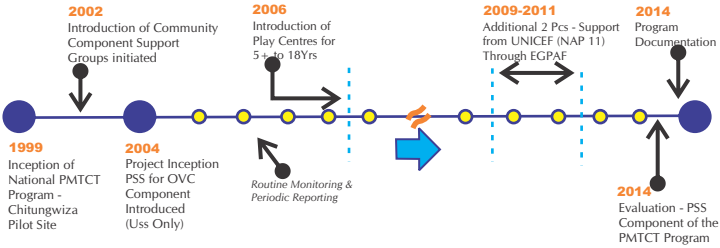
The funds that were provided facilitated the setup of play centres, operationalized the activities as well as incentivized the teams working on the project. However, the unavailability of adequate resources are also linked to the limitations of the program effectiveness particularly coverage

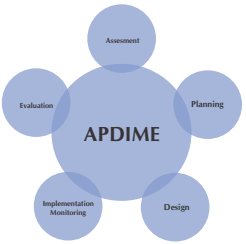
4.2.1.7 Fidelity

Compliance to project cycle management norms, agreed implementation strategy and work plans is evidently reasonably high. This facilitated partner cooperation, community acceptance, and changes in implementation strategies due to reviews. In addition, as a link to the M&E in the Project Cycle there is some evidence of adaptive learning as indicated by the changes to incorporate the children older than 5 years.

There is also some evidence to suggest good compliance to recommended project management norms in the rollout and implementation of this project as indicated in Figure 5 below.

Program Timeline - Key Events





1 Assessment
The experiences, feedback from program participants, and reviews in the early stages of the PMTCT Program collectively contributed to the assessment of need.

2 **Planning**
Project reports and inception meetings provide clear evidence of clarity in focus and set goals as well as the stakeholders contributing to the program. A strategic framework was set though somewhat not in a systematically structured manner such as LogFrames

3 **Design**
The project consistently made use of Work Plans as a means of putting the Plans into Action. These plans are well documented and were evidently used in the review of progress as they were referenced in the reports and progress meetings.

4 **Implementation & Monitoring**
The project was implemented generally in line with the strategic framework. Though not systematically structured there is evidence of periodic reviews and adaptive learning as indicated bu the shift to now include the older age groups in response to the emerging need.

5 **Evaluation**
Reviews were conducted on a somehat less formal and technically robust manner with the exception of the recent 2014 evaluation. Whilst the culture of learning appears to have been there, the informal approach to the reviews presented a risk of missing key performance issues that required review

4.2.2 Mediating Processes

4.2.2.1 Interests and Motivation of Actors

The volunteer approach in the recruitment of child minders aided by skills building and ongoing supportive supervision were instrumental in motivating the child minders to continue providing services. The minders are driven by a conviction of the importance of the cause and that itself is propelling the continuation of the programme and advocacy at community level.

Child minders were generally motivated and passionate with providing their services on voluntary basis. Although the programme also incentivized them, the interviewed child minders indicated that the incentives were not adequate enough to significantly influence them to stay in the programme.Their passion for child protection is bigger than

the incentives. Other key informants also concurred with the child-minders' assertions arguing that they are doing this in the true spirit of volunteerism. The arrangement of being at the play centres for three half-days per week actually provided an enabling environment for the child minders to passionately volunteer their time and services and balance their time to adequately undertake other personal life responsibilities. The volunteers indicated that doing this work gives them a sense of fulfillment and recognition for the good they do.

"It is the feeling of gratification that keeps u wanting to do more for these children, they need this support and we see it…it makes a difference…" Child Minder

4.2.2.2 Cooperation of Stakeholders

The cooperation of critical stakeholders such as City Health Department, Department of Social Services, Primary Education and Churches also positively influenced the performance of the programme. Community ownership was noted to be high largely due to the involvement of the community cadre (child minders), community structures such as the churches and active engagement with the users of the service - the guardians.

4.2.3 Contextual Factors

1. Program relevance due to an evidently prevailing problem- Protracted high prevalence of orphanhood due to HIV related deaths - fosters cooperation of the affected and other stakeholders
2. Changing landscape in the burden of the disease and access to treatment. There has been a significant increase in individuals accessing ART and a decline in bedridden clients as well as prevalence rates (See Fig 6 below)
3. Strengthened national response mechanisms for HIV Prevention and Child Protection. The communities increased awareness of HIV nationwide in itself may have contributed to the reductions in stigma and discrimination against the HIV exposed children and orphans.
4. Poverty - Despite the positive signs of recovery in the past years, Zimbabwe continues to experience high prevalence of poverty in both urban and rural communities. The financial barriers to accessing social services including education and health are affecting most households including those of the target children. As such, this presents a risk of reversing the gains in outcomes relating to access to these services but more so, the psychological wellbeing outcomes.
5. Religion - Chitungwiza is a highly religious society and the partnership with the churches is also seen to have greatly influenced the acceptance and ownership of the initiative.

