

Sida Support to Catholic Development Commission Orphan Care Programme (CADEC) in Zimbabwe

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Department for Africa

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Sida Evaluation 03/23

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List of Abbreviations

AGM	–	Annual General Meeting
AIDS	–	Acquired Immune Deficiency Syndrome
CABA	–	Children Affected By AIDS
CADEC	–	Catholic Development Commission
FGD	–	Focus Group Discussion
GoZ	–	Government of Zimbabwe
HIV	–	Human Immune Various
NGO	–	Non-Governmental Organization
OVC	–	Orphans and Vulnerable Children
STI	–	Sexually Transmitted Infection
ZESA	–	Zimbabwe Electricity Supply Authority

Executive Summary

The Catholic Development Commission (CADEC) Masvingo was formed in 1999 and has been involved in the implementation of various programs that include home based care, community orphan care, water and sanitation, gender, poverty alleviation, skills training and supplementary feeding. In January, 2002 the Swedish Embassy entered into a one-year agreement with CADEC Masvingo to support its community orphan care program. Sida's financial commitment in this contract was Z\$4 million.

The overall objective of the community orphan care program is *“To improve the psychological, social and economic security of orphaned children in Masvingo district through instituting sustainable linkages that integrate these children with support services”*. The program includes activities designed to economically strengthen households living with orphans, increase access of orphans to education through payment of school fees, provision of psychosocial support, life skills training and strengthening of household food security. As the project is getting to an end, Sida commissioned an evaluation to assess its impact.

Multiple methods were used to collect data needed to answer the evaluation questions. The methods of data collection used were review of relevant organizational documents; individual in-depth interviews; Focus Group Discussions (FGDs); and observations of program activities.

The evaluation revealed that the orphan care project fits in well with the organization's vision, mission and goal. However, the organogram of CADEC is not very clear in terms of reporting structures especially as it relates to the ex-officio member and the project coordinator. The board is composed of persons who are appointed by the bishop. The developmental aspects and people covered by CADEC include non Catholics, however the non Catholic constituency is not represented in the board thus reducing accountability of the board to its overall constituency.

The orphan care project has a local community structure (chief's committee) that looks at the interests of orphans and channels issues to CADEC. The chief's committee is not a structure that is common in all the orphan care project's catchment areas. There does not seem to be clear separation of powers between the chief's committee and volunteers care facilitators. Orphans are not represented on both the chief's committee and the local committee whichever exists in the area. It is important to have an orphan committee to ensure that orphans' needs are fully represented in the program.

There are limited skills in strategic planning and participatory monitoring and evaluation within the organization. There are indications that reporting and documentation skills though limited are improving. This is demonstrated by the production of a newsletter. There is some skill in the project on psychosocial support.

CADEC has gone through a strategic planning process which resulted in the production of a workshop report, a strategic corporate plan has not yet been made. There is need for CADEC to develop a corporate plan which includes the orphan care program.

The purchasing system in CADEC does not appear to be cost effective. The principle of having 3 quotations before purchasing of items is not being followed. There is no finance procedures manual to provide guidance on financial management and purchasing. It is encouraging that CADEC is developing a finance procedures manual which will include purchasing procedures, stock records and distribution. The finance officer could have more grip on the finance issues of the project and use project budget as a finance management control tool.

Funds obtained from Sida have been used according to the budget although there are some budget items which have already been overdrawn. The budget did not allow for inflation adjustment irrespective of the fact that in Zimbabwe inflation continues to increase. There could be consideration to have inflation inbuilt in CADEC's future budgets especially given the high rate of inflation in Zimbabwe at the moment.

CADEC volunteer management practices are quite poor. The orphan care volunteers are not given any uniforms or any form of identification. Stress management for the volunteers has not been optimum. CADEC could consider providing Tee-shirts and budget to the orphan care volunteers. Ventilation sessions and counseling could be provided to the orphan care volunteers as a way of addressing burnouts.

Overall, the orphan care program has implemented activities that it had planned to implement at the beginning of the Sida-CADEC Masvingo partnership. Various people in the program's catchment area have received training in psychosocial support including orphans. The program has substantially contributed to the well-being of the orphans especially in terms of payment of school fees and supply of food stuffs, agricultural inputs and medication. What leaves a lot to be desired is the absence of control systems to monitor the distribution of the various commodities.

The community members including orphans were marginally involved in the design of the project. Orphans were simply perceived as passive beneficiaries who are not in any way involved in the identification and prioritization of their needs. The only population sub-group that seems to be fully involved with the project are community leaders like chiefs, councilors and kraal heads. Limited community involvement compromises community ownership of the program and militates against project sustainability.

It should be however, appreciated that at all community meetings, local community leaders always give community education regarding the way in which orphans should be treated – they should be treated like any other children. Anecdotal evidence shows that these educational sessions have gone a long way in addressing the issue of stigma, especially for AIDS orphans.

There are indications that if community members are effectively mobilized and informed about a project before it is introduced, they will be willing to participate. This is demonstrated by the willingness of households to contribute Z\$2 to assist in the implementation of the out of school youth project.

The community, through the local leadership, has started what is called Zunde raMambo, that is a communal field under the custodian of the chief where all community members contribute their labour and the produce is given to orphans or any other vulnerable members of the community.

The program seems to focus on the physical needs of orphans like payment of school fees, supplying food stuffs at the expense of the psychosocial support that the orphans need. The project has attempted to address this by having orphan care facilitators who are supposed to visit households with orphans and playing the role of parents. However, may be due to problems of burnout, orphan care facilitators have not been able to visit all households with orphans, especially the child-headed households.

Although the implementation period for the CADEC Masvingo community orphan care project financially supported by Sida has been rather short, the program has managed to make a difference to the lives of the orphans in its catchment area.

The evaluation team is of the opinion that Sida continues funding the project for one more year so that the project can be consolidated. It is recommended that the project seriously considers implementation of the recommendations proposed in this report.

1 Introduction

1.1 Introduktion

Sida has provided support to Catholic Development Commission (CADEC) Masvingo as from January 2002. CADEC is an arm of the Catholic Church which deals with community based work in terms of social welfare and socio-economic development. CADEC is present in several Catholic Dioceses including Masvingo, Chinhoyi and Gweru. CADEC is involved in a wide variety of programs such as home-based care, community orphans care, water and sanitation, gender, poverty alleviation, skills training, drought relief, supplementary feeding and runs five vocational training centers. CADEC Masvingo receives funding from Misereor, Rockefeller Foundation and CAFOD among others.

Sweden has been providing support to HIV/AIDS related issues through the health sector program, but since 1998 a multi-sectoral approach has been adopted in recognition of the importance of multi-sectoral participation as well as the broad impact of the disease in many sectors. To operationalise this, a Strategic Planning Fund was formed through the bilateral agreement with the Government of Zimbabwe (GoZ), to support projects and programs not only in HIV and AIDS prevention but also in other areas such as home based care, orphan care, gender and civic education. The Swedish Government has decided that development cooperation with the GoZ during 2001 to 2002 will focus on support to civic society within the areas of human rights, democracy, HIV and AIDS. The Catholic Development Commission falls under the priority category of Swedish Embassy's areas of focus.

The overall objective of the Orphan Care project is to improve the psychological, social and economic security of orphaned children in Masvingo district through instituting sustainable linkages that integrate these children with support services. The project includes activities to economically strengthen households living with orphans, increase the access of orphans to education through the payment of school fees, provision of psychosocial support, life skills training and strengthening of household food security.

In January 2002, the Swedish Embassy entered into a one year agreement with CADEC Masvingo to support its community based orphans care program. Approximately ZWD 4 million was allocated to the project. The contract period is drawing to an end and Sida would like to assess the impact and effectiveness of its support to the Orphan Care project. The purpose of this evaluation is to establish the extent to which CADEC achieved the set objectives, impact of the project to the intended beneficiaries, assess the relevance, viability, sustainability and impact of Sida support. This evaluation draws lessons learnt from the CADEC experience in implementing the project, which can be used by CADEC and Sida in their future programming.

GERUDE, a firm of development consultants with appropriate experience in evaluations and in the area of HIV and AIDS was contracted to carry out this evaluation. For this evaluation GERUDE put up a strong team with expertise in the area of HIV and AIDS particularly in relation to organisational development, gender, project/program evaluations, monitoring, advocacy and human rights. The evaluation team was composed of **Shinga Mupindu** and **Ityai Muvandi**. These consultants made up the core team supported by two research assistants. This evaluation report is a joint effort of the two main consultants.

1.2 Situation of Orphans in Zimbabwe

The first HIV case was identified in Zimbabwe in 1985. Since then, the cases of HIV/AIDS have grown exponentially and currently, have reached crisis proportions. The epidemic is rapidly propelling Zimbabwe towards a crisis at both the national and family levels. In 1998 the number of orphans in Zimbabwe was estimated to be 543,000. Projections put this figure at 1.1 million by 2005.

Although the current HIV/AIDS situation is alarming, the full impact of the epidemic has yet to be felt. The high prevalence has an in-built momentum that implies high transmission for years to come. Adult mortality rates will continue to increase in the coming years, thus, swelling the number of orphans. It is estimated that 35% of Zimbabwean children will be orphaned by 2010 compared to about 6% in a normal African setting.

A study conducted by CADEC (2001) in Masvingo Diocese revealed that currently the estimated number of orphans in the diocese is 55,000. The total number of orphans in Masvingo district is currently 26,000. The corresponding number of orphans in Masvingo urban is 5,000. It was estimated that the number of orphans who are taken care by the elderly is 6,314 while the number of child-headed households is 210. Due to the magnitude of HIV/AIDS pandemic, current statistics on orphans have obviously surpassed these figures.

The Orphan Care Program implemented by CADEC Masvingo has a catchment area that comprises two wards in Murinye area, that is wards 14 and 15. The study, which generated the statistics cited above revealed that in these two wards, there is a total of 2,891 orphans of whom 1,699 are female and 1,192 are male. The share of the under 5 orphans is 4 percent. In the context of the CADEC Masvingo orphan care program, an orphan is a person who has lost one or both parents is under the age of 18 years. However, the program is assisting some orphans who are above 18 years who are still in school.

2 Purpose of the Evaluation and the Terms of Reference.

The evaluation sought to assess the impact and effectiveness of the CADEC Orphan Care project in relation to Sida support. It assessed issues related to efficiency, effectiveness and relevance of the project and focussed on programmatic areas, operational as well as the organisational capacity to plan, implement, monitor and evaluate HIV and AIDS programs. These were evaluated in relation to program implementation. It assessed whether CADEC has implemented the project in accordance with the project proposal, utilized funds provided accordingly and if the implemented activities have achieved the desired results.

