
Promotion of Child Rights as a Resilience factor in Child Headed Households in Mutasa District in Zimbabwe

Mary-Joyce Gohwa-Kapesa¹, Levison Maunganidze²
(Department of Social Sciences, Africa University, Zimbabwe)^{1,2}

Abstract: *The qualitative study explored the promotion of child rights as a resilience factor in CHH in the Mutasa district, Zimbabwe. A purposive sampling of 28 children (age range 6 to 16) living in 10 child headed households (CHH) in Mutasa district in Zimbabwe was done. In-depth interviews using unstructured interview guides were used to collect data. Twenty-five (25) child service professionals and three (3) purposively selected government officials involved in policy formulation and implementation also took part in the study. The data was thematically analysed. The research findings indicate that there are no policies that specifically target CHH, despite the increase in the number of CHH in the country. CHH are subsumed under the broad category of OVC. This one size fits all approach fails to address the unique needs of the CHH. The children's voices are not heard during the process of formulating policies that affect them. A child rights approach should be used to enhance resilience in the CHH. Provision of child rights is linked to resilience as it is crucial in the creation of coping enabling environments.*

Keywords: Resilience, child rights, child headed households, coping enabling environments.

Research Area: Social Science

Paper Type: Research Paper

1. INTRODUCTION

Zimbabwe signed and adopted the UNCRC in 1989. UNICEF (2004) described the UNCRC as the most comprehensive international document pertaining to the rights of children. This sets out the political, civil, cultural, economic and social rights of all children including children in child headed households (CHH). The Committee on the Rights of the Child (CRC) identified four articles which they said summarised the UNCRC. These are: Non-discrimination (Article 2); Best interest of the child (Article 3); Right to life, survival and development (Article 6); Respect for the views of the child (Article 12).

Zimbabwe has made considerable strides in ratifying most conventions and international instruments that guarantee fundamental human rights as well as protection of children. Some progress has been recorded in domesticating the UNCRC into laws and policies (Mupedziswa, 2006). The Children's Act (2004) Chapter 5:06 provide categories of children who need care. These categories include those who are destitute or have been abandoned; who are denied proper health care; whose parents are dead or cannot be traced; whose parents do not or are unfit to exercise proper care over them; and whose parents give them up in settlement of disputes or for cultural beliefs. The Children's Act (2004) though comprehensive, fails to specifically point out the existence of CHH as a group of children in need of services.

The human rights approach should be the basis of child protection interventions in Zimbabwe, all the more so for interventions related to CHH. The human rights approach is based on the concept that the rights holder can claim their rights from duty bearers and must be capable of claiming the rights (Plan, 2005). There is an ethical dimension both to what should be done and how it should be done (UNICEF, 2004). The human rights approach

posits that child rights are universal and indivisible. They are inalienable entitlements that must be made available to children at all times. According to the UNCRC (1989), children possess various rights including the right to education, the right to be protected from forced labour, the right to have a name and identity and the right to health care, among many other pertinent issues. There exists therefore a clear link between the fulfillment of child rights and resilience because fulfilling child rights and ensuring the availability of basic necessities creates an environment that favours the emergence of resilience (Ager, 2013). Resilience and coping enabling environments come into existence when the state fulfills its obligation. However in Zimbabwe, provision of the very basic necessities of food and shelter for the vulnerable children is a challenge (Plan, 2010). The relationship between child rights and resilience is of a political nature. Ungar (2013:359) clearly underscores this point by advancing that resilience studies can become ‘a political act that acknowledges that those who are marginalised may have far less power to influence the discourse that defines adaptive coping under stress and the way resources are provided to meet their needs’.