4.3 Key Lessons Learnt

Several lessons were learnt during the implementation of the programme. However, five major lessons are reflective of the overall key domains of insights attained during the period.

A Need Based/Demand Led Response Attracts Cooperation

The relevance of this intervention in light of the prevailing problem resonates across all stakeholders interviewed in this inquiry. Of particular note, the levels of community acceptance and participation in both shaping the response and utilizing the service were noted to have largely emanated from communal acknowledgement of the need.

A Framework to Manage Assumptions Applied During Design Is Essential - The lack of cooperation by the owners of one of the church centres is highlighted as a key crisis point during the implementation period. The main reasons noted were that there had been a change in management from the owners' side (staff turnover). This, like other somewhat similar challenges encountered were noted to be avoidable should there have a documented contractual or cooperative framework which stipulated the expectations of parties and the terms and condition of use of facility. In addition, the risk had not be forecasted, assessed and planned for mitigation.

Plan for Exit From Very Beginning!!

Frantic efforts are currently being placed to initiate and rollout mechanisms that may facilitate the continuation of both the services and benefits beyond the direct external support (Save the Children and ZAPP-UZ Partnership). In the absence of having had this discussion with stakeholders from the onset and in view of the limited timeframe to implement the sustainability initiatives risk being inappropriate, inefficient and ineffective. Having discourse around this matter was largely felt by the project team as essential to prepare the beneficiaries, particularly manage the dependency issues, but also get adequate input to design and test the exit strategy.

Measuring Project Results Is As Important as Working For Them - The Project shows good efforts to assess progress and put in place corrective measure as exemplified by the consistency in progress reporting and decisions such as the widening of the target age group. However, it is commonly agreed across the various stakeholders that the projects' Monitoring and Evaluation was not as systematic and structured as typically anticipated in development programmes. For example, the project did not have a Baseline to comprehensively provide a picture of the need and gaps on inception and also did not have a Beneficiary Database, which would have been very useful in view of the nature of the project. It is prudent to hastily mention that the whole concept of M&E has been evolving in past decade and very few organisations were having robust systems in place.This therefore can be viewed as an essential to have add-on in any replication or scale-up of the programme.

4.4 Key Considerations Moving Forward

The project design components aided by operational processes such as ongoing stakeholder involvement, process review have enabled the realisation of results primarily at the individual child and household level.The community recognizes itself with the initiative and the benefits. The program has potential for sustenance if a clear framework for continuation and seed capital is initiated. Resources have a significant impact on the scale of operations.

The program's focus on quality is either unclear or weak. The program's responsiveness to changing patterns and need may have been affected by inadequate M&E - the magnitude of the problem and share of reach were unclear amongst respondents.

The following recommendations are hereby proffered to the Save the Children and ZAPP-UZ teams to consider in the refinement of the initiative.

1. Consider developing a Sustainability Framework anchored on greater community participation in managing the processes and supported by an initial seed capital for income generation. It is essential that an exit strategy be developed at inception and mechanisms to foster ownership and interest for continuation through participation, cost sharing, and income generation be initiated in the early stages of the program.
2. Institutionalize Project Management Tools such as the LogFrame and Risk Mitigation Strategy Matrices to better manage assumptions used during the design and rollout of the program.

3. Institute quality improvement mechanisms with a clear focus on PSS processes undertaken at the play centres and the anticipated results. These could involve refresher capacity building initiatives, structured quality supervision checks and designed quality improvement processes. This may entail benchmarking and comparison across centres, troubleshooting/problem analysis and accompanying action plans.

4. Ongoing support and financing is an option but should have a focus on i) reaching out to increasing reach, particularly the "missed children", and ii) quality. It is highly recommended to consider a Community Performance Based Financing Model to support each of the centres. The mechanism, which essentially would be a pay for service (e.g. children attended to in a given reference period) mechanism will not only facilitate innovative measures to reach out to as many eligible children but also facilitate autonomy (and greater community ownership), improved competition and quality of services.

5. It is imperative to initiate mechanisms for systematic and structured measurement of progress and results, should the initiative be scaled or replicated. In particular, an M&E Framework with a clear results chain, indicators, data collection tools, processing systems and a reporting format is an absolute minimum to ensure effective tracking of performance. The culture of adaptive learning and general responsiveness to review findings should be maintained and nurtured across all levels including stakeholders and child minders.

Orphan psychosocial Support for Orphans
Expecting HIV in Chitungwiza

Project Beneficiaries

PHOTO GALLERY