Scoping Study on Kinship Care in Zimbabwe

Farm Orphan Support Trust of Zimbabwe (FOST)
September 2020

"More than two decades of care and support for orphans and vulnerable children in Zimbabwe"

Family for every child

ZNCWC

fost

Contents

Acknowledgements

This research was supported by Family for Every Child through Farm Orphan Support Trust of Zimbabwe (FOST). We would like to sincerely thank the following stakeholders, without whose support the research would not have been successful: the Zimbabwe Department of Social Welfare, UNICEF, Zimbabwe National Council on the Welfare of Children (ZNCWC), National AIDS Council (NAC) and Ministry of Education, who all provided logistical support, insights and expert views on kinship care that enriched the research process.

We would also like to thank the research team for successfully completing the research which has brought out critical insights on kinship care in Zimbabwe. We thank the Lead Consultant George Zimbizi for leading the research process and compiling the final report; FOST Director Blessing Mutama, for coordinating the research and technical input; and data collectors March Mutimwii, Precious Gamanya, Shamiso Zaranyika, Rashiwe Gambiza, Innocent Nyagumbo and Maxim Murungweni who assisted in collecting qualitative data during fieldwork.

Our great appreciation goes to: Say What for their insights and input into the research; and Gemma Gilham, Member Engagement Manager with Family for Every Child, for her review and comments on the draft report.

Last but not least, we are extremely grateful to children, care givers, communities and key informants who took time from their busy schedules to participate in the research and provided insightful information on the dynamics of kinship care within their respective communities.

Abbreviations

AIDS
Acquired immunodeficiency syndrome

CBO
Community-based organisation

FBO
Faith-based organisation

FGD
Focus group discussion

FOST
Farm Orphan Support Trust of Zimbabwe

HIV
Human immunodeficiency virus

II
Individual interview

KII
Key informant interview

MPSLSW
Ministry of Public Service, Labour and Social Welfare

NGO
Non-governmental organisation

OVC
Orphans and vulnerable children

UNICEF
United Nations Fund for Children

ZNCWC
Zimbabwe National Council on the Welfare of Children

1 Overview

1.1 Introduction

Farm Orphan Support Trust of Zimbabwe (FOST) in collaboration with Zimbabwe National Council on the Welfare of Children (ZNCWC) and the Department of Social Welfare under the Ministry of Public Service, Labour and Social Welfare (MPSLSW) in Zimbabwe conducted a scoping study on kinship care in Zimbabwe. The study targeted key stakeholders supporting kinship care, service providers and groups of adolescents and young people that are members and non-members of kinship care family support systems in selected districts in order to understand the needs, perspectives and experiences of children and kinship care givers. This report presents the key findings of the study.

1.2 Background and justification

Kinship carers are family members or friends who look after children when their biological parents are unable to. As noted by Roby (2011), the prevalence of kinship care in developing countries is still largely unknown and evidence is still fragmented. Although there has been substantial research carried out on American, Australian and British kinship care placements, there is a deficit of literature and research reflecting Zimbabwean kinship care placements (Mushunje 2014). It is widely documented in literature that the vast majority of kinship placements continue to be informal even in the United States and most kinship carers are grandparents (Strozier et al. 2004). Mushunje (2014) established that over 60 per cent of orphans and vulnerable children in Zimbabwe are nurtured in grandparent-headed households. Apart from grandparents, other typical kinship carers include aunts and uncles, and older siblings.

Mushunje (2014) further posits that most sub-Saharan African countries in general, and Zimbabwe in particular, have faced major challenges related to the welfare of a large proportion of their children. These challenges are hugely caused by the impact of HIV/AIDs, migration and displacements, unemployment and endemic poverty. Consequently, large numbers of children who have lost either one or both parents become vulnerable to challenges related to orphanhood (Muchacha et al. 2016). This increased vulnerability subsequently poses an enormous strain on extended families and overwhelms conventional child protection options due to limited social welfare infrastructure. Mushunje further (2006) acknowledges that, even though most Zimbabweans have endured the costs of the HIV and AIDS pandemic, the death of relatives in general, and parents in particular, has had an impact on the survival strategies of orphans and other vulnerable children (OVC). Under these circumstances, the majority of orphans end up being looked after by their kin (Mupedziswa 2006). The concept of kinship care is awash with challenges and intricacies that has led scholars and researchers to question the sustainability of the practice, especially in developing countries such as Zimbabwe.