One of the shortcomings of the UNCRC and the human rights approach is that they tend to universalise childhood, the assumption being that all children undergo the same experiences in the process of their development (Chizororo, 2005). However, research on the ground shows that there are multiple varieties of childhoods. Children experience childhood in different and complex ways and the emergence of CHH is testimony to this reality. That which is regarded as constituting a healthy and socially acceptable childhood in one context and time epoch may be completely unacceptable in another context (Veeran& Morgan, 2009). For instance, children in the Western countries may not need to work for their livelihoods because their countries have advanced social welfare and child protection systems. However, in most African societies children in CHH need to work as a means for survival. Therefore what can be considered as child labour in one context can be a pathway to resilience in another context (Ungar, Ghazinour&Ritcher, 2013). Research studies conducted by UNHCR (2012) in the Eastern Highlands of Zimbabwe indicate that children actually work in order to raise money for school fees, uniforms, and food for their impoverished families. This demonstrates that there might be challenges in implementing the human or child rights approach, as espoused by the UNCRC, in some contexts.

Given this stark reality, some academics and activists for children’s rights have argued for the domestication of the provisions of the UNCRC to ensure that children’s rights are contextually relevant. In other words, the interpretation of children’s rights must be understood in the cultural context in which children are born and raised (Bourdillon, 2000). Every society has values, beliefs, and aspirations that require respect and consideration in the process of developing and implementing child development projects. Zimbabwe has tried to domesticate the UNCRC into laws and policies which will be explored below.

2. THE ZIMBABWE NATIONAL ORPHAN CARE POLICY

The Zimbabwe National Orphan Care Policy (ZNOCP) was formulated in 1999, after the realisation by the government of the increasing number of orphans due to the HIV/AIDS pandemic. Impetus for the policy came about after the determination that the specific needs of orphans were not being catered for by the general Children’s Act. The ZNOCP (1999) identifies opportunities that are inherent in the country’s legislative framework, the cultural tradition of caring and the collaborative approach, which exists between government and the civic society, especially the six-tier safety net mechanism to provide care and support for vulnerable children.

The objectives of the policy were formulated based on the UNCRC (1989) and the African Charter on the Rights and Welfare of the Child (1999). The government of Zimbabwe established a six-tier safety net system of orphan care in accordance with the provisions of the UNCRC, the African Charter on the Rights and Welfare of the Child and the general traditions of the Zimbabwean populace. The said system states that a child belongs to the biological nuclear family, the extended family, the community, formal foster care, formal adoption and institutional care, which is considered a last resort.

The ZNOCP (1999) is informed by a community- based model of care, which operates on the assumption that if the nuclear family is not there, the extended family and the community take responsibility for the care of OVC. However, this is untenable as the extended family and the community are now overstretched and seriously impoverished due to the collapse of social protection measures caused by generalised poverty (Roalkvan, 2005; Mushunje 2006). This has caused great suffering to OVC; hence the enactment of the ZNOCP to protect the children. The state, which is supposed to provide for the vulnerable communities, seems to be struggling to meet the plight of the orphans. Communities are themselves looking to the state to come up with solutions to cushion OVC, but the state is now conversely appealing to the communities, which have been impoverished and ransacked by HIV and AIDS to come up with solutions to the OVC problem (Muronda, 2006). The OVCs seem to be caught in the middle between the state and the communities and there seems to be diffusion of responsibility as to who is directly responsible for taking care of their needs, hence the emergence of CHH. The state should therefore formally acknowledge the existence of CHH and recognise them as an alternative and acceptable orphan care system that should be provided for by policy.

3. NATIONAL ACTION PLAN FOR ORPHANED AND OTHER VULNERABLE CHILDREN

The National Action Plan for Orphaned and other Vulnerable Children (NAP for OVC) seeks to prioritise and address the urgent issues facing OVC, their families, and communities. Gwandure (2009) noted that in response to the financial challenges and poor macro-economic conditions, the government developed a framework of support for OVCs through the National Action Plan for Orphaned and Vulnerable Children (NAP for OVC, 2004). This plan of action may be viewed as a social protection initiative. The plan is being implemented in phases. The first phase ran from 2004-2010 while the second phase runs from 2011- 2015. The vision of NAP I was to address the needs of all OVC in Zimbabwe and provide them with basic services. The revised NAP II (2011-2015) builds on the success and lessons of the NAP I for OVC, which was launched in 2005. NAP I received funding through the Programme of Support. Under this multi donor pooled fund, US\$85million was used to respond to the needs of more than 500 000 children in the areas of education, health, nutrition and social welfare, as well as strengthening the capacity of government to build safety nets for children and their families (NAC,2010). The Ministry of Labour and Social Services concluded that the support under NAP 1 was not comprehensive. Most orphans including those in CHH were reported as not having benefitted greatly from initiatives in the first phase. This might have been caused by adverse political, social- economic conditions, which were then prevailing. It is against this erratic background that the NAP II is being implemented.