In particular the evaluation assessed the following:

- *Impact:* Assessment was made of the major outputs of the project and **effectiveness** of the orphan care project in achieving the set objectives. The extent to which the project activities addressed the needs of the orphans was also analysed. The assessment entailed assessment of positive and negative planned and unplanned changes in the orphan care project as a result of the Sida supported intervention. Issues around project design such as indicators were analyzed in relation to impact and effectiveness of the project to the orphans.
- *Best practices:* The extent to which the project has applied best practices of community home based care were assessed. Best practices were assessed in terms of best practices initiated by the project itself as well as best practices from other programs such as from the Children affected By AIDS program (CABA) and other initiatives. It assessed the extent to which CADEC Masvingo had knowledge of other best practices and how they have applied them in their project implementation.
- *Project Performance:* The programmatic performance was assessed especially the programmatic issues and focussed on the extend to which the CADEC orphan care project has been effective in achieving the set objectives and whether it has been implemented in accordance to the project proposals and workplans. This entailed the measurement of the extent to which CADEC has mobilised and involved communities in its implementation approach; the extent to which the project achieved its objectives (Purpose) or produced the desired outcome. The team assessed factors that contributed to the failure or success to achieve project objectives.
- *Community Participatory Planning, Monitoring and Evaluation Systems:* Assessment was made on the extent to which communities have participated in the project in terms of problem identification and analysis, planning, project strategic focus, mapping interventions, implementation, monitoring and evaluation. The monitoring mechanisms that have been put in place to track project progress and their effectiveness were evaluated. Being a community based project, the evaluation team examined the internal community based monitoring and evaluation systems that have been put in place.
- *Sustainability and Viability issues:* Assessment of whether the project is sustainable and viable. Identification of sustainability and viability measures that have been put in place to ensure that orphan care continues beyond the life of the project.
- *Gender and Human Rights:* An assessment of the extend to which gender and human rights was conducted especially related to children's rights have been mainstreamed into the project's activities.
- *Relevance:* The evaluation team assessed the relevance of the project approach in relation to reaching the intended beneficiaries.

- *Organisational and operational issues:* The team reviewed the organisational and operational issues of CADEC. In particular the following were assessed:
 - Organisational capacity for implementing the project. This covered human resources in relation to strategic planning, project implementation and management, programming, leadership, monitoring and internal evaluation capacity. It covered capacity in terms of other required physical resources necessary for project implementation.
 - Governance issues related to the governance structure. Whether the governance structure optimizes participation of communities in the project(ownership, transparency and accountability issues)
 - Whether the constitution clarifies the powers, roles and responsibilities of the various structures and offices in the organization, the chain of command and the process of decision making.
 - **Financial Issues:** *Assessment of financial systems that exist within the organization. *Assessment of whether the funds were used as specified in the project document. * Assessment of whether financial, human and material resources allocated to the project were used efficiently and optimally. Whether optimum outputs were obtained from this project. Assessment of the adequacy of the internal accounting and control systems. Financial management and reporting skills of the organisations.
- Provide recommendations for future direction for the project and for future support for Sida

3 Evaluation Methodology

The evaluation of the orphan care program being implemented by CADEC addresses a number of issues, thus, there was a need to collect information from different sources and various categories of informants. Thus, the methods used for collecting the requisite information to answer the evaluation questions are many and included review of relevant organizational documents, in-depth individual interviews, Focus Group Discussions (FGDs) and observation of some program activities. Each of these data collection methods is discussed in detail below in terms of the information source and the type of information that was collected.

Review of Documents

Relevant organizational documents were reviewed. These include the project proposal submitted by CADEC to the Swedish Embassy, operational plans, financial reports, program review reports, accounting manuals, personnel procedures manuals, organization's constitution and monitoring and evaluation tools. A review of these documents provided background information on the orphan care program and other programs that are being implemented by CADEC. The review also shed some light on the inter-linkages between the different programs/projects currently being implemented by the organization. A review of the program's monitoring and evaluation tools showed the type of indicators that are currently being used by the program to assess its implementation progress and impact.

A review of the project proposal together with the implementation plans shed some light on the efficient use of both financial and material resources allocated to the program or otherwise. A review of financial procedure manuals revealed whether there are appropriate financial controls in place and the degree of functionality of these procedures.

An analysis of the organization's constitution helped in clarifying the roles and responsibilities of people at various levels of the organizational structure; the chains of command and the process of decision-making.

In-depth Individual Interviews

In-depth individual interviews were conducted with staff of CADEC, orphans, orphan care facilitators, community leaders, board members and other stakeholders. These interviews generated information on the perceived effectiveness and impact of the project on the target group, documented the relevance, sustainability and best practices of the program. The role of the community at the various phases of the project cycle, that is, rationale, design, strategy selection, implementation, monitoring and evaluation was also assessed using in-depth interviews.

Interviews with CADEC staff helped in assessing the organization's skills base vis-à-vis the various programs that it is involved in. More specifically, information was collected on the organization's capacity in terms of material and human resources, strategic planning and leadership, mobilization and use of financial resources in the planning and implementation of the HIV and AIDS interventions currently implemented by CADEC. Interviews with stakeholders assessed the inter-linkages between CADEC's programs and other programs in the HIV/AIDS sectors implemented by other organizations. The role of community leaders in community mobilization was also explored. The whole process of community mobilization was analysed and the strengths and challenges associated documented.

Focus Group Discussions (FGDs)

FGDs were conducted with orphans, care facilitators and general community members. Information collected from the FGDs included perceptions of the relevance, effectiveness, successes and challenges of the orphan care program. The issue of program sustainability was an important theme in the FGDs. FGDs also explored the role of community members in all the phases of the project.

Observation of Project Activities

As part of the fieldwork, the evaluation observed some of the projects that are being implemented by both in- and out- of school youth. The team also observed program records in terms of the information that is collected and the quality of the documentation within the program. Organizational reports were also observed in order to see the extent to which best practices are being documented within CADEC.

Data Collection

In-depth interview guides were prepared and used during interviews with program beneficiaries (orphans), care facilitators, stakeholders, CADEC staff, community leaders and Board Members. FGD guides were also developed and used during discussions with orphans, care facilitators. The evaluation team engaged two experienced research assistants who were trained by the evaluation consultants on how to conduct in-depth individual interviews and FGDs.

4 Findings

4.1 Organizational and Operational Issues

4.1.1 Mission, vision and project goals

It is crucial to do an analysis around the vision and mission in relation to the project objectives in order to get a clear understanding of the issues around the project. CADEC Masvingo has just gone through a strategic planning process which has resulted in revisiting of its vision and mission. According to the strategic planning workshop report the following is the vision for CADEC Masvingo ***“We believe in uplifting the standard of living of the target communities in the diocese of Masvingo through development processes that lead to self reliance. This will be achieved by participatory identification of people’s priority needs, mobilization of required resources and capacity building through relevant training.”***

The overall mission of the Masvingo diocese has been derived from the vision. The mission of the Masvingo diocese is ***“We as CADEC Masvingo are committed to making a difference in people’s livelihood through facilitating development processes and appropriate training that lead to physical, social, spiritual and economic self sustenance.”*** The orphan care program fits quite well in the overall vision of the Masvingo diocese. The project goal is *“To improve the psychological, social as well as economic security of the orphaned children in wards 14 and 15 of Murinye through instituting sustainable linkages that integrates these children with support services by December 2002”*

4.1.2 Project Institutional Set Up

The Catholic Development Commission (CADEC) in Masvingo Diocese is an arm of the Catholic Church which deals with community based social work concerning the social welfare and social economic development. Catholic Gweru diocese formed CADEC in 1972. In 1999 Masvingo Diocese was established after Gweru Diocese was divided into two, that is, Gweru and Masvingo Diocese. Masvingo Diocese carried on with the work that was started under the Gweru Diocese and also responded to the new challenges that were being raised by the constituency.

Being an organization under the Catholic church, CADEC Masvingo is headed by the bishop who is also the head of the Catholic church in Masvingo. The bishop appoints a management board which is made up of priests and other church members and an ex-officio that is a clergy to oversee the work of CADEC. At operational level the program coordinator manages the day-to-day affairs of CADEC with the assistance of program staff. For the orphan care program, in an endeavour to achieve optimum project service delivery, a project officer and two field officers have been recruited. The project team is supported by an administration and support team at CADEC.

4.1.3 Governance

The overall project responsibility for CADEC Masvingo lies with the Bishop for Masvingo diocese. For policy and overall oversight issues, a management board is in place. The management board oversees all the programs in CADEC Masvingo including the Murinye orphan care project. The management board works in close collaboration with the program coordinator. According to the CADEC structure the coordinator comes under the ex-officio member who is part of the management board. According to the project document and the organogram it is not clear whether the coordinator reports and is accountable to the ex-officio or to the management board. Ideally the coordinator should be accountable and report to the management board and not to one member of the board as the organogram depicts.

The management board is composed of priests and lay people. All the board members are appointed by the Bishop. From the discussions held with two board members and with some members of the staff, the information obtained on the board composition was different. The number of board members seemed to range between 7 to 9 people. This could be an indication that not all the board members are quite active. There was general consensus regarding the existence of the finance administrator and the director of the diocese and the two members working with AGRI-TEX and ZESA.

Accountability and democratic representation in relation to the program is rather limited. The CADEC program is accessible and also covers non Catholic members but these are not represented in the board. Accountability of board members to program beneficiaries does not appear clear.

Regarding the provisions of the CADEC constitution, it appears as if the members discussed with were not quite aware of the existence and provisions of the constitution. One member discussed with regarding the availability of the constitution mentioned *“Yes and no, because the constitution we have still needs to be revisited and recommended for approval by the Bishop”* It appears there is limited knowledge of the constitutional provisions as members could not elaborate on this. To allow for accountability and ownership of the constitution, usually the constitution is drawn by the board and discussed and approved by the annual general meeting (AGM). However this does not appear to be the case. Given that the board members are recruited from among the parishes, it maybe crucial to define the constituency that they are accountable to.

The CADEC management board does not have orphan representatives to represent the interests of the orphans. The board members discussed with did not appear to be well versed in program issues relating to the project.

4.1.4 Governance at project level

For the orphan care program in each of the wards the project is governed by a chief's committee. Discussions with the community members in ward 15 revealed that there is a chief's committee which is chaired by the chief. The chief's committee is composed of representatives from each of the villages in the ward. The committee represents the interests of the orphans in the ward and channel the issues to CADEC. The committee does not have a constitution which could bind its operations. They have also not been trained on their roles and responsibilities as committee office bearers. Discussions with the committee members and the orphan care volunteers reflected that there was a confusion and a mix up of roles and responsibilities between the volunteers and the chief's committee members.

In ward 14 at the Zano school the evaluation team was informed that there was no chief's committee in the area or that the community did not know of its existence. Instead we were informed that there was a committee but the committee membership did not appear known by the communities. One member who was said to be the chairperson of the committee has been involved in supporting the orphans from the period before the project was established. However according to the community members and community influentials there were no elections made to put the committee in place. It appears there is a representation problem in the area. Some members of the community felt that their village was not represented and that the project was not comparatively giving them adequate service delivery and access to the food.

In both committees orphans were not represented. It maybe crucial to consider having a representative of the orphans in the committees. However it is also of concern that children may not be very open to discuss their issues in the presence of elders. Some form of empowerment could be re-

quired to enable the orphan representative to speak out. Even if they are represented on local committees, it may still be necessary for the orphans to have an overall orphan committee.. A saying goes “*Its only the person who is putting on a shoe who knows where it is pinching most*” As orphans they need to have a structure through which they can air their opinions, needs, and challenges.