According to the Government of Zimbabwe (2010), by 2010 approximately over one million children had been orphaned as a result of the HIV and AIDS pandemic. The Zimbabwe Vulnerability Assessment Committee (ZIMVAC), a nationwide socioeconomic barometer, also indicated that two-thirds of orphans live below the poverty line (ZIMVAC 2014 cited in Muchacha et al. 2016). Moreover, orphaned children are often exposed to neglect, abuse and exploitation as a result of their poor backgrounds (Mushunje 2006). Similarly, Dhlembeu and Mayanga (2006) contended that orphans are more likely to experience abuse, sexual exploitation and psychosocial distress than children who are not orphaned.

Powell et al. (2004) estimated that over 94 per cent of orphans in Zimbabwe are living under kinship care. The National Orphan Care Policy[1] (NOCP) explains that the best place for all children, including orphans, is within a family setting (Government of Zimbabwe 1999 referenced in Muchacha et al. 2016). The NOCP also emphasises that alternative care models such as formal foster care, residential care and adoption should be utilised as a last resort. In this regard, the policy places much emphasis on the strengthening of the kinship family system so that it can meet children's various socioeconomic needs (Mushunje 2006). As a result, Muchacha et al. (2016) applauded the critical role played by kinship carers in Zimbabwe and acknowledged that without the kinship care system,

1 National Orphan Care Policy refers to the policy framework for the care and support of orphans in Zimbabwe.

most orphans might have been made destitute or in more difficult circumstances than they are in currently.

FOST is a national NGO that has been involved in supporting kinship care ever since the organisation's inception in 1995. FOST was registered as a private voluntary organisation under the Department of Social Welfare (PVO 3/97). FOST offers different types of services to kinship families who have previously been identified as lacking support. Services include group work, respite care, information and advice on entitlements and peer support. Through its working experience on kinship care, FOST realised there is a huge gap in terms of assessment, monitoring and support of the practice, despite the reality that 90 per cent of children participating in its programmes are being supported and cared for in kinship care, particularly informal placements. Kinship carers already report a lack of support and feeling isolated.

ZNCWC is a registered non-profit and non-governmental child welfare umbrella body in Zimbabwe, W.O. 385/68. It was formed in 1968 by a group of volunteers, with its foundation lying in residential care institutions. ZNCWC works with child rights organisations and its current membership stands at 200 organisations. These organisations are all at different levels. Some are emerging, others are well established, while some are still grappling with issues of registration. ZNCWC's activities are centred on coordination, research, advocacy and lobbying, training, information dissemination and monitoring of children's rights.

The Ministry of Public Service, Labour and Social Welfare (MPSLSW) is the arm of government with statutory responsibility for the protection of vulnerable populations in Zimbabwe. It has two main departments, the Department of Labour and the Department of Social Services, both of which consist of several divisions. The Department of Labour deals with labour-related issues through its divisions on labour relations, labour research and economics, international relations, registration processes and national employment services. The Department of Social Welfare, which is the main government institution with responsibility for issues related to kinship care, is responsible for finance and administration, rehabilitation, family and child welfare, and policy and programming. It aims to reduce poverty and enhance self-reliance through the provision of social protection services to vulnerable and disadvantaged groups.

FOST, in collaboration with the Department of Social Welfare and with support from Family for Every Child,[2] is planning to implement a pilot project to support kinship care families in the two districts of Mutare and Bindura, with scope for upscaling the project should the pilot show positive results. The design of the project needs to be informed by a deeper understanding of the forms of kinship care that exist in the two districts, the successes and challenges of the identified forms of kinship care, and the needs and challenges that care givers and the children they look after face, in order to enable FOST to develop and implement responsive interventions that adequately meet the support needs of kinship care families. Advocacy work using the findings of this research will be done in collaboration with ZNCWC.

1.3 Objectives of the scoping study

The following were the key objectives of the scoping study.

1. To identify forms of kinship care that exist in the two targeted districts.
2. To identify the key needs of different types of kinship care families in the two districts.
3. To evaluate the strengths and weaknesses and the successes and challenges of the identified forms of kinship care in meeting the identified needs of kinship care families.
4. To come up with recommendations on how the pilot project can best meet the needs of the kinship care families.
5. To develop a methodology for consulting local actors about the support that should be provided to kinship carers.
6. To use the research findings to inform advocacy work.

The results of the scoping study will inform the establishment of linkages to other key services including health, social protection and education.

2 A global alliance of local CSOs working together to improve the lives of vulnerable children around the world.

1.4 Scope of the assignment

The scoping study was conducted in two districts of Zimbabwe, namely Mutare and Bindura districts. The study targeted national and district level stakeholders for key informant interviews and kinship carers and children in kinship care as well as community leaders. A total of 124 people participated in key informant interviews (KIIs), focus group discussions (FGDs) and individual interviews (IIs) across the two districts/sites. The groups of participants were as follows: 66 adolescents/children, 39 care givers of children under kinship care, nine community members and 10 key informants. The study team spent a total of seven working days in each district doing primary data collection.