4. CHALLENGES IN THE IMPLEMENTATION OF THE UNCRC

In the provision of child protection mechanisms, several challenges in implementing the UNCRC have been noted by Mushunje (2006). They include the following:

4.1 Non-Participation of Children in Issues Affecting Them:

UNICEF (2002) noted that in many countries, policy making often fails to take children's views into account, thereby threatening their future. Such short-sighted approaches have a negative impact on children's current conditions and as future members of society. Article 12 of the UNCRC calls for children's participation in all areas that affect them. Participation may be at different levels, for example, policy formulation and implementation. However, the children's evolving capacity should always be considered. It should be noted however, that in most African countries, Zimbabwe included, children are supposed to be 'seen, not heard'; hence active participation of children, even on issues affecting them directly is not encouraged (Muronda, 2006).

4.2 Non-Availability of Resources:

This has been an issue of particular concern where child protection is concerned with resources that include the financial and human. An absence of resources negatively impacts child protection activities. Many countries in Africa have only a limited number of social workers who should be responsible for the administration of the Children's Acts (Mushunje, 2006). Lack of personnel impedes effective implementation and monitoring of child protection legislation.

4.3 Gaps between Legislation and Practice:

Although Zimbabwe has passed good and solid legislation, there still exist huge gaps between legislation and implementation. Zimbabwe has promulgated some of the most comprehensive and progressive legal instruments for the protection of children, but the extent to which these have been enforced, is cause for concern (Lachman et al., 2002). The changing nature of the challenges facing children requires continued innovative interventions that respond to the prevailing situation and should translate into effective legislation.

5. METHOD

5.1 Research Design:

An exploratory qualitative approach was used to analyse the interplay between the promotion of child rights and resilience in the CHH. An interpretive phenomenological approach was used to capture the CHH's lived experiences (Creswell, 2014).

5.2 Participants and Setting:

The study participants comprised of children who were living in CHH in Mutasa District in Zimbabwe located in Manicaland. The ages ranged from 6 to 16 years. Children who had lived in CHH for more than 3 years were selected. A purposive sample of 25 child service professionals and 3 government officials responsible for policy formulation and implementation also took part in the study.

5.3 Data Collectio:

Semi-structured interviews were used to collect information from the 28 children in CHH, 25 child service professionals and 3 government officials. To ensure credibility, transcribed interviews were written to allow for auditing of the research process and this helped to improve trustworthiness of the data (Braun & Clarke, 2006).

5.4 Procedure:

Permission for the study was sought from the Ethics Review Board (UNISA) and the Social Welfare department through the Provincial Administrator's Offices in Mutare, Zimbabwe. Each participant signed a consent form. Before the study commenced, participants received information about the research. The information provided explained in detail the research purpose, procedures, risks and benefits including the rights of the participant and contact information of the researchers. The children were asked to assent to taking part in the study and to name a trusted adult who could consent on their behalf. Provision was made that those who felt psychological discomfort would be able to get help from a registered psychologist on standby.

5.5 Data Analysis:

Content analysis as propounded by Creswell (2014) was used to analyse and draw themes from the data. The aim was to attain a condensed and broad description of the child rights and resilience patterns of children in CHH. This involved reading out each in-depth interview to identify potential codes and creating a coding system and assigning agreed-upon codes to relevant texts. The investigators independently coded data and compared notes to ensure credibility. The findings are presented in the sections which follow.