4.1.5 Organisational Capacity

Human Resources Skills and Issues

The staffing of the project is composed of the CADEC program coordinator. She is responsible for overseeing administrative programming related to the overall CADEC Masvingo program. The orphan care project is under the direct responsibility of a full time project officer. The project officer is supposed to be the key driver of the project regarding project strategic thinking, development of monitoring and evaluation systems, facilitating and organizing training of teachers and volunteer orphan care givers. She works with two field officers who are also employed by the project on a full time basis.

According to the orphan care project document the coordinator is responsible for the design, and management of the project. The skills within the project are analyzed below.

Strategic Planning

CADEC Masvingo did a needs assessment of its program in October 2001. The needs assessment culminated to a strategic planning workshop for the entire program. The strategic planning process was useful in that it provided an opportunity for internal organisational and programmatic strategic reflection and thinking. It resulted in the identification of strategic issues, objectives, activities and target groups. However the strategic issues around the orphan care project were not dealt with during the workshop.

The strategic planning workshop did not identify the orphan care program as one of the possible priority areas for future focus for CADEC. There was limited strategic thinking in terms of strategic goals, and sustainable future for the program. The strategic planning workshop report has not been translated into annual specific plans which can be used as a guide for program implementation. The orphan care project document seems to be playing the role of an annual plan in relation to specifically for the orphan care program. Segmenting it from the overall program does not provide for inter-linkages between the different program within CADEC.

The reports that are provided to Sida for the orphan care project are rather weak on strategic focus. They simply provide information on the current state of affairs regarding process achievements. The communities do not seem to be engaged in strategic thinking processes in relation to the future of the project.

Monitoring and Evaluation

There is skill in the project on process monitoring however there is limited skill in impact monitoring and development of impact indicators. The details regarding monitoring and evaluation can be obtained under the programmatic chapter of this report.

Reporting and Documentation

The field officers compile monthly activity plans and reports. The project coordinator also prepares her own activity plan and report which takes into account the activities of the field assistants. The program coordinator produces the contractual reports that go to Sida. The field assistant and project

coordinator activity plan and reports are simply activities without any strategic focus. There is limited skill in production of strategic reports and plans.

CADEC should be commented for its newsletter as part of documentation, sharing and publicity relating to its program. The last issue of the newsletter dwelled quite a lot on the orphan care program. Although CADEC has submitted progress financial and narrative reports to Sida they have been submitted after the agreed contractual dates.

Advocacy and Orphan's Rights

Some representation has been made to the registrar general's office regarding orphans who have not yet been registered and do not have birth certificates. Lobbying has been made to have these registered by the registrar general's office. There is need for the project to identify the issues for lobby and advocacy for the orphan children's rights and develop a strategy on effective lobbying.

Psycho-social support of orphans

CADEC has facilitated the provision of psychosocial support to orphans in Murinye area. Meetings have been held with community leaders, school authorities, and orphan care committees in order to define strategies to assist orphans. Workshops have been held with some of the orphans to teach them life skills that enables the orphans to choose lifestyles and behaviour that are more likely to lead to better health and well being.

The workshops have also focused on dealing with biological, emotional changes that they experience as orphans and give them an opportunity to voice their fears, expectations and anxieties. The workshops cover issues such as empowering the children regarding issues of physical, sexual and emotional abuse. The project coordinator has been instrumental in the facilitation of the provision of psycho-social support. She has been asked by other organizations such as RUDO to facilitate sessions on psychosocial support to orphans. The psychosocial support provided during the workshops incorporates orphan's rights, gender and democracy

4.1.6 Purchasing Procedures and Distribution.

CADEC distributes food to orphans in Murinye area which is composed of ward 14 and 15. The food that is purchased is usually mealie-meal. Considering that there has been a bad drought this year, the idea of distributing food is appreciated by the orphans. This was wise because if this provision was not available there would be more suffering of the orphans as the older and well known people in the communities would most likely get preferential treatment during food distribution.

We could not do much in this area of operation on account of the fact that there are no systems and procedures being followed to procure and control food. Purchasing of supplies is done through raising a request which is usually done by the project officer. The request is given to the finance officer who checks and he also gives it to the program coordinator for further checking and confirmation. It is not clear who has the final say in the approval for payment between the program coordinator and the finance officer and whether all purchases irrespective of the cost require approval of the program coordinator.

Once the order has been approved, a cheque can be raised. The cheque is drawn by the finance officer. The cheque together with the order and quotations if any are sent to the Diocese administrator for signing.

The major weakness in the purchasing system is that although in principle to ensure cost effectiveness, three quotations should be raised. However going through the files there were no three

quotations submitted before any purchasing was made. For scarce resources such as maize meal, this could be understandable because there are limited suppliers. There are however some purchases for instance the purchases that are made for purposes of training. Items are usually bought from supermarkets such as OK or TM. For each of the purchases, it appears there is one quotation that is submitted. The purpose of the quotation does not seem to be for cost effectiveness purposes, but rather to have an idea of the specific figure that should be put on the cheque.

There is no purchases procedures manual which could give guidance on the procedures to be followed when purchasing items. Once the items have been purchased they are distributed. There is no stock record book available at the office regarding how much was purchased, how much was distributed to who and whether there are any stocks that have been left after the stocks have been distributed. It appears there is nobody who has this specific responsibility and that no system was put in place regarding this. We could not get the order and requisition forms that have been used to order the food supplies to enable us to reconcile with the amounts of quantities received by the orphans. The evaluation team was made to understand that at times the food distribution team goes back to CADEC with the left over food. Statements like the following were obtained from community members “*Sometimes the truck goes back with the food, especially when the orphans did not manage to come in time*” However the system of records does not show any returns. Lack of transparent systems and records creates suspicion and reduces confidence of the community in the process.

When distributing the food we were informed that at some schools a local teacher who is usually the school patron is present. However there is no record that is left at the school regarding who has received food. When the food is provided a waybill (Distribution form) is signed by the person who would have received the food. We were informed that priority was given to child headed households and that they were given more. However discussions with some community members indicated that at times there are child headed households who do not get food supplies from the program. We noted through analysis of the distribution forms that this was the case. We also noted that there are some people who were recorded as having received food supplies but they had not signed for it.

4.1.7 Funds Utilisation

The contract between Sida and CADEC was for a total amount of Zim\$4 160 000.00. The contract covered a period between January 2002 and 31st December 2002 with possibilities for disbursements to be made up to 30th June 2003. The contract specifies that only the costs for project activities as specified in the project document would be financed by Sida. The contract allows for dialogue between Sida and CADEC in cases where there is a major difference in the exchange control rate between the Swedish Kroner and the Zim\$.

Although, there was the provision for dialogue relating to the exchange control, it appears there has not been any dialogue between CADEC and Sida relating to the exchange rate. This provision could have cushioned the project funds from the high inflation rate that is being experienced in Zimbabwe currently. In spite of this provision and in spite of the high inflation rate, there has not been any discussions or dialogue around the exchange rate differences. The implication for this oversight was that comparatively less services and material were comparatively provided.

Below is an overview of the budget and expenditure of the project up to 31st August 2002.

TOTAL BUDGETTED AMOUNT COMPARED TO ACTUAL AMOUNT SPEND AS AT 31ST AUGUST 2002

ADMINISTRATION	BUDGETED	ACTUAL SPEND	VARIANCE
Salaries	1297920	816720	481200
Fuel and service	127872	99157	28715
Stationery	41448	32034	9414
Telephone	19758	19758	0
Audit	60000	0	60000
Volunteer expenses	46402.5	5120	41282.5
Travel expense	46402.5	0	46402.5
Planning and review workshop	97000	40000	57000
Subtotal	1736803		
Implementation			
Workshops	650000	914116.6	-264117
Training	192000	271030.5	-79030.5
School fees and uniforms	250000	598730	-348730
Food items	250000	200000	50000
Anti-aids clubs	351220	155207	196013
Ploughing and farming input	250000	248470	1530
Medical assistance	40000	3748	36252
Initial support for SEAD	300000	41715	258285
Evaluation	140000		140000
Deficit	1298478		
Sub-total			2423220
Total Budget			4160023

An analysis of the budget and expenditure account shows that there are some budget items which have been overspend. The most active budget items include workshops and training. These two items were already overspend beyond the budgeted figure by August 2002. The budget items which have not been very active include the SEAD budget. The over expenditure on the workshops and training budget could be a result of the emphasis on psycho-social issues which is necessary for the orphans.

By August 2002, the project had spend 58 % of the budget. The project has submitted two financial reports to date. The reports covered the period between January to August 2002.

4.1.8 Financial control systems

For tighter checks and balances, effectively, there are three signatories, the coordinator, the ex-officio member and the CADEC administrator. Any two of the above persons can sign the cheques. The person who initiates the cheques is not a signatory. Regarding the project funds, the program coordinator has an upper hand and the finance officer did not have much knowledge on the budget and the money spend so far.

The accounting system is manual although pastel has been installed, it has not yet been operational. CADEC could consider computerizing of accounting system using the pastel package which they already have. CADEC has started a process of developing an accounting procedures manual.

4.2 Programmatic Issues

The Catholic Development Commission (CADEC) of Masvingo was formed in 1999. Since its formation, CADEC Masvingo has been involved in the implementation of developmental and relief or social services programs that include water and sanitation, gender and poverty-alleviation, skills training, savings clubs, vocational training centres, orphan and home based care, drought relief and supplementary feeding programs.

4.2.1 Goals and Objectives

The goal of the orphan care program is *“To improve the psychosocial, social, as well as economic security of the orphaned children in wards 14 and 15 of Murinye.”* This was to be done through instituting sustainable linkages that integrate these children with support services. The rationale is to bring back almost a normal life to the orphans by providing them with basic needs like food, shelter and clothing and bringing back the orphans to schools. Thus, the target group of the orphan care program is orphans who have lost one or both parents and are under the age of 18 years. However, the orphan care gives priority to child-headed households, that is, those children who have lost both parents.

More specifically, the orphan care program has the following five objectives:

- To teach children life skills that will enable them to choose life skills and behavior that is more likely to lead to better health and well being
- To enable the children to understand and cope with biological and emotional changes that they may be experiencing and give them the opportunity to express their anxieties and concerns.
- To develop in the children knowledge and understanding of HIV/AIDS.
- To develop in the children positive attitudes towards people living with HIV.
- To enable the children to recognize and deal with sexual, physical and emotional abuse.