1.5 Definition of key terms

The following are definitions of key terms used in the study.

Term	Definition
Kinship care	"Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature." (UN 2010, Article 29.c.i)
Informal kinship care	"Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends … at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body." (UN 2010, Article 29.b.i)
Formal kinship care	Formal kinship care is care by extended family or close friends "which has been ordered by an administrative or judicial authority". (UN 2010, Article 29.b.ii)
Child	Anyone under 18 years. (UN 1989, Article 1)

2 Methodology

2.1 Design

This was a qualitative study aimed at gaining in-depth insights into the realities faced by kinship care families in the two targeted districts in Zimbabwe. Qualitative methods of data collection were used to understand how communities in the targeted districts define and understand kinship care; typologies of kinship care; strengths, weaknesses, successes and challenges of kinship care; the needs of kinship care families; and appropriate support needed to adequately meet the needs of kinship care families. The qualitative design assumed that people are experts in their own lives and therefore, whatever they experience defines their own realities. It also values individual and community experiences and explores the meanings, knowledge, experiences, feelings, opinions and actions of the kinship care families and their communities. The qualitative approach takes into account the realities of power and inequality, works with people rather than on/about people, and recognises and supports people's voices and priorities. It also seeks to understand how individual people make sense of their own lives. Qualitative research is rigorous in its focus on ethics, research design, recruitment of participants and engagement with participants.

2.2 Sampling of districts and study sites

Mutare Rural and Bindura Urban districts were purposively selected for the scoping study. These two districts were selected on the basis that FOST is already working there and is also intending to pilot the "Support for Kinship Care Families Project" in these two districts. An urban and a rural district were selected to capture rural/urban dynamics that might influence kinship care practices.

2.3 Study population

The population for the scoping study comprised the following:

- **Key stakeholders** at national and sub-national level involved in supporting child protection initiatives.
- **Kinship care service providers** at community level, including community-based organisations (CBOs), faith-based organisations (FBOs) and non-governmental organisations (NGOs).
- **Community members:**
  - parents or guardians of children in kinship care
  - children in kinship care and in non-kinship care
  - community leaders (political, traditional and religious)
  - leaders of service providers, village health workers, police, and school officials.

2.4 Data collection process

A gender-balanced team of six experienced data collectors, led by a team leader, conducted the fieldwork in each of the two districts. In each district the team spent seven days collecting data. Female data collectors worked with female respondents and male data collectors with male respondents. This structure was put in place to make respondents comfortable about discussing sensitive gender-related issues with their same-sex counterparts. A team leader was responsible for coordinating the data collection team, obtaining permission from local authorities to conduct the assessment, and facilitating community sensitisation and mobilisation of the different groups of the study population. A social worker from the Department of Social Welfare also accompanied the data collection team to provide counselling services on site and take appropriate action should the need arise during the data collection process. Stakeholders, community leaders and communities were sensitised about the study prior to the data collection process through the field officers and partners working in the sampled districts to ensure that the study participants were prepared for the data collection process and the data collection teams could easily access the study population.

2.5 Data collection methods

The following data collection methods were employed during the study.

2.5.1 Review of literature and documents

A review of relevant literature on kinship care in Zimbabwe was conducted. International, regional and national literature on kinship care families was reviewed. The purpose of the literature review was to: (a) have an overview and understanding of key issues related to kinship care in Zimbabwe, including the legislative and policy framework; (b) to identify the key players in service provision and related programmes being implemented; (c) to identify the types of kinship care existing in Zimbabwe and the successes, challenges and opportunities that exist. Programme and evaluation reports on kinship care from NGOs and civil society organisations (CSOs) as well as policy reports from the government and development partners were also reviewed.

2.5.2 Key informant interviews (KIIs)

A total of 10 KIIs were conducted with national and sub-national stakeholders and service providers across the two districts of Bindura and Mutare. Key informant interview participants were selected on the basis of their professional insights into issues around kinship care and by virtue of occupying strategic positions in institutions or organisations supporting child protection interventions in general and kinship care in particular. The following key informants were interviewed from each of the stakeholders listed below:

- Department of Social Services (2)
- Ministry of Health and Childcare (2)
- Ministry of Women Affairs, Gender and Community Development (1)
- Ministry of Primary and Secondary Education (1)
- National AIDS Council (1)
- Zimbabwe Republic Police (ZRP) Victim Friendly Unit (2)
- UNICEF (1)

A KII guide was developed to frame the discussions.*

2.5.3 Focus group discussions (FGDs)

FGDs were conducted with the following groups of children and community members:

- Two FDGs (one in each district) with male kinship care givers (MKCG)
- Two FGDs (one in each district) with female kinship care givers (FKCG)
- Two FGDs (one in each district) with male children in kinship care (MCKC) (15-17 years)
- Two FGDs (one in each district) with female children in kinship care (FCKC) (15-17 years)
- Two FGDs (one in each district) with children not in kinship care (CNKC) (mixed group of males and females)
- Two FGDs (one in each district) with community members (including traditional, religious and political leaders, child protection committee members, teachers, community health workers).