6. FINDINGS AND DISCUSSION

6.1 Characteristics of Respondents:

The researchers interviewed ten heads of the CHH within the age range of 7 years to 16 years. The pseudonym names Rudo, Simba, Tatenda, Ngoni, Fungai, Tawanda, George, Nyari, Clara and Rumbi were assigned to the ten heads of CHH. Participating CHH had a total of 28 children within the age range 6 to 16 years. The children had been living in CHH for periods ranging from 3 to 4 years. The children were either in primary or secondary school. Schooling challenges and resilience themes were identified. Table 1 below summarises the sociodemographic information of the children.

Table 1:

Pseudonym Name of Head of CHH	Number of children in CHH	Ages of Children in CHH	Level of education of the household head	Period in CHH (in years)
Rudo	3	16, 12, 9	Secondary education	3
Simba	3	15, 12, 9	Secondary education	4
Tatenda	3	15, 11, 9	Secondary education	3
Ngoni	4	14, 10, 9, 6	Primary education	3
Fungai	2	16, 11	Secondary education	4
Tawanda	2	14, 12	Primary education	3

George	3	15, 11, 7,	Primary Education	3
Nyari	2	13, 8,	Primary Education	3
Clara	3	12, 10,8	Primary education	3
Rumbi	3	14, 12, 9	Secondary education	3

Note: 25 child service professionals and 3 government officials were also interviewed

6.2 Policy Intervention Strategies on Issues Affecting CHH:

Three interviews were carried out with government officials responsible for policy formulation and review. One interview took place at Africa University, and the other two interviews took place at the offices of the government officials. Discussions with Mr Samson, Mr John and Mr Peter (not their real names) revealed that all policies dealing with issues concerning orphaned children are formulated and implemented by the Ministry of Social Welfare. The interviews also revealed, as noted earlier, that despite the increase in the number of CHH over the years there are no policies that specifically cater for this constituency. The CHH are subsumed under the broad category of OVC.

Mr Samson explained that the process of developing a policy in Government follows a certain sequence with distinct phases.

Phase 1

Specialist officers in the area requiring a policy carry out research in that area. These officers are mainly directors based at head office. This research is supposedly done with the inclusion of a representative sample of the population concerned.

Phase 2

The specialist officers report their findings to the Permanent Secretary in that Ministry.

Phase 3

The Permanent Secretary reports the findings to the Minister.

Phase 4

The Minister reports the findings to the Cabinet.

Phase 5

The Cabinet endorses the report and the policy. However, Mr Samson said:

'The Cabinet is usually made up of people who may not be directly involved in the issues at hand and in most instances it simply rubber stamps whatever comes from the Ministry. The policy is then passed and distributed to Provinces and districts and is thereafter supposed to be implemented'.

The officers were informed that opinions at the grassroots levels showed that most of the policies were not addressing the needs of the vulnerable children and the CHH in particular. They said that the district personnel should engage their provincial heads of department who should use the same routes to relay the message to the top so that the policies can be changed. Mr Peter however said:

'They do not do that because most of them fear to challenge existing policies because doing so might be wrongly perceived, so they keep quiet and continue working with dysfunctional policies'.

Eggerman and Panter-Brick (2010) cited in Ager (2013:490) insightfully propounded that there is a great need to target 'the major political and economic drivers that create a context of adversity for children, not just the mechanisms available to address such adversity'. This therefore calls for unbiased and honest appraisals on functional and dysfunctional policies. Studies in the area of policy development seem to suggest that a 'bottom up' approach is usually effective when formulating policies. This seems to be the method that has been adopted by the Zimbabwean government. However, a closer examination on this process suggests that it is not as 'bottom up' as the term entails, since it commences at head office and more resembles an 'Up-Bottom-Up' approach. This is because the whole process starts at head office (Up) with the directors reportedly doing the research with people at the grassroots level (Bottom) after which the process is returned back to head office and Cabinet (Up) for approval.