The expected outputs for the orphan care program as detailed in the project proposal are:

- Raise STIs/HIV/AIDS awareness in ward 14 and 15 communities and practice safe sex
- Equip orphaned children with life skills through psychosocial-social support workshops
- Reduce child sexual, physical and emotional abuse
- Have communities with positive attitudes towards people affected and infected with HIV/AIDS
- Teach children to have correct knowledge on STIs/HIV/AIDS
- Establish 2 Peer Education groups that would give education on, for example, STIs/HIV/AIDS by December 2002
- Ensure that children within the project area are going to school and are not starving
- Train orphan care committees in basic business management skills and appropriate technology and avail initial start up capital

4.2.2 Program Implementation

This section discusses strategies that are used in the orphan care program; relevance of the program; community involvement and participation; program performance and impact; sustainability issues; and the existing linkages and/or partnerships between the orphan care program and other organizations and/or programs in the catchment area of the intervention

4.2.2.1 Project Strategies

The orphan care program utilizes a number of strategies in order to meet its objectives. The strategies being used are:

- Provision of economic security to orphans through training in life skills and small business management skills
- Networking with schools (both primary and secondary within the program's catchment area)
- Awareness creation about HIV/AIDS through formation of kids clubs in schools
- Provision of psychosocial support
- Direct approach whereby CADEC Masvingo program staff directly distribute food in schools and agricultural inputs to families with orphans
- Community approach that uses existing local structures to facilitate the implementation of the orphan care program

The strategies that are employed are generally appropriate for an orphan care program. However, according to the current development parlance, non-governmental organizations (NGOs) like CADEC should play more of a facilitative role than being directly involved in service delivery. CADEC could have trained the local leadership in community facilitation skills so that the leaders could effectively mobilize community members and involve them at all stages of the program cycle.

The community approach that is currently being used by CADEC is rather narrow in scope because all they have done is to involve the local leadership only and kept the general community members and the beneficiaries on the sidelines in terms of program planning, implementation and evaluation.

4.2.2.2 Relevance of Project

Child-headed households and other orphans in the catchment area of the orphan care program had stopped going to school as they had no one to pay their school fees. Now due to the program by CADEC a majority of these children are now enrolled in both primary and secondary schools.

The catchment area of this program, like other areas in the country, is suffering from starvation. Thus, the program is relevant as it has managed to feed orphans especially child-headed households. However, it should be noted that the under 5 years old who may be more in need of supplementary feeding are not currently benefiting from the program.

There has been stigma towards orphans both at school and within the community at large. The program has been important in addressing the issue of stigma through the formation of Kids Clubs at all the eight schools within the catchment area of the program. Within the communities, local community leaders who include Kraal Heads, Councilors and Chiefs have been giving community education at all community meetings, which emphasize that orphans should be treated like any other children.

There has been need for psychosocial support to orphans, especially the child-headed households. The program has addressed this through the recruitment and training of community based care facilitators who move around the households with orphans, but more so to child headed households playing the role of parents. Thus, the orphan care program is very relevant to the needs of the target group.

4.2.2.3 *Community Involvement and Participation*

Information was collected from the different categories of respondents on the role that community members played in the design of the project and their roles in the implementation of project activities. It came out clearly that it is mainly community leaders (chiefs, councilors and village heads) who are actively involved in the project, especially at the implementation stage. Other community members seem to be marginally involved.

The level of awareness about the project is rather limited. This was demonstrated by some community members being unclear about the goals, objectives and activities of the orphan care program. This situation creates unrealistic expectations on the part of the community members from CADEC Masvingo.

According to CADEC Masvingo staff members, there are clear program structures at the community level. However, most community members do not seem to be aware of these structures. CADEC should work with the local leadership to effectively communicate the goals and objectives of the project and make communities aware of the local structures. In fact, it is the community members who should have come up with appropriate local structures for the orphan care program. Community members who participated in focus group discussions did not seem to be aware of the role of care facilitators. The role of care facilitators need to be clearly communicated to community members while at the same time the roles of community members in the orphan care program need to be clearly articulated.

Orphans themselves as part of the community did not play any role in the design of the project, neither are they playing any role in planning the activities that are implemented by the program. The orphans reported that they came to know about the program at implementation stage. Currently, the role of orphans in the project implementation phase is their participation in the income generating projects and in anti-AIDS clubs in schools.

The community has started what is called “*Zunde raMambo*”, that is a communal field under the custodian of the chief where all community members contribute their labour and the produce is given to orphans or any vulnerable people within the community.

Respondents were asked about the definition of an orphan in this program and who actually came up with the definition. All categories of respondents and participants to FGDs were of the opinion that CADEC came up with the definition, which it then took to the community for adoption.

Currently, community members help in thatching houses for orphans and provide draught power for tilling land that is being used by orphans, especially child-headed households. This may not be directly attributed to the orphan care program, but it is just in line with the Zimbabwean culture of assisting the disadvantaged.

Orphan care facilitators are directly involved in the implementation of the orphan care program. There is one care facilitator per village. There were various responses to the question about the selection of the orphan care facilitators. Some people indicated that orphan care facilitators were selected at a meeting through voting while others believe that they were hand picked by the local leadership. However, the evaluation team’s assessment of the information provided seem to indicate that the care facilitators were selected in a democratic way through voting. There are indications that those community members who were not sure of how the care facilitators were selected did not attend that particular meeting.

4.2.2.4 Community Mobilization

There are very limited activities directed towards mobilization of community members in support of the orphan care program. However, during all community meetings, local leaders have taken it upon themselves to conduct community education that emphasizes the need to treat orphans like any other children. Anecdotal evidence has shown that these efforts have made some difference as orphans report an improvement in the way that they are treated by their guardians in particular and perceived by the general community.

The ideal situation when introducing a local intervention is to call for community meetings before the package is even designed. At such meetings, the program will be introduced and the roles, responsibilities, obligations and expectations of community members and the non-governmental organizations involved clearly articulated. Such an approach fosters commitment on the part of community members and creates a sense of ownership of the intervention.

4.2.2.5 Project Performance

Most of the program performance data were captured from the progress report for the period mid-May to September, 2002. Food has been distributed with priority given to child-headed households. Agricultural inputs were distributed. However for the period May-September, 2002 the plan was to assist 200 families with fertilizers but the project only managed to purchase fertilizers for only 30 families. Maize seed was provided to 86 families only. The program has given grants to four primary schools and two secondary schools as initial support for income generating projects. Kids Clubs' income generating projects are now able to sell and are assisting other orphans and vulnerable children in school to purchase stationery.

Activities conducted to meet the objectives of providing psychosocial support included discussions with stakeholders, orphan care committees, caregivers, teachers and the Ministry of Education. There were also discussions with the Provincial Child Welfare Forum. Training in psychosocial support was conducted at Rukovo Secondary school and sixty-eight children were trained (37 boys and 31 girls). All the children who attended the psychosocial training course received clothes donated by well wishers.

Both in and out of school youth attended workshops on "education for life program." In all, 61 in school children attended workshops in August, 2002 (24 boys and 37 girls). Twenty-two youth out of school attended a similar workshop. During these workshops videos on STIs/HIV/AIDS were shown, as a way of improving the children's knowledge about STIs/HIV/AIDS.

The progress report for the period mid-May – September, 2002 shows that orphan care facilitators in both wards 14 and 15 are making home visits to orphans and caregivers. However, interviews and FGDs with orphans revealed that there are some families with orphans, which have not been visited by facilitators since the program started.

All the eight schools in the program (both primary and secondary) have established anti-AIDS clubs and there are teachers who are patrons of these clubs. Patrons have the responsibility to communicate with CADEC staff problems that orphans are experiencing. The data that the evaluation team managed to access revealed that the CADEC orphan care officer managed to visit 78 child headed families during the period May-September, 2002.

The orphan care program has also managed to provide medication to orphans especially those with opportunistic infections.

4.2.2.6 Project Impact

At the time of the evaluation, the program had only been implemented for nine months, a period that is too short to generate impact at the population level. However, children interviewed and those who participated in FGDs cited improved food situation within their households as an important change brought about by the program.

A number of orphans whose school fees are being paid for by CADEC had actually dropped out of school. Thus, the program has made some difference to the lives of these orphans. At the inception of the program, there were intentions to pay school fees for orphans and buy school uniforms for them. However, the prices of school uniforms increased substantially and the budget for the orphan care program could not absorb the price increases. Thus, the program did not manage to provide school uniforms.

Orphans were asked about the problems that they face in their day-to-day lives. The children cited ill treatment by relatives and/or caregivers. However, community leaders have conducted community education sessions as part of the implementation of the orphan care program during which the plight of orphans is highlighted and people are encouraged to treat orphans like any other children. The community education has reduced the ill treatment of orphans in important ways. This is demonstrated by what one orphan reported “*Kurobwa kwava kushoma kubva macare facilitators vakatanga kushanyira dzimba dzine nherera*” (Ill treatment and beatings have reduced since care facilitators started visiting homes with orphans).

4.2.2.7 Linkages/Partnerships

There are strong linkages between the orphan care program and other organizations in the catchment area of the program. The partners that the orphan care program is working with are RUDO, Ministry of Health and Child Welfare, Ministry of Education, and Department of Social Welfare

RUDO is implementing a program that addresses orphan issues, thus, it is an appropriate partner to CADEC Masvingo in this program. RUDO and CADEC have conducted three joint training workshops with orphans aged 6-12 years. CADEC staff members facilitate training in psychosocial workshops whenever RUDO conducts training workshops.

The orphan care program works closely with local clinics and hospitals. Orphans who need some medical attention visit rural health centres, which either provide basic medications or refer them to doctors and/or hospitals. If the doctors concerned give prescriptions, then CADEC would assist with the money required for buying drugs. The orphan care program also gets statistics on STIs from the rural health centres. These statistics indicate whether there are changes in sexual behaviour within the program's catchment areas.

The orphan care program is working with the Ministry of Education in establishing anti-AIDS clubs within schools. The Ministry of Education has allowed its teachers to be club patrons. The program also works with the Department of Social Welfare who attends to cases of child abuse, which they in-turn report to the police. The Department of Social Welfare also assists orphans in getting birth certificates.

CADEC staff members are of the opinion that there is need to link the orphan care program with local organizations that provide legal services and enterprise development. The program does not seem to have requisite information, education and communication. These could be easily accessed if the program creates linkages with organizations that already have some appropriate materials.

An analysis of linkages between the orphan care program and other organizations has shown that functional linkages can potentially enhance the benefits that accrue to the target groups, which could have been difficult to access if these linkages did not exist.

4.2.2.8 Sustainability

Sustainability of the orphan care program has been negatively affected by the limited involvement of community members especially at the evolution stage. CADEC Masvingo used the direct approach where they took it upon themselves to be directly involved in service delivery instead of playing more of a facilitative role. The program seems to have used the oldest but most popular approach to addressing inequalities within given communities, that is, the welfare approach. The program has identified orphans as *“the poorest of the poor”*. Thus, orphans were largely taken as passive beneficiaries except for a few cases where they are involved in income generating projects (IGPs). Although giving handouts may be justified on humanitarian grounds during these difficult economic times, program beneficiaries need to actively participate in the identification, prioritization and delivery of services to meet their needs.

The income generating projects that are being implemented by both in and out of schools youths have limited potential to succeed given the paucity of resources for purchasing inputs. This was clearly demonstrated by the coffin and doors project implemented by youth out of school who had to get donations from the local community for buying wood.