FGDs with children aged 15-17 years

In each district, FGDs were conducted with three groups of children aged 15-17 years. The FGDs were conducted with male children in kinship care (MCKC) families, female children in kinship care (FCKC) families and a mixed group of children not in kinship care (CNKC) families. Each FGD comprised of eight to ten participants. Children in kinship care families were recruited to participate in the FGDs to enable them to share their experiences of living in kinship care, the advantages and disadvantages of being raised in a kinship care family and the extent to which their needs are being met through the family care system that they are living under. Separate groups of male and female FGDs were conducted to cater for gender-related differences and to enable the participants to be comfortable to freely discuss sensitive issues in the same-sex group discussions. The needs of male and female children within kinship care are different and hence there was need to provide safe, convenient and free spaces for each sex to discuss issues affecting them.

The third FGD comprised boys and girls aged between 15-17 years who are not living in kinship care families. This group was selected to identify any differences in the quality of care between those in kinship care families and those that are living under other forms of family care.

* see annex for further information.

The data collection methods were designed for older children aged 15-17 years. In addition, three additional FGDs were conducted with kinship care givers and community members (including community and religious leaders) in each of the two districts, since kinship care givers play a critical role in sustaining the kinship care family system. One FGD was conducted with male kinship care givers, the second one with female kinship care givers and the third one with community members. The community FGDs were gender-mixed and they comprised religious, traditional, political and opinion leaders; child protection committee members; village health workers and other ordinary members of the community. All the three categories of FGDs had between eight to ten participants.

2.5.4 Individual interviews (IIs)

Qualitative one-on-one interviews were conducted with kinship care givers and with children in kinship family care. The purpose of the individual interviews was to enable the participants to discuss kinship care issues outside a group context so that they might feel more comfortable raising sensitive issues. A total of 18 individual interviews were conducted with kinship care givers and 24 with children (12-17 years). Child-friendly methods were used during the data gathering process.

2.6 Data management and analysis

The study gathered mostly qualitative data. The qualitative data was collected from a desk review, KIIs, FGDs and IIs. Some of the qualitative data from KIIs, FGDs and IIs was audio recorded by the research team, while other respondents objected to being audio recorded during the interviews. Upon completion of each interview, the note takers reviewed the recordings and expanded the notes that they had taken during the interviews. The audio recordings were then transcribed verbatim in the language in which the interview was conducted and later translated into English. The research team also ensured a high level of data security. All data collected was kept securely by team members to ensure that it was not accessed by people who were not authorised. Audio recordings and transcripts were downloaded onto password protected computers only accessible to the research team, according to the data security management protocol approved by the Medical Research Council of Zimbabwe. At the end of each mission, the research team went through their data and 'cleaned' for validity, reliability, completeness, integrity, precision and timeliness.

2.7 Ethical considerations

The study protocol was submitted to the Medical Research Council of Zimbabwe for ethical approval and approval was granted. Written informed consent was obtained from each participant above 18 years and for those below 18 years, consent from the parent/guardian was obtained, after which assent was obtained from the child. Confidentiality was maintained by avoiding names and other identifiers.

3 Research findings

3.1 Contextualisation of kinship care

Communities in the two study sites generally defined kinship care as taking care of children of relatives and friends whose biological parents are unable to live with or look after them for a variety of reasons. This definition is consistent with Strozier et al. (2004) who defined kinship care as any arrangement provided in a family environment, where the child is looked after on an ongoing or indefinite basis by relatives or friends, at the initiative of the child, his/her parents or other persons. The findings of the current study also revealed that kinship care entails integrating children into the family system of the carer and taking care of their various needs to enable them to grow and develop in a normal family environment. Kinship care is rooted in the traditional and cultural values that "a child belongs to the community" and therefore it is the duty of the community to look after a child when biological parents, for one reason or the other, are unable to provide care. Traditionally, kinship care was the responsibility of immediate family members or the extended family but with urbanisation, which has resulted in the dislocation of the nuclear family, kinship care has extended to neighbours and friends of the parents of the children being looked after. Study participants unanimously agreed that although kinship care has its challenges, it is the best way of looking after children whose parents are unable to take care of them. The system enables children to grow up in a family environment that is ideal for their development and growth.