The drawback of this approach is that those people at the top who spear head the process may not be fully in touch with what is happening on the ground. If they lead the research and needs analysis process, they may advance research objectives and questions that may not tally with the actual needs of the target population and the unique needs of the targeted population such as the CHH, may be lost in the process. This therefore calls for an urgent need to strengthen the connection between research and policy for the formulation of policies that are research based (Bennett & Jessani, 2011). Policy makers and researchers need to collaborate and meaningfully engage in the policy formulation processes if tangible benefits are to be realised. Bennett and Jessani (2011) cited in Ager (2013:495) point out that 'there are major challenges with both the 'push' model of knowledge transfer (where researchers seek to identify policy consumers for their work) and the 'pull' model (where policymakers commission research related to current agendas). They advocate for a process of 'knowledge brokering' which will regulate and coordinate 'the supply of, and demand for, research evidence'. This inevitably calls for dialogue between researchers and policy makers so that researchers can carry out studies that are policy need driven and policy makers will have the availability of policies that are research based. This will lead to a 'win, win' situation where all parties, the politicians, the researchers and the CHH or any targeted population will benefit from the process.

6.3 Promotion of Child Rights as a Resilience Factor:

Resilience and the realisation of child rights are closely related in Mutasa and it becomes a challenge to tackle one and leave out the other. Mr. John jokingly pointed out an important factor and said:

'Yes I agree with you that the issue of resilience that you are talking about is a child rights issue, But you see the moment you start talking about rights at any level, people view you with suspicion: it is not a user friendly term, you see, (laughs from Mr. John and researcher) so you have to tread very carefully'

In many African countries, advocating for human rights is usually done by people who are perceived to be anti-government. This could be attributed to the fact that the activists will be challenging the status quo and making people aware of their rights and how they are being violated. The researchers could therefore understand where Mr. John's hesitations were coming from when the discussion took a rights based approach. Being a government official

he could not appear like he was biting the hand that was feeding him. The CHH's daily challenges revolve around survival which entails spending most of their time looking for food. Food is a very basic need and right for the children. It becomes a scarce commodity due to poverty and threatens the very survival of the CHH. A rights based approach to resilience would require the obligation of the state to provide these basic rights that create a coping enabling environment which would enable the CHH to thrive and resile (UNICEF, 2004). Poverty which is at the root of the CHH's problems is a denial of child rights and poverty eradication can be seen as being synonymous with the process of meeting human rights (Plan, 2009).

The dynamics of resilience in Europe and Africa are different in the sense that in most European countries, the social protection structures that cater for the basic needs of the vulnerable populations are usually available, for example, food, shelter and education which relate to the child's rights to survival, protection and development. In Mutasa district however, the children struggle for the very basics of food, shelter and education.

Resilience in Mutasa district is linked to the availability of the very basic needs for survival. It therefore becomes difficult to separate resilience from child rights because the fulfilment of child rights creates coping enabling environments that are crucial for the emergence of resilience. From a child rights perspective, the duty bearers, in other words the state has an obligation to fulfil the basic child rights that are crucial for the emergence of resilience (United Nations, 2009). Ideally the child who is the right holder should be in a position to claim these rights from the state. However due to a number of limitations pertaining to age, culture and resources the child is unable to do so in their individual capacity but relies on civil society that can advocate on the child's behalf. The child service professionals who participated in the study also added that efforts have been made to domesticate the UNCRC into relevant laws and policies that pertain to the nation. There is however, a real gap in the implementation and monitoring of the laws and policies. They also lamented the fact that a common clause in most of the articles of the convention pertains to success being dependent on the availability of resources. This tends to self-defeat the purpose of the convention. This is because duty bearers quickly give the excuse of unavailability of resources for the failure to fulfil their obligations to the right holders.

6.5 Interventions:

Intervention strategies should adopt a child rights based approach which entails the realisation of the rights of the excluded and marginalised populations like the CHH. It encompasses a holistic view that includes the family, community, civil society, local and national authorities in addressing the needs of the CHH, (Centre for Human Rights Research, 2000). Resilience is all encompassing and it includes the child's internal strengths, a coping enabling environment and the availability of supportive networks in the child's environment.