In one instance, an out-of school group of youth from Chief Chikwanda's area had written a project proposal with a total budget of Z\$60,000.00 but CADEC only gave them Z\$20,000.00. When the requisite amounts are not available for conducting a particular project, it is better to advise that the project be scaled down in line with the available funding. If this is not done, an evaluation of the project will always show that the project was a failure, when in fact the expected results will have been attenuated by the limited budget.

The orphan care program has started what is called *“Zunde raMambo”*, that is a communal field under the custodian of the chief where all community members contribute their labour and the produce is given to orphans or any vulnerable people within the community. With proper rainfall, this will go a long way in addressing the food security of the orphans.

4.2.3 Monitoring and Evaluation

Monitoring and evaluation of the project is carried out at different levels. The board is supposed to monitor the program coordinator regarding overall program implementation. However from the discussions held with the board members it appears the board does not seem to know much about the programmatic issues and developments in the orphan care program. The project coordinator in turn monitors the field assistants, who are supposed to monitor the volunteers.

Monitoring that has been carried out has been in relation to the process but does not focus on the impact of the activities. Project impact indicators have not been set in the project neither have they been assessed. It maybe worthwhile to develop the skills of the project staff to carry out participatory monitoring and evaluation. The orphans and the communities themselves could play a crucial role in development of indicators to monitor impact as well as to monitor progress of the project in their specific area.

The CADEC Masvingo orphan care program collects a lot of relevant program data. They keep an orphan register, which collects the following type of information:

- Names of heads of child-headed households by age and sex according to catchment area/ward

- Numbers of children who stay with grandparents by age and sex according to ward
- Children staying with relatives by age and sex according to ward

For the different catchment areas, the program collects the names of orphans by kraal, age, sex and name of caregivers. Data on the number of orphans not going to school by kraal, age, sex and caregivers are also collected although these children are not currently receiving any support from the program. The other information collected by the program relates to children in need of school fees by school, grade, amount needed and other assistance required.

The program also compiles monthly statistics for the program, which collects the following type of information:

- Number of Orphans and Vulnerable Children (OVCs) in catchment areas
- Number of OVCs by sex
- New OVCs identified for the month
- Number of OVCs counseled
- Number of OVCs not attending school
- Number of home visits done
- Number of reported cases of child abuse by type of abuse

There is a supervisor's checklist that is used when the supervisors visit OVCs. The checklist has the following elements:

- Name of child
- Does the child have adequate food?
- Does the child play with others?
- Is the child doing well at school?
- Is the child talking?

The type of program data that are collected shows that the program collects very useful information, which, if properly analyzed, can provide useful insights into program implementation and impact. It should however, be noted that the data collected is not directly linked to the program objectives. It is therefore difficult to assess the extent to which the program is meeting its set objectives.

It was also learnt that the data is used at CADEC Masvingo management level for decision-making purposes and is hardly used at the various levels of the program for decision making. Staff at all levels of the program should be taught how to utilize program data for decision-making purposes at their levels.

Some of the results as indicated in the abridged version of the program's abridged logical framework can only be measured using population based data. Thus, over and above the service data, there is need to conduct periodic surveys, which will collect data on indicators of behavior change (for example, proportion practicing safe sex). However, all the other indicators used by the program are output and process indicators, which are easy to measure. Every month, an emergence report is prepared for each chieftainship. The report provides the history of the children concerned, the surrounding context and the assistance required.

4.2.4 Strengths and Challenges

There are a number of strengths that are associated with the CADEC Masvingo orphan care program. These are:

- The kids clubs combine both orphans and non-orphans in their activities. This approach helps in reducing stigma associated with orphans, especially HIV/AIDS orphans. The provision of specific playtime and equipment has enabled the orphaned children who are often burdened by issues of survival, to take time off and become children again
- The program has managed to economically empower out-of-school orphans through provision of start-up funds for income generating projects. This has gone a long way in making the orphans self-reliant. However, the impact of the projects can be enhanced if the orphans receive the requisite training in small business management skills and get enough resources
- The program is relevant and appropriate to the critical needs of orphans especially payment of school fees, provision of food, supply of agricultural inputs and psychosocial support
- There has been strong commitment and support to the project from the local community leadership and management of local schools
- The component of psychosocial support has helped to enhance the welfare of the affected children

This evaluation has revealed a number of challenges associated with the orphan care program. Some of the key challenges are listed below:

- A large number of community members reported that they have no role to play in the program
- Children are largely perceived as passive beneficiaries of the program and the program is viewed by community members as belonging to CADEC. Thus, there is limited community ownership of the program
- The program seems to focus more on the physical needs of the orphans, for example, payment of fees and provision of food and does not seem to address the psycho-social needs of orphans. This is particularly so for child-headed households which are hardly visited by care facilitators
- It seems the only active population sub-group in the program is community leaders thus, the concept of community ownership of the project is non-existent. This is a situation that minimizes the sustainability of program activities
- Although they are being registered every month, orphans under 5 are not being fully catered for by the project. It should however, be noted that once an orphan has been registered expectations are already created
- The project is not benefiting orphans registered after the program started

4.2.5 Best Practices and Key Learning Points

This evaluation has revealed that there are a number of “*best practices and key learning points*” that can be learned from the implementation of the orphan care program. These best practices are detailed below.

The local leadership has started what is called “*Zunde RaMambo*”, which involves setting aside a piece of land under the custodian of the Chief towards which every community member is expected to contribute their labour and the produce from this piece of land is given to the orphans and/or any other vulnerable groups within the community. This can potentially create a sense of program ownership on the part of community members.

The program in collaboration with the Ministry of Education has established Kids Clubs at all the eight schools within the program's catchment area. Anecdotal evidence from Kids Clubs patrons shows that these clubs, by mixing orphans and non-orphans have gone a long way in reducing stigma associated with orphans, especially AIDS orphans.

Local community members have contributed in their small way towards the implementation of income generating projects implemented by youth out of school. This is an indication that if community members are involved and fully participate in local initiatives, there is potential that they will consider these projects as theirs, thus, contributing to sustainability of such initiatives.

At the inception of the orphan care program, there was very bad attitudes on the part of community members towards orphans. However, community leaders that include Kraal Heads, Councilors and Chiefs have always given community members education during community meetings on how best to assist orphans and treat them like any other children. Orphans interviewed during this evaluation have testified that community members' attitudes towards them have changed positively in important ways.

5 Key Conclusions

A number of conclusions have been drawn from this evaluation. The critical ones are detailed below.

CADEC Masvingo has a management board which oversees all the programs in CADEC Masvingo. The board is composed of persons nominated by the Bishop. Accountability and democratic representation of program beneficiaries is rather limited. Although the program covers non Catholic beneficiaries these are not represented in the management board. There is limited knowledge of the constitution provisions.

It does not seem clear whether the program coordinator is accountable and reports to the management board or to the ex-officio member who is also part of the management board. Project staff do not appear to be competent to hold the positions they are holding.

To allow for governing of the project at local level in ward 15 there is a chief's committee which has been established. The committee represents orphan interests. The chief's committee does not have a constitution which binds its operations. The members of the committee were not trained on their roles and responsibilities. There is confusion on roles and responsibilities between the volunteers and the chief's committee members.

The existence of a chief's committee is not known in the ZANO school area. There is limited common understanding of the project representation structure in ward 14. Orphans are not represented in the structures that matter such as the chief's committee.

CADEC has gone through a strategic planning process which resulted in the production of a strategic planning workshop report. The workshop helped to provide a strategic focus of the overall CADEC Masvingo program. However the plan did not cover strategic issues and planning regarding the orphan care program.

CADEC has skills in the provision of psychosocial support and documentation however, there is limited skill in development of impact indicators, monitoring and evaluation systems, strategic participatory planning, advocacy, programming and report writing which incorporate strategic issues. There is limited strategic thinking that can allow for strategic guidance in the program.

The purchasing system in CADEC does not appear to be cost effective. The principle of having 3 quotations before purchasing of items is not being followed. At times one quotation is presented whilst in some cases there are no quotations taken. There is no purchases procedures manual which could provide guidance on the procedures to be followed when purchasing items.

It is commendable that the organization has a system that allows for signing for food by the recipient, however there are some few people who took the food but did not sign for it. There is no stock record that allows for tracing what has been distributed against the overall bought. Thus there are limited control systems in the program.

Funds obtained from Sida have been used according to the budget although there are some budget items which have already been overdrawn. The budget did not allow for inflation whilst at the same time in Zimbabwe inflation continues to go up.

CADEC volunteer management practices is quite poor. The orphan care volunteers are not given any uniforms or any form of identification. Stress management for the volunteers has not been optimum. Volunteer incentives were not budgeted for in the project document.

The program coordinator and not the finance officer has an upper hand on the financial issues of the project such as overall knowledge on budget and expenditure incurred on the project so far. An accounting package called pastel has been installed in the computer but it is not yet being used because the responsible person (finance officer) has not been trained on using the accounting package.

CADEC Masvingo is implementing a relevant orphan care program in Wards 14 and 15 of Masvingo district. The program is relevant given the orphans' needs for the following types of services in the catchment area:

- Payment of school fees
- Provision of food supplies
- Agricultural inputs like maize seed and fertilizers
- Reduction of stigma towards orphans, especially AIDS orphans
- Psychosocial support

Although the program has not managed to pay school fees for all orphans who need that type of assistance, a substantial number of orphans in both primary and secondary schools have benefited.

The orphan care program has started to address the psychosocial needs of orphans. This has happened in two ways. First, patrons of Kids Clubs in schools have received training in psychosocial issues. Second, a number of orphans, both in and out of school have also received psychosocial training.

Community members are not fully involved in the various stages of the program. The only situation where community members have been involved in this program is when they contributed \$2.00 per household that was given to out-of-school youth to start income generating projects. Lack of community involvement and participation compromises program ownership and sustainability.

The approach used by CADEC Masvingo in introducing this program was rather “*top-down*” only involving community leaders in the identification of orphans who need assistance. Even school teachers at schools that participate in the program were not consulted in the selection of children to benefit from school fees.

The local leadership has started what is called “*Zunde RaMambo*”, which involves setting aside a piece of land under the custodian of the Chief towards which every community member is expected to contribute their labour and the produce from this piece of land is given to the orphans and/or any other vulnerable groups within the community.

The orphan care program has forged important partnerships with other organizations in its catchment area. These partners include, Ministry of Education, Ministry of Health and Child Welfare, Department of Social Welfare and RUDO. However, there is need to link this program with organizations that provide legal services and entrepreneur development

The orphan care program collects a lot of relevant program information, which is largely on the numbers of people served and agricultural inputs distributed. However, there seems to be a mismatch between the data collected by the monitoring tools and the indicators that are shown in the program's logical framework. A baseline survey was not conducted before the implementation of this orphan care intervention, thus, making it rather difficult to assess the impact that the program is

having on the target group. Some of the program indicators dictate that periodic surveys be conducted in order to assess changes occurring due to the program at the population level.

6 Recommendations

In order to provide for clarity regarding the reporting structure CADEC could consider clarification of the reporting structure in relation to the program coordinator.