> *"Whenever a child is left alone because the biological parents have died, migrated or are incapacitated by poverty or illness, it is the responsibility of friends and relatives to immediately take custody of that child. Our values have taught us that a child belongs to the community, a child is a community asset and therefore it is the responsibility of the community to take care of that child whenever the parents are unable to do so. The reason is that, if the community does not take care of that child, that child will in the long term become a liability to that same community. So, we sit down as relatives or close family friends and decide who is best placed to take custody of the child when the parents die or are not able to look after them. We*

however acknowledge the prevailing difficult economic environment which has made it difficult for kin and friends to step forward and volunteer to take care of children in difficult circumstances."
(FGD with community members, Bindura)

Communities that participated in this study agreed that kinship care is a much better option than institutionalising children in care centres. These findings substantiated numerous past studies of kinship care. For instance, Strozier et al. (2004) noted that kinship care is designed to uphold, transmit and protect the values and culture of that family or community; Coakley et al. (2007) emphasised that the placement of a child under kinship care is possibly less disruptive than placing them in a formal institution and Mushunje (2014) added that the transmission[3] of progressive cultural norms as a result of kinship care acts as a protective mechanism against cultural erosion. Research participants also articulated that kinship care helps children to maintain biological relationships as well as cultural and spiritual affiliations, as previously noted by Muchacha et al. (2016).

The study revealed that in all the study communities, where a child is placed in the kinship care of a relative, it is in most cases the maternal relatives that take care of the children compared to the paternal relatives. Communities revealed that children are more socially connected to the mother's relatives and hence when it comes to choosing who they would prefer to stay with, children would in most cases prefer to stay with the mother's relatives.

"It is natural that a mother's love for her kids is much stronger than the father's love. Children are much closer to their mothers than their fathers. By extension, children in most cases are closer to the mother's relatives than the father's. So, when the parents die, most children prefer to stay with their mother's relatives, because culturally all the mother's relatives are defined as the child's mother. Even uncles are called 'mothers' because of the motherly bond. So, in most cases, mother's relatives take better care of the orphaned children than father's relatives."
(FGD with community members, Bindura)

There were, however, mixed views on whether the practice of kinship care has increased or decreased over time. Some FGD participants felt that the practice has increased because of factors such as HIV, which has caused deaths, the migration of parents in search of employment, and divorce, among other factors, which have left many children without the care of their biological parents. This view mainly emerged in the rural community in Mutare, where it was noted that, in rural areas, the communities were bound by common culture, beliefs and values, and families have historical bonds dating back four to five generations. There are strong social bonds in rural areas, where a child is assumed to belong to the community.

"In our community, unlike in urban communities, we have known each other for generations and we know each other's parents and grandparents. So, when children lose their parents for whatever reason, the responsibility to look after them automatically falls on us. I cannot look away when a child of my neighbour or a child in the community is stranded. Our culture does not allow that and in fact in our culture the concept of an orphan does not exist, because children belong to the community and will always be provided for by the community in times of need. That is why we don't have street kids in this community, every child belongs to a family. Someone will always step up to look after an orphaned child or a child in distress."
(FGD with kinship care givers, Mutare Rural)

FGD participants in Bindura, however, felt that kinship care was on the wane mainly because of economic challenges and weak community cohesion and networks as residents have different cultural backgrounds and values. They also noted that the fact that more and more children are finding their way to and living on the streets is an indication that kinship care is becoming less common in urban communities.

"From what we have observed, I think more and more children are going to live on the streets because they have no one to look after [them]. Some are being taken in by organisations such as SOS [SOS Children's Villages] because no relatives or family friends have come forward to take care of them. It is difficult to have an additional child to look after, when you are even failing to look after your own children properly. It is not that people are becoming hardhearted but it is because they do not have capacity to take on the extra burden. Long back it was possible because things were okay, but not now."
(FGD with female kinship care givers, Bindura)

3 The transmission of values and culture acts as a means of social control through which, if someone deviates from the norm, they are reprimanded based on the known values. For vulnerable children, especially orphans, the transmission of values and life skills becomes very significant as they are unlikely to receive such knowledge from anywhere else, especially on the values and norms of the specific extended family or community.