The child rights approach also involves inclusion of participatory processes in policy formulation and implementation. This leads to the availability of policies that address the needs of the CHH. Involvement and participation by the CHH makes the policy formulation process transparent and empowers the right holders to claim their rights, thereby enhancing accountability on the part of the duty bearers (UNICEF, 2004, 2010). This enhances the resilience of the CHH because as indicated by the Social Suffering Theory propounded by Pederson (2002) most of the problems faced by the CHH also emanate from the enactment of policies and programmes that do not address their needs. This is because these policies are designed for them instead of by them and with them. Hence the participation of children as

advocated for by the child rights approach would go a long way in ensuring that their needs are met which in turn would create a coping enabling environment that would enhance their resilience.

Ideally, policies should be dynamic and must address the changing needs of the intended beneficiaries. Officers at district levels should report any short comings of the policies to head office so that policies may be periodically adjusted. From the interviews I carried out, it was indicated that this might not be the case. Officers at district level feel as if the policies have been imposed on them without their input. They continue working with dysfunctional policies simply because they have been put in place by the 'experts'. The unfortunate outcome of all these power dynamics is that the intended beneficiaries continue to suffer. The needs of the intended beneficiaries should always be prioritised over power politics. Ager (2013:494) advanced what he referred to as key messages to policy makers regarding resilience. These are summarised below.

- The starting point is strengths and resources rather than risks and vulnerability.
- Resources supporting developmental outcomes can be drawn from across biological, psychological, familial, communal, institutional and societal domains.
- Each of these domains represent discrete, but connected, adaptive systems.
- Because the systems are connected, interventions in one domain can have influence in another.
- Because the systems are adaptive, they self-regulate by deploying available resources to compensate for lost resources.

The children's voices need to be heard in processes that are meant to develop programmes or policies that are supposed to benefit them.

7. CONCLUSION

There are no policies that specifically target CHH, despite the increase in the number of CHH in the country. CHH are subsumed under the broad category of OVC. This one size fits all approach fails to address the unique needs of the CHH. The children's voices are not heard during the process of formulating policies that affect them. CHH are not benefitting much from most of the policies and programmes meant to help the OVC.

The process of developing policies is not thoroughly consultative, as social welfare officers at district levels who work with the CHH and have a deeper understanding of their issues are not involved in the process. It is difficult for CHH to obtain identification particulars which inevitably excludes them from accessing their rights as citizens of the country.

Although Zimbabwe ratified the UNCRC and managed to domesticate it into relevant laws and policies that address contextual issues, not much has been done to monitor the implementation of the policies. There are a number of barriers that inhibit the child as a right holder to claim their rights from the duty bearer which is the state. A clause that says 'depending on the availability of resources' which accompanies most of the articles on the UNCRC tends to self-defeat the provisions of the convention as this provides a readymade excuse for the duty bearers for not fulfilling their obligations to the right holders.

A child rights approach should be used to enhance resilience in the CHH. This is because the very basic right to food is a daily struggle for the CHH. Provision of child rights is therefore linked to resilience as it is crucial in the creation of coping enabling environments.

There should be policies that cater for the constituency of CHH. Policy makers should involve CHH in the process of formulating policies and programmes that are supposed to benefit them. There is need for collaboration between policy makers and researchers for the enactment of research based policies. The process and requirements of obtaining identification documents should be reviewed periodically so that no one, especially the CHH, is disadvantaged in accessing this very basic right to be identified as a citizen of their own country. Current regulations require that the CHH should be accompanied by a relative bearing the same surname as theirs in order to obtain a national identity card. This places the CHH at the mercy of the extended family system which might not be sympathetic or co-operative. Longitudinal studies on developmental outcomes of children in CHH could be done. Comparative studies on different forms of families should now include CHH as a type of family due to the growing number of CHH, especially in developing countries.

A child rights based approach is needed to understand resilience as it relates to policy. The duty bearer has an obligation to the right holder who is the child to create environments that are conducive to fulfilling the rights of children. Fulfilling child rights creates conducive environments for resilience to flourish; hence the state should be in the fore front in ensuring that every child enjoys their rights. Barriers in accessing rights such as awareness, communication, negative attitudes and non-availability of resources should be addressed. Civil society can enhance facilitation of such processes. Efforts must be made to eradicate poverty which is at the root cause of the problems faced by CHH.