In order to allow for democratic representation of the project members CADEC could consider to have an overall project committee which could be composed of democratically elected representatives from the two wards. This committee could get issues for attention from a democratically elected orphan project committee regarding the orphans problems and needs. The two committees could draw their constitutions and be trained on their roles and responsibilities

In each of the wards a ward committee or an operational chief's committee could be established, developed and strengthened. This could allow for ward representation. Each committee would need to be trained on their roles and responsibilities.

The project could consider motivating its volunteers by giving them uniforms and budes for identification purposes. Stress management such as counseling and ventilation sessions could be provided to the volunteers. There must be role and responsibility clarification between the volunteers and members of the chief's committee.

To allow for the project strategic focus there is need for a strategic planning process for the orphan care project. The process could strategically focus at both the organizational and programmatic issues of the project.

CADEC could consider to have skilled personnel in the orphan care program. There is need for a person who is a strategist who can plan and drive the project and give it a strategic outlook. This necessitates revisiting the staffing situation in the project.

CADEC could consider development of a financial procedures manual which could include purchasing procedures guidelines. To ensure cost effectiveness, CADEC could consider to have 3 quotations before purchases are made. Regarding disbursement of food consideration could be made for having a proper stock record and disbursement book. Distribution should be done in the presence of the school patron and an orphan care community representative. After distribution the school patron and the community representative could sign to acknowledge that they have witnessed and agree with the quantities distributed and note any left overs if any.

Both the finance officer and the coordinator should be well versed in the in the project finance issues (budget and expenditures). Consideration could be made to build the capacity of the finance officer in the use of pastel accounting package. The adoption of a computerized system would only work out if CADEC improves its manual system. The filing system for instance need to be worked on.

The strategies that are employed by the orphan care program are generally appropriate for the target group. However, CADEC has been directly involved in service delivery. However, according to the current development parlance, we recommend that CADEC should play more of a facilitative role than being directly involved in service delivery. CADEC could achieve this through training the local leadership in community facilitation skills so that these leaders could effectively mobilize community members and involve them at all stages of the program cycle.

The community approach that is currently being used by CADEC is rather narrow in scope because all they have done is to involve the local leadership only and kept the general community members

and the beneficiaries on the sidelines in terms of program planning, implementation and evaluation. We recommend that all community members be involved at all stages of the project cycle.

It was also learnt that service data from the orphan care program is used at CADEC Masvingo management level for decision-making purposes and is hardly used at the various levels of the program for decision making. CADEC may want to consider training program staff at all levels on how to utilize program data for decision-making purposes at their levels.

Some of the results as indicated in the abridged version of the program's abridged logical framework can only be measured using population based data. Thus, over and above the routine service data, there is need to conduct periodic surveys, which will collect data on indicators of behavior change (for example, proportion practicing safe sex). It should however, be noted that implementation period for this particular program was rather limited to allow the conducting of a periodic field survey.

The program seems to focus more on the physical needs of the orphans, for example, payment of fees and provision of food and does not seem to address the psycho-social needs of orphans. This is particularly so for child-headed households who are hardly visited by care facilitators. CADEC may want to strengthen their program by ensuring that child-headed household are visited on more frequent basis.

7 ANNEXES

Catholic Development Commission (CADEC) Masvingo Evaluation of the Community Orphan Care Project

Question Guide for Care Facilitators

1. Goals and Objectives of the Project

- 1.1 What are the goals of the community based orphan care project that is facilitated by CADEC?
- 1.2 What are the objectives of the community based orphan care project that is facilitated by CADEC?
- 1.3 Please can you describe the strategies that are used in the implementation of the community based orphan care project?

2. Project Package

- 2.1 How did the community based orphan care project evolve?
- 2.2 Can you please describe your key job responsibilities in the community based orphan care project?
- 2.3 What type of training did you receive as a way of preparing you for your work?
- 2.4 How were you selected to become a facilitator in the community based orphan care project?
- 2.5 What are the activities that are implemented in the community orphan care project in this area? **[PROBE FOR THE COMPONENTS OF THE COMMUNITY BASED ORPHAN CARE PROJECT, THAT IS, ECONOMIC STRENGTHENING OF HOUSEHOLDS LIVING WITH ORPHANS; PAYMENT OF SCHOOL FEES; PROVISION OF PSYCHOSOCIAL SUPPORT; LIFE SKILLS TRAINING; AND STRENGTHENING OF HOUSEHOLD FOOD SECURITY. ALSO PROBE IN DETAIL FOR THE ELEMENTS OF EACH COMPONENT]**
- 2.6 What are the target groups for the community based orphan care project?
- 2.7 What was the role of community members in the design of the project?
- 2.8 How relevant is the community based orphan care project to this community?

3. Project Implementation

- 3.1 Would you please describe the changes that have occurred to orphans in this community as a result of the implementation of the community based orphan care project? **[PROBE FOR THE BENEFITS THAT HAVE ACCRUED TO OTHER CATEGORIES OF THE PROJECT BENEFICIARIES]**
- 3.2 What success story can you tell in relation to the community based orphan care project? **[PROBE FOR THE FACTORS THAT COULD BE RESPONSIBLE FOR THE SUCCESS]**

- 3.3 What is the role of community members in the implementation of the community based orphan care project?
- 3.4 What would you say are the strengths of the community based orphan care project?
- 3.5 What do you consider to be the challenges being faced by the community based orphan care project? **[PROBE FOR THE EFFORTS THAT ARE BEING MADE TO ADDRESS THESE CHALLENGES]**
- 3.6 If the community based orphan care project were to start all over again, what should be done differently to enhance the effectiveness and impact of the project?
- 3.7 Which component of the community based orphan care project would you say has been the most successful? Why do you say so? What factors are responsible for the success of this project component?
- 3.8 Which component of the community based orphan care project has been the least successful? Why do you say so? What factors are responsible for the limited success?
- 3.9 Which organizations does CADEC Masvingo collaborate with? **[PROBE FOR THE NATURE OF THE COLLABORATION]**

4. Planning, Monitoring, Evaluation and Reporting

- 4.1 Can you please describe how the community based orphan care project activities are planned? **[PROBE FOR THE ROLE OF CARE FACILITATORS IN THE PLANNING PROCESS]**
- 4.2 How is the community based care orphan project monitored and evaluated?
- 4.3 What is the role of community members in the monitoring and evaluation of the community based orphan care project?
- 4.4 What type of project data do you collect? **[PROBE ON HOW THE DATA COLLECTED ARE USED]**
- 4.5 In your opinion, which component of the community based orphan care project has been most successful? Why do you say so?

5. Project Impact and Sustainability

- 5.1 In your opinion, if donor funding were to cease would the orphan care project continue? Why do you think like that?
- 5.2 In what ways do community members contribute to the community based orphan care project?

EVALUATION OF Sida SUPPORT TO CADEC ORHAN SUPPORT PROGRAMME

QUESTION GUIDE FOR BOARD \PROJECT COMMITTEE MEMBERS

BACKGROUND INFORMATION

Name	Position
Sex	Length of time in the board\Committee
Profession	

- 1.1 What is the vision, mission and objectives of the orphan care project?
- 1.2 How did the project start? Who was involved in the project design process/ **(PROBE WHO WERE THE KEY INITIATORS & WHAT WAS THE ROLE OF THE COMMUNITY)**
- 1.3 What is the geographical coverage of the project? Why is the project particularly focussing in this area?
- 1.4 Who are the intended beneficiaries of the project? **(PROBE FOR REASONS WHY)**
- 1.5 If this project were to be started again what should be done differently in relation to the project design?

2. Board\Committee Members Role

- 2.1. Elaborate on board membership/Project Committee membership in terms of : Number of men & women and positions held, orphan carers, orphan care facilitators, stakeholder representation. **(ESPECIALLY PROBE ON ROLES, RESPONSIBILITIES & REPRESENTATION OF THEIR INTERESTS)**
- 2.2 What has been the role of the board\Committee in the orphan care project? **(PROBE FOR COMMON UNDERSTANDING OF ROLE OF OFFICE BEARERS AND WHETHER ROLES ARE PERFORMED ACCORDING TO EXPECTATIONS. PROBE FOR ROLE IN PROJECT DESIGN, PLANNING, POLICY FORMULATION & GUIDING THE MISSION & STRATEGIES)**
- 2.3 How are board members prepared to take up their roles and responsibilities? **(PROBE FOR TRAINING TO BUILD BOARD CAPACITY)**
- 2.4 . What is your role in the orphan support programme? **(PROBE FOR CAPACITY TO HANDLE THE ROLE)**
- 2.5 What kind of decisions are taken by the board and what type by the staff? **(PROBE ON PROCESS OF DECISION MAKING)**
- 2.6 Comment on the programmatic, management, financial transparency and communication issues in relation to the staff and board? **(PROBE ON HOW WELL INFORMED THE BOARD IS ON PROJECT DEVELOPMENT)**

- 2.7 Comment on the clarity of roles of the board members to staff ? (**PROBE ON AREAS OF DUPLICATION & GAPS**)
- 2.8 Comment on the adequacy and appropriateness of the organisation constitution you have? (**PROBE ON WHO WERE INVOLVED IN SETTING UP THE CONSTITUTION**)
- 2.9 Does the orphan care project governance structure optimise participation of communities in the project (**PROBE FOR PROMOTION OF PROJECT OWNERSHIP, TRANSPARENCY, ACCOUNTABILITY ISSUES**) Comment on the Governance system of the project?

3. Capacity issues

- 3.1 Why and how were you selected to be a member of the board?
- 3.2 What monitoring mechanisms are there in place for the board to monitor the project with a view to ensuring that it is in line with the vision & mission of the programme?
- 3.3 Comment on appropriateness of the various board\Committee members. (**WHAT BENEFITS ARE DERIVED FROM THEIR PARTICIPATION IN THE BOARD**)
- 3.4 Comment on the level and nature of skills of staff in relation to orphan support programme with specific reference to ;
 - a) Participatory planning (**GET COPIES OF PARTICIPATORY STRATEGIC PLAN REPORTS**)
 - b) Strategic planning (**GET COPIES OF STRATEGIC PLAN**)
 - c) Monitoring and evaluation (**PROBE FOR MONITORING AND EVALUATION SYSTEMS IN PLACE**)
 - d) Reporting (**PROBE FOR REPORTS THAT HAVE BEEN SUBMITTED TO SIDA**)
 - e) Research (**PROBE FOR BASELINE SURVEY AND OTHER RESEARCH REPORTS ON THE PROJECT**)
 - f) Child Counselling (**PROBE FOR PROCESS OF COUNSELLING**)
 - g) Advocacy and Lobby (**PROBE FOR LOBBY AND ADVOCACY FOR CHILDREN'S RIGHTS**)
 - h) Gender (**PROBE ON HOW THE PROJECT DEALS WITH GIRL AND BOY CHILDREN AND HOW THEIR DIFFERENT NEEDS AND INTERESTS ARE COVERED**)
- 3.5 Comment on the adequacy and appropriateness of your preparation to work as a board\committee member. (**PROBE FOR TRAINING & CAPACITY DEVELOPMENT AS A BOARD\ COMMITTEE MEMBER**)
- 3.6 What are the main challenges that the board encounters in the programme?
- 3.7 What are the main strengths that the board enjoys in the programme?

4. Programmatic Issues

- 4.1 Which activities are being implemented by the Orphan care project? (**PROBE FOR KNOWLEDGE OF PROGRAMME BY THE BOARD**)
- 4.2 Comment on the adequacy, relevance and appropriateness of these activities.

- 4.3 What changes have been realised by the different project actors as a result of the project? **(PROBE FOR IMPACT TO COMMUNITY i.e. MEN, WOMEN, GIRLS, BOYS; STAKEHOLDERS, PLWA, INFLUENTIALS)**
- 4.4 Please share with us the factors contributing to success in relation to the Orphan support component.
- 4.5 What other HIV\AIDS programmes is CADEC implementing
- 4.6 How effective and relevant are these other programmes (e.g. Communication for social change) to the orphan project?
- 4.7 To what extent has the orphan support project managed to meet its target in relation to the Sida\ CDEC project document **(PROBE ON THE NUMBER OF ORPHANS COVERED, THE TYPE OF ACTIVITIES, THE GEOGRAPHICAL AREAS COVERED)**
- 4.8 If you re-examine the orphan project what do you think could be done differently?

5. Key Collaborators

- 5.1 Who are your key collaborators in the orphan support project ?
- 5.2 What is their role in the orphan care project component? **(PROBE ON NATURE & KIND OF LINKAGE FOR EACH COLLABORATOR. ALSO PROBE FOR ANY OTHER PROJECT/ORGANISATION THEY ARE NOT CURRENTLY LINKING WITH WHICH WOULD BE WORTHWHILE FOR COLLABORATION & WHY DO THEY SAY SO)**
- 5.3 Comment on the usefulness and benefits of these linkages? **(PROBE ON WHAT BENEFITS HAVE BEEN DERIVED FROM THESE LINKAGES)**

6. Sustainability

- 6.1 Given your experience in implementing this orphan project, are there other ways that can be adopted to reduce costs but maintaining the same benefits? **(PROBE FOR COST EFFECTIVENESS AND EFFICIENCY)**
- 6.2 What measures have been put in place to ensure that the project can run on its own without external funding?
- 6.3 What suggestions do you have in order to make the project component sustainable?

CADEC ORPHAN CARE PROJECT EVALUATION QUESTION GUIDE FOR COLLABORATORS

Name of Respondent:

Position:

Organisation :

1. How have you been involved in the CADEC orphan care project?
2. What orphan care support strategies have been adopted by the project?
3. Comment on the relevance and appropriateness of the strategies that have been adopted by the project.
4. Comment on the capacity of CADEC in relation to orphan care in the following areas:
 - Promotion of children's rights
 - Gender **(ABILITY TO CONSIDER DIFFERENTLY NEEDS OF THE GIRL CHILD AND THE BOY CHILD)**
 - Linking the programme to other HIV and AIDS programmes (Such as communication for change) that CADEC is implementing.
 - Involving communities in project design, planning, monitoring **(PROBE FOR HOW THIS IS DONE)**
 - Monitoring and evaluation **(PROBE FOR SYSTEMS IN PLACE)**
 - Training of orphan care facilitators **(PROBE FOR TRAINING PROGRAMME IF KNOWN)**
5. From your experience what do you consider to be the strengths and challenges of:
 - *CADEC orphan care project structure
 - *The orphan care programme that CADEC is implementing.
6. What benefits has your organisation obtained from linking with the CADEC orphan care project?
7. What benefits has CADEC orphan care project obtained from linking with your organisation?
8. What challenges have you encountered from working with the CADEC orphan care project. What could be done to maximise benefits from the collaboration ?
9. From your collaborating experience with the CADEC orphan care programme, what changes have been realised as a result of the programme **(PROBE ON IMPACT ON COMMUNITY, ORPHANS, STAKEHOLDERS, INFLUENTIALS)**
10. Comment on whether you think the programme has managed to reach its intended target group.
11. Comment on whether the project has adopted best practices in orphan care ? What do you consider to be the best practices of the programme? **(PROBE FOR THE BEST PRACTICES)**

12. What could the project do differently in order to achieve more impact?
13. Comment on whether you think the CADEC orphan care programme is sustainable in the event that donor funding comes to an end?
14. What suggestions do you have to make the orphan care component for this programme sustainable?

EVALAUTION OF Sida SUPPORT TO CADEC ORHAN SUPPORT PROGRAMME

QUESTION GUIDE FOR STAFF

BACKGROUND INFORMATION

Name

Position

Sex

Length of time in the project

Profession

- 2.1 What is the orphan care project vision, mission, & Objectives
- 2.2 Who are the other donors involved in the project and which activities are they funding?
- 2.3 What is the geographical coverage of the project? Why is the project particularly focussing in this area.
- 2.4 What was the role of the community, intended beneficiaries and stakeholders in :
 - a) Project evolution
 - b) Problem identification and analysis
 - c) Project design
 - d) Project implementation
 - e) Mapping of way forward.
 - f) Definition of indicators
- 2.5 Who are the intended beneficiaries of the project? **(PROBE FOR DEFINITION OF WHO IS AN ORPHAN AND WHAT THE COMMUNITY'S ROLE WAS IN COMING UP WITH A DEFINITION)**
- 2.6 If this project were to be started again what should be done differently in relation to the project design?

3. Board\Committee Members Role

- 2.1 Elaborate on board membership/Project Committee membership in terms of : Number of men & women and positions held, orphan carers, orphan facilitators, stakeholder representation. **(ESPECIALLY PROBE ON ROLES, RESPONSIBILITIES & REPRESENTATION OF THEIR INTERESTS)**
- 2.2 What has been the role of the board\Committee in the orphan care project? **(PROBE FOR A. COMMON UNDERSTANDING OF ROLE OF OFFICE BEARERS AND WHETHER ROLES ARE PERFORMED ACCORDING TO EXPECTATIONS. B. ROLE & INVOLVEMENT IN POLICY FORMULATION & GUIDING THE MISSION & STRATEGIES)**
- 2.3 How are board members prepared to take up their roles and responsibilities? **(PROBE FOR TRAINING TO BUILD BOARD CAPACITY)**
- 2.4 What kind of decisions are taken by the board and what type by the staff? **(PROBE ON PROCESS OF DECISION MAKING)**

- 3.5 Comment on how well informed the board is on project developments. (PROBE ON PROGRAMMATIC, MANAGEMENT, FINANCIAL, AND COMMUNICATION ISSUES IN RELATION TO STAFF AND BOARD)
- 3.6 Comment on the clarity of roles of the board members to staff ? (**PROBE ON AREAS OF DUPLICATION & GAPS**)
- 3.7 Comment on the adequacy and appropriateness of the organisation constitution ? (**PROBE ON WHO WERE INVOLVED IN SETTING UP THE CONSTITUTION**)
- 3.8 Comment on the Governance system and structure of the project?
- 3.9 How are communities structured to ensure there is democratic representation of community's interests in the project?
- 3.10 How are the interests of the communities in relation to the project channelled to CADEC (**PROBE FOR TRANSPARENCY AND ACCOUNTABILITY**)
- 3.11 What measures are put in place to ensure that supplies and resources meant for orphans reach the intended beneficiaries?
- 2.12 What challenges have been encountered relating to the allocation of resources and supplies?

4 Capacity issues

- 3.4 Why and how were you recruited to be a staff member for this project?
- 3.2 What is your role in the orphan support programme? (**PROBE FOR JOB DESCRIPTION AND CAPACITY TO HANDLE THE ROLE**)
- 3.3 What monitoring mechanisms and systems are in place for you to monitor the project implementation?
- 3.4 How is the monitoring and evaluation information collected used for management purposes?
- 3.5 Comment on the level and nature of skills of staff in relation to orphan support programme with specific reference to ;
 - i) Participatory planning (**GET COPIES OF PARTICIPATORY STRATEGIC PLAN REPORTS**)
 - j) Strategic planning (**GET COPIES OF STRATEGIC PLAN**)
 - k) Monitoring and evaluation (**PROBE FOR MONITORING AND EVALUATION SYSTEMS IN place**)
 - l) Reporting (**PROBE FOR REPORTS THAT HAVE BEEN SUBMITTED TO Sida**)
 - m) Research (**PROBE FOR BASELINE SURVEY ON THE PROJECT**)
 - n) Child Counselling (**PROBE FOR PROCESS OF COUNSELLING**)
 - o) Advocacy and Lobby (**PROBE FOR LOBBY AND ADVOCACY FOR CHILDREN'S RIGHTS**)
 - p) Gender (**PROBE ON HOW THE PROJET DEALS WITH GIRL AND BOY CHILDREN AND HOW THEIR DIFFERENT INTERESTS AND INTERESTS ARE COVERED**)
- 3.6 Does the project have adequate material Resources for the implementation of the project? (**PROBE WHAT RESOURCES ARE AVAILABLE AND FROM WHO; DONORS**)

- 3.8 What are the main challenges that the project encounter in implementing the project?
- 3.9 How are these challenges being addressed?
- 3.10 What are the main strengths of CADEC and of the project ?

6. Programmatic Issues

- 4.9 Which activities are being implemented in the orphan support programme ? **(PROBE ON THE ADEQUACY, RELEVANCE AND APPROPRIATENESS OF THESE ACTIVITIES)**
- 4.10 What community based orphan care best practices have been used by the project?
- 4.11 What changes have been realised by the different project actors as a result of the project? **(PROBE FOR IMPACT TO COMMUNITY i.e. MEN, WOMEN, GIRLS, BOYS; STAKEHOLDERS, INFLUENTIALS)**
- 4.4 Please share with us the factors contributing to success in relation to the Orphan support component.
- 4.5 To what extend has the orphan support programme managed to meet its target.?
- 4.6 What other HIV/AIDS programmes is CADEC implementing?
- 4.7 How effective and relevant are the other programmes (e.g communication for social change) to the CADEC' orphan programme?
- 4.8 If you re-examine the orphan programme what do you think could be done differently?

7. Key Collaborators

- 5.1 Who are your key collaborators in the orphan support project ?
- 5.2 What is their role in the orphan component? **(PROBE ON NATURE & KIND OF LINKAGE FOR EACH COLLABORATOR. ALSO PROBE FOR ANY OTHER PROJECT/ORGANISATION THEY ARE NOT CURRENTLY LINKING WITH WHICH WOULD BE WORTHWHILE FOR COLLABORATION & WHY DO THEY SAY SO)**
- 5.3 Comment on the usefulness of these linkages? **(PROBE ON WHAT BENEFITS HAVE BEEN DERIVED FROM THESE LINKAGES)**
- 5.4 What do you think should be done differently in order to maximise the benefits from these linkages?

6 Sustainability

- 6.1 Given your experience in implementing this orphan project, are there other ways that can be adopted to reduce costs but maintaining the same benefits? **(PROBE FOR COST EFFECTIVENESS AND EFFICIENCY)**
- 6.2 What measures have been put in place to ensure that the project can run on its own without external funding?
- 6.3 What suggestions do you have in order to make the project component sustainable?