3.2 Providers of kinship care

In both Bindura and Mutare, aunts, uncles, grandparents and siblings were identified as the most common carers or providers of kinship care. Neighbours, family friends, cousins and in-laws were also identified as providers of kinship care. Traditionally, when children are orphaned, one family member is appointed *'sarapavana'*, a Shona word that literally means 'the one who will look after the children'. The family member will be responsible for looking after the orphaned children and providing for their needs with the assistance of the extended family. In some cases, non-relatives such as friends, neighbours and church mates assume the responsibility of taking care of the children in concurrence with the relatives of the children and the children themselves. Before children are placed in kinship care, they are often asked who they prefer staying with. If the preferred family is ready, the kinship care placement prioritises the child's preference. FGDs with communities and children in kinship care in Mutare District revealed that kinship care has become common as more and more children are being taken care of by relatives and friends, particularly by grandparents. This has been necessitated by a number of factors, among them HIV-related deaths, migration of parents in search of work, divorce, child abandonment and poverty, which leave parents unable to provide for their children.

Ten children in Mutare and eight children in Bindura were identified as being under kinship care by the community members who participated in FGDs. In the rural community in Mutare, the majority of the respondent children (six) were staying with grandparents, while in Bindura, kinship carers varied from relatives such as uncles, aunties or siblings to family friends and neighbours. In the rural community of Mutare, participants noted that children are likely to be integrated into the extended family network when their parents die or are unable to look after their children because relatives are clustered together in rural settlements. If still alive, grandparents usually assume the responsibility of providing care, but if they are no longer there, other family members absorb the children into their families through a negotiated process with the extended family members. In an urban set up, families live with neighbours and friends who are not their relatives and through time, they develop social bonds of friendship which ultimately result in these friends and neighbours assuming the role of kinship carers in the event that children are left without their biological parents. Such kinship care arrangements are usually temporary and for a specific period of time, in most cases for the child to complete his or her education or while trying to locate the child's relatives, and eventually placing the child in the care of his or her relatives.

3.3 Factors associated with kinship care practices

Although undocumented, kinship care practices have existed in Zimbabwe since time immemorial. Kinship care practice is deeply rooted in Zimbabwe's cultural heritage and it is regarded as a cultural obligation for any eligible carer to provide kinship care to children who require it in their community. This cultural indebtedness to provide kinship care is grounded in an age-old philosophy popularly known as 'Ubuntu'. In its broadest sense, Ubuntu[4] refers to a historical, traditional and cultural practice of caring for humanity.

However, as noted by Muchacha et al. (2016), the current urban lifestyle and the tendency to imitate the Western nuclear family are also contributing to the erosion of the concept of the extended family support system and kinship care practices enshrined in Ubuntu. Consequently, extended families no longer feel obliged to welcome vulnerable children when they are unsure of the future for their own children. In recent times, children appear to be less and less the collective responsibility of communities. The result is a huge deviation from the legacy of community care that has been historically associated with child rearing in Zimbabwe.

In the context of the current study, FGD participants and key informants identified several reasons why the practice is common in Zimbabwe. The death of biological parents was identified as the principal factor leading to kinship care arrangements. FGD participants and key informants in both study sites concurred that over the past three decades, the HIV and AIDS pandemic has resulted in thousands of children being orphaned and being placed under kinship care. The untimely death of both parents often leads to child-headed families and subsequently to kinship care. For kinship carers in both of the research communities, the individual family circumstances as to why a kinship placement was required had a familiar and repetitive pattern.

4 Ubuntu is an African philosophy that reinforces the principle of an individual's responsibility to care for vulnerable kin or community members, driven by the historical, traditional and cultural practices of caring. As children in African communities are seen as belonging to the community, rather than to their biological parent, therefore, kinship care is seen as an obligatory response.

"My sister passed on and there is no one else to care for her children."
(Female kinship care giver, Bindura)

"My daughter died and the children had to live with me."
(Grandmother, Bindura)

"My daughters all passed away and I had no choice but to look after the children as I am the only one left."
(Grandfather, Mutare)

"My son died two years after his wife had died. I had to immediately take care of my grandchildren because there was no one else who could look after them."
(Grandfather, Bindura)

Apart from the death of biological parents, poverty (e.g. lack of food, clothing and school fees) was another reason why children ended up under kinship care in the two communities studied. Community members noted that extreme poverty can force biological parents to neglect their children or voluntarily surrender them into the hands of a willing kinship carer who promises to meet their needs. In Mutare, the Ministry of Women Affairs noted that in some cases children from poverty-stricken households often abandon their parents and opt to stay with a kinship carer who can meet their basic needs such as food, shelter and clothing. The findings of the current scoping study were also reflected by Campbell et al. (2006) who revealed that poverty, rather than orphan status per se, needs to be targeted as the more likely cause of vulnerability and subsequent admission into kinship care. Over the last decade, poverty levels have increased in Zimbabwe, compounded by unprecedented levels of unemployment. Because of these hardships, households become more inward looking and are focused primarily on providing for their own children first and foremost, rather than on supporting children from the extended family (Mugumbate and Nyanguru 2013).