REFERENCES

1. Ager, A. (2013). Annual research review: Resilience and child well-being: Public policy implications. *Journal of Child Psychology and Psychiatry*, 54, 488–500.
2. Bennett, G., & Jessani, N. (2011). (Eds.), *The knowledge translation toolkit: Bridging the know-do gap: A resource for researchers*. New Delhi/IDRC: Sage. Ottawa.
3. Bourdillon, M., F., C. (2000). *Earning a life: Working children in Zimbabwe*. Harare, Weaver Press.
4. Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.
5. Centre for Human Rights Research. (2000). University of Pretoria. South Africa.
6. Children Act 2004(2004). London, HMSO.
7. Chizororo, F.(2005). *Orphanhood, childhood and identity dilemma of child headed households in rural Zimbabwe in the context of HIV/AIDS pandemic*. St Andrews University, Fife KY16 9AL Scotland.
8. Creswell, J.W, (2014). *Qualitative Inquiry & Research Design: Choosing among Five Approaches*. (2nded.). Thousand Oaks: Sage Publications.
9. Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine*, 71, 71–83.
10. Gwandure, S. (2009). Baseline study of social protection in Zimbabwe: A report prepared for the social protection technical review group (SPTRG). Harare: Multi-Donor Trust Fund.
11. Mupedziswa, R (2006). Editorial, *Journal of Social Development* 21(1),111.

12. Muronda, Y (2006). *Social security and the national orphan care policy in Zimbabwe: Challenges from the child headed households*. Available: <http://hdl.handle.net/10353/564>
13. Mushunje, M, T (2006). Child protection in Zimbabwe: yesterday, today and tomorrow, *Journal of Social Development* 21(1), 12-34.
14. NAC (2010). *Orphans and Vulnerable Children. NAC-Coordinating the multi-sectoral response to HIV & AIDS in Zimbabwe*. Harare: Government publications.
15. NAC (2011). *Programme of support to the national action plan for orphans and vulnerable children in Zimbabwe*. Harare: Government publications.
16. Panter-Brick, C., & Leckman, J.F. (2013) .Editorial commentary: Resilience in child development – interconnected pathways to wellbeing. *Journal of Child Psychology and Psychiatry*, 54(4), 333–336.
17. Panter-Brick, C. (2015, June). *Resilience: Biocultural perspectives on child and family well-being*. Paper presented at the Pathways to Resilience 111 International Conference. Halifax, Canada.
18. Pedersen, D. (2002). Political violence, ethnic conflict, and contemporary wars: Broad implications for health and social wellbeing. *Social Science and Medicine* 55(2), 175–190.
19. Plan International (2005) *Helping AIDS orphans in child headed households in Uganda: From relief interventions to supporting child-centred community coping strategies*. Finland: Plan Finland
20. Plan International. (2010). *Annual report* <http://plan-international.org>
21. Roalkvam, S. (2005). The children left to stand alone. *African Journal of AIDS Research (AJAR)* 4(3), 211–218.
22. Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual Research Review: What is resilience within the ecology of human development? *Journal of Child Psychology and Psychiatry*, 54, 348–366.
23. UNICEF. (2004). *The state of the world's children*. New York City, NY: UNICEF.
- UNICEF, (2004). *Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*. New York, NY: UNICEF.
24. UNICEF. (2007). *Annual Report*. New York, NY: UNICEF
25. UNICEF. (2009). *The State of the World's Children 2010. Celebrating 20 Years of the Convention on the Rights of the Child*. New York City, NY: UNICEF.
26. UNICEF, (2010). *Children and AIDS: Fifth Stocktaking Report*. UNICEF: New York City, NY: UNICEF
27. Veeran, V., & Morgan, T. (2009). Examining the role of culture in the development of resilience for youth at risk in the contested societies of South Africa and Northern Ireland. *Youth and Policy*, 102, 53–66.