CADEC ORPHAN CARE PROGRAMME EVALUATION QUESTION GUIDE FOR

COMMUNITY INFLUENTIALS

- 1.1 Would you please describe how this orphan care program started in this community?
[PROBE FOR THE REASONS FOR ITS INTRODUCTION AND COMMUNITY INVOLVEMENT]
- 1.2 What role did community influentials play in the following processes:
 - Project Evolution
 - Problem identification and analysis
 - Project design
 - Implementation of the orphan care project?
- 1.3 What role did the community play in the evolution of the orphan support program?
 - Project Evolution
 - Problem identification and analysis
 - Project design
 - Implementation of the orphan care program?
- 1.4 What role did you play in the selection of orphan care facilitators?
- 1.5 What role did you play in the identification of the orphans?
- 1.6 Who is an orphan according to the project ? Who was involved in coming up with this definition.
- 1.7 How is the project structured at local level? **(PROBE FOR LOCAL PROJECT ORGANISATIONAL STRUCTURE AND COMMUNITY OWNERSHIP OF THE PROJECT)**
- 1.8 How is accountability, transparency and flow of information and ideas from the influentials to CADEC ensured.
- 1.9 In this community whose responsibility is an orphan ?

2. Training Issues

- 2.1 Were orphan care facilitators trained as a way of preparing them for the work that they do?
[PROBE FOR DURATION, COURSE CONTENT AND WHO OFFERED THE TRAINING]
- 2.2 In your opinion, do you think that the training that they received is adequate for the type of work that they do?**[PROBE FOR ISSUES THAT NEED FURTHER TRAINING]**

3. Service Delivery

- 3.1 What are the objectives of the orphan care program?
- 3.2 What strategies/approaches are being used in the orphan care programme **[PROBE FOR THE RATIONALE FOR ADOPTING THESE STRATEGIES]**

- 3.3 How successful would you say are these strategies in addressing the objectives of the orphan care program? **[PROBE ON HOW YOU JUDGE THE SUCCESS OF THE ORPHAN CARE PROGRAM]**
- 3.4 What is your role in the orphan care Project? **(PROBE FOR ROLE IN PLANNING)**
- 3.5 How is this orphan project monitored and evaluated within the project area? **[PROBE FOR INDICATORS OF SUCCESS. ALSO PROBE FOR THEIR ROLE IN M&E ACTIVITIES]**
- 3.5 What mechanisms are put in place to ensure that resources and supplies available for the orphans are accounted for and that they reach the intended beneficiaries. **(PROBE FOR ANY STOCK CARDS IN USE AND ACCOUNTABILITY AND TRANSPARENCY ISSUES IN PLACE)**
- 3.6 Would you please describe how the organization works with other people and/or organizations involved in orphan care activities in this area? **[PROBE FOR THE MOST IMPORTANT COLLABORATORS]**
- 3.7 How does the program ensure that orphans in the program are getting quality services?

4. Sustainability

- 4.1 What is the role of community members in this orphan care project?
- 4.2 In the event that there is no longer donor support, what do you see as the future of this orphan care Project? **[PROBE ON THEIR PERCEPTIONS OF WHETHER THE PROGRAM WILL CONTINUE OR NOT]**

5. Project Strengths/Successes and Challenges

- 5.1 What would you say are the successes \ outputs of this orphan care Program? **[PROBE FOR SPECIFIC INDICATORS USED]**
- 5.2 In your opinion, what factors would you say are responsible for this success?
- 5.3 If this orphan care Program were to start all over again, in your opinion, what should be done differently?

Terms of Reference

Evaluation of Sida Support to the Catholic Development Commission (CADEC) Masvingo

Background

The Swedish Embassy has a long history of supporting HIV/AIDS initiatives in Zimbabwe. This support was initially channelled through the health sector programme. In recognition of the importance of multi-sectoral participation in HIV/AIDS efforts as well as the broad impact of the epidemic on many sectors, the Embassy decided to take a multi-pronged approach to its support to HIV/AIDS programmes in Zimbabwe. It was thus that the Strategic Planning Fund was formed through the bilateral agreement with Zimbabwe in 1998 to support projects/programmes not only in HIV/AIDS prevention but also in home-based and orphan care, gender issues, civic education among many others. The Swedish Government has decided that development co-operation with Zimbabwe during 2001 to 2002 should focus on support to civic society with the areas of human rights and democracy and HIV/AIDS.

The Catholic Development Commission (CADEC) is an arm of the Catholic Church which deals with community based work in terms of social welfare and socio-economic development. CADEC is present in several Catholic Diocese including Masvingo, Chinhoyi and Gweru. Cadec is involved in a wide variety of programmes such as home-based care, community orphan care, water and sanitation, gender, poverty alleviation, skills training, drought relief, supplementary feeding and runs five vocational training centres. Cadec Masvingo receives funding from Misereor, Rockefeller Foundation and CAFOD among others. In January 2002, the Swedish Embassy entered into a one year agreement with Cadec Masvingo to support its community based orphan care programme. Approximately ZWD 4 million was allocated to the project.

The overall objective of the Orphan Care project is to improve the psychological, social and economic security of orphaned children in Masvingo district through instituting sustainable linkages that integrate these children with support services. The project includes activities to economically strengthen households living with orphans, increase the access of orphans to education through the payment of school fees, provision of psychosocial support, life skills training and strengthening of household food security. As the period of support to Cadec is drawing to an end, the Embassy has decided to assess the impact and effectiveness of the Orphan Care Programme.

Purpose and Scope of the Evaluation

The evaluation should establish the extent to which CADEC achieved the set objectives, assess the impact of the programmes on the intended beneficiaries as well as draw lessons from CADEC's experience in implementing this programme. The findings of this evaluation should highlight areas that should be consolidated or strengthened in The Orphan Care project so as to maximise the impact as well as improve the sustainability of the project.

Although the evaluation should concentrate on the Sida-funded component of CADEC's programmes, the overall administrative procedures as well of the organisational capacity to plan, implement, monitor and evaluate HIV/AIDS programmes should also be assessed as these have direct bearing on the implementation of the orphan care project.

Interested parties are:

1. The Embassy – to determine the effectiveness and impact of this programme
2. CADEC – To draw lessons on the strengths and weaknesses not only of this project, but also of the organisation.
3. Other stakeholders such as donors who are currently supporting or are planning to support CADEC or other similar orphan care programmes. Community members and the target beneficiaries so they can contribute to strengthening this and other orphan care projects.

Objectives of the evaluation

The overall objective of the evaluation is to assess the impact and effectiveness of the Orphan Care project. In addition the evaluation should assess the capacity of Cadec to manage community-based HIV/AIDS projects in general

Specifically the evaluation should answer the following questions:

1. What have the major outputs of the project and how **effective** has the orphan care project been in achieving the set objectives?
2. What **impact** have activities had on the target beneficiaries and how relevant have these activities been to the needs of children affected by AIDS and their care givers?
3. To what extent has the project applied **best practices** of community-based orphan care?
4. How successful has Cadec been in **mobilising the communities** and to what extent have communities participated in this project in terms of problem analysis, intervention mapping and implementation?
5. What **monitoring mechanisms** have been used to track project progress and how effective have these been?
6. What **financial control systems** exist within the organisation and specifically, were Sida funds used as specified in the project document?
7. Were the financial, human and material resources allocated to this project used **efficiently**? i.e. were maximum outputs obtained from these resources?
8. As Swedish support for this project is drawing to an end, what is the **viability and sustainability** of this project?
9. How effective and relevant are CADEC's other HIV/AIDS activities? (e.g. communication for social change)
10. Does Cadec have the organisational **capacity** in terms of material and human resources, strategic planning and leadership, mobilisation and use of financial resources to plan and implement HIV/AIDS programmes?
11. Does the **constitution** clarify the separation of powers, the roles and responsibilities of the various structures and officers in the organisation, the chains of command and the process of decision-making?

The evaluation should comment on the extent to which human rights and gender issues are mainstreamed into the organisation's activities and highlight any other issues that may have affected the implementation of the project.

Evaluation Team

The consultant will suggest the composition of the evaluation team. They should have relevant qualifications and experience in monitoring and evaluation methodologies, HIV/AIDS programme planning and implementation, advocacy and community mobilisation, orphan care or social work. Past experience in the evaluation of similar programmes is mandatory. Knowledge in income generation project/small enterprise development and management as well as gender issues would be beneficial.

Evaluation Methodology and Time Schedule

The evaluation will consist of a

- Desk review of the project proposal, work plans and budget submitted by CADEC to the Swedish Embassy. Project narrative and financial reports, organisational audit and annual reports and any other relevant documentation shall also be reviewed
- Interviews with CADEC staff, primary beneficiaries of the project i.e. orphans, carers, community leaders and other relevant stakeholders and participants of the project
- Site visits to CADEC offices, participating schools and income generation project sites

The proposed time schedule for the evaluation, including report writing is two calendar weeks (10 working days). The evaluation team shall visit the CADEC offices as well as field/project sites and any other partners that will enable it to collect the necessary data and carry out the necessary interviews during the stipulated time.

Reporting

A draft report shall be presented to the Embassy and to CADEC by the latest 15 November 2002. Three copies of the final evaluation report as well as a copy on diskette shall be submitted to the Embassy by 29 November 2002. The final report should not exceed 30 pages excluding annexes.

The evaluation shall be written in English and include an executive summary. Subject to a decision by Sida, the report will be published and distributed as a publication within the Sida Evaluation Series. The evaluation should be written in Windows 97 Office FOR Windows NT (or in a compatible format) and should be presented in a way that enables publication without further editing.

Organisation and Co-ordination

The consultants will report directly to the responsible Programme Officer within the Swedish Embassy (Harare) Josephine Ruwende. The contract for the evaluation will be between the Team of Consultants and the Swedish Embassy.

KEY INFORMANTS

NAME

Mrs Charity Murapa

Mrs Juliet Lameck

Priest Father Onismo Gumbu

Mr Jephta Motose

Mr John Manana

Mr Munyaradzi Musheneti

Albert Nhenga

Kids Club (Zano Primary School)

Zano School Child

Rukonde Daitai Sec School Child

Fezile Ncube

Shandurai Gijima

Edmund Matondo

Father Machidha

Mr Cuthbert Vunyaka

Mr M Madzokere

Mr Mathew Chirimo

Mr Murinye

Simon Madenga Makarati

Care Facilitators

Mr Farai Makwanyai

Mrs Mandinyenga

Mr R Pfurire

POSTION

Project Officer (for the orphan program)

Assistant Field Officer

Ex Officio Member

Chairperson project for social development

Councilor Ward 15

Community Member

Community Member

Orphan

Orphan

Orphan

Co-ordinator

Field Officer

Field Officer HIV/ AIDS Orphan Care

Financial Administrator

Teacher

Headmaster

Orphan

Chief (Murinye Area)

Chief Aid

Zano primary school Ward 14

Finance Office

Chief

Deputy Secretary

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