Divorce of parents was also found to be another factor that leads to children being placed under kinship care. FGDs and KIIs revealed that divorce cases are quite common in both communities and that these divorces are often linked to economic challenges that households are facing. In the event of a divorce, children are often left in the care of grandparents or relatives as mothers and fathers go in search of employment to support their children. An interview with a care giver in Mutare revealed the following:

"When my daughter was divorced by her husband, she was left in a difficult situation. The husband disappeared and did not bother to take care of the children. What made it worse was that my daughter was not working so she could not support her children. I told her to go down to South Africa where others are going so that she can be able to support her children. I asked her to leave the children in my care, and she has been away for more than a year now and she sends groceries regularly for the family. It is much better than if she had stayed here doing nothing. Her children were going to starve."
(Interview with female care giver, Mutare)

Migration of parents in search of employment to cities and abroad has also led to children being placed under kinship care. Grandparents, friends and relatives are left to take care of children when the parents migrate to look for employment. In both communities, a large proportion of young parents have migrated, mainly to South Africa and Botswana, and grandparents and family members have taken care of their children. The scoping study also established that the impact of rural-urban trans-border migration has been the non-connectivity of households to the extent that close ties that existed between family members have become weaker and often led to children growing up under the care of their kin.

Chronic illnesses also play a pivotal role in kinship care placements. The incapacitation of parents due to sickness may leave children with no option other than to seek kinship care placements. The advent of HIV and AIDS has left some couples chronically ill and unable to take care of their children. In such situations, relatives or friends often come in to do so, particularly if the children are very young and unable to care for themselves. This study also revealed that girls from kinship care families have been withdrawn from school or have less time for homework because they are required to care for sick relatives.

"My daughter and her husband have been ill for a very long time. They are both on ARVs [antiretroviral drugs] but their health is cause for concern. I could see that the children were suffering because the parents could not properly take care of them. So I talked with my wife and we decided to take their two children and send them to school while the two can concentrate on their health issues. The children go

back during school holidays and come back when the schools are open."
(Interview with male care giver, Bindura)

In addition, disabilities in the case of parents also impact negatively on their capacity to provide care for their biological children, who are subsequently placed under kinship care. In the two communities, some of the children have been placed under kinship care because of abuse by either their parents or the families that they were living with. This often happened in cases where children were living with abusive step-parents. When extended family members get to know about the abuse, a decision will be taken to remove the child and place him or her under kinship care.

"We see it often that if one of the parents remarries, the children are subjected to abuse by their step-parents. We don't know what it is, but step-mothers are the worst culprits. They cannot stomach living with a step-child. Maybe the child reminds them about the relationship that the father previously had and that pains them. Recently we had a case of a child who was burnt by her step-mother and we reported the case to the police and the step-mother was arrested. The maternal relatives of the child decided to take the child so that she could be looked after by the maternal grandmother. This happens a lot in this community."
(FGD with male community members, Bindura)

Some of these abused children end up running away to live on the streets, while others are placed in children's homes, such as the SOS children's home in Bindura.

In Bindura, FGDs with boys placed under kinship care revealed that some kinship carers are motivated by past experience and success stories of care giving as an investment as there are cases of parents who are now being supported by children that they earlier looked after as part of kinship care arrangements. To substantiate their argument, the participants quoted a Shona saying: *"Chirere chizokurerawo"* which means *"Care for me now and I will care for you in future".* Against this background, the carer is motivated to provide kinship care in anticipation of reciprocal care or future benefits when the child grows into a successful adult.

This scoping study revealed that most of the reasons for kinship care placements are beyond the child's control, such as the untimely death of biological parents, poverty, divorce and labour migration. However, a FGD with female kinship care givers in Mutare cited child delinquency as a contributor to kinship care placement. Parents, particularly single or widowed parents, tend to disown or neglect children who they perceive to be naughty especially those who get involved in drug abuse or drop out of school. The neglected children are usually driven into kinship care arrangements with their grandparents, who might be lonely or in need of assistance in performing household chores. The Department of Social Welfare in Bindura noted that sometimes the children themselves may volunteer to be placed under kinship care due to circumstances such as abuse and extreme poverty.

Across the two districts of Mutare and Bindura, factors driving kinship care practices are inextricably linked to the prevailing economic environment and the impact of the HIV and AIDS pandemic. In both locations, however, FGD participants and key informants noted that the diamond rush in Mutare and the gold rush in Bindura have resulted in unprecedented increases in deaths (due to murders in the mining areas and to sexual activities associated with the artisanal miners leading to the areas being HIV hotspots), divorces and unwanted pregnancies. This has resulted in many children needing kinship care as their parents are either participating in artisanal mining, have died or are incapacitated by HIV/AIDS.

3.4 Length of children's stay in kinship care

The duration that a child stays in kinship care varies with the circumstances that led to the kinship care arrangement. In situations where both the biological parents of the child have died, the children are bound to stay in the hands of the kinship carer for a very long time, until they mature into adults. However, in some cases, children may have a brief spell under the care of their kin of between one month and a year. This is usually the case with divorced parents who may recall their children from a kinship care giver upon their reunion or when one of the parents (either the father, mother or both) remarry and decide to resume caring for the children. In other cases, children stay briefly with kinship care givers as a temporary measure while these care givers try to locate the child's immediate relatives, or wait for the child to finish school after the death of parents so that the child can be united with his or her relatives who might be living in a different location. The latter option is meant not to disrupt the completion of school by the affected child and kinship care in this case is a transitory measure.

Kinship care can also be short term in circumstances where the parents of the child come back home from abroad to take care of their children, or collect their children after remarrying, or in cases where the children themselves opt out of the kinship care arrangement, citing abuse, exploitation and/or child labour. Some of the children also opt out after deciding to get married or to search for employment. Some care givers can also discontinue the kinship care arrangement after a short period of time, citing cases of delinquency and anti-social behaviour by the children being cared for.

3.5 Common types of kinship care

FGDs and KIIs in the two communities revealed that the most common form of kinship care is informal kinship care where children live with their relatives or family friends on an ongoing and indefinite basis based on family decisions or at the initiative of the child. These kinds of kinship care arrangements have been made without an order by an administrative or judiciary authority. Decisions about kinship care are usually made by the community or relatives after the death of the children's parents or at the request of the parents when they can no longer look after their children for reasons such as work-related migration or incapacity due to poverty, disability or illness. The Department of Social Welfare also confirmed that the majority of kinship care arrangements are informal. All the children in kinship care and the care givers who participated in this study were in this type of informal kinship care arrangement. Decisions about placing a child under kinship care are in most cases made by immediate family members or by communities if the child has no known immediate family members or the relatives live in a different location and would therefore need time to be located. Some kinship carers volunteer to look after the children while others are requested by relatives of the child or the community (usually village head or chief) to look after the children. The choice of kinship carer is usually influenced by their financial capacity to take care of the child's needs, their familiarity and closeness with the child, the child's choice of preferred care giver, and the willingness of the selected carer to take on board the added responsibilities.

3.6 Benefits of kinship care

The scoping study sought to establish whether kinship care arrangements have benefits for the child who is placed under kinship care and for the care givers themselves. It also sought to establish whether there are any negative aspects related to kinship care in the two study districts. According to Strozier et al. (2004), the principal advantage of kinship care is the continuity of a child's life within their ethnic and religious community of origin. Therefore, the conception of continuity of life forms the basis of a concrete theoretical foundation whose ideological views are an incentive for government policy in relation to child care and protection. Thus the continuity ideology is an important context for understanding kinship care and the emphasis being placed on it. According to Mushunje (2014), the trend towards greater use of kinship care indicates that agencies are becoming more sensitive to family, racial, ethnic, and cultural factors and the importance of family continuity in child development.

In light of the benefits of kinship care alluded to above, the current study established that the practice (kinship care) preserves continued contact of children with their family, siblings and the extended family network. Consequently, the results confirmed Cuddeback's conclusion (2004) that the continuous contact afforded by kinship care may preserve the child's identity, and reduce the trauma of relocation and the grief of separation from parents.

3.6.1 Benefits of kinship care to the care givers/carers

The results of this scoping study revealed a number of benefits that kinship care brings to the kinship carer. The identified benefits can be good entry points for any programming targeted at children in kinship care. Kinship carers that participated in FGDs and interviews revealed that they have a sense of great pride and fulfilment in looking after children in difficult circumstances. This fulfilment is derived from religious and cultural values which emphasise that children are gifts from God and therefore anyone who takes care of them is doing God's work. Caring for children is also in alignment with values that regard children as belonging to the community and therefore a community asset that every member of the community has the responsibility to look after in line with the spirit of Ubuntu.

> *"When you are asked to look after a child who is not yours, you must regard that request as a call from God. Children are innocent and they need to be protected and it is our duty to do so despite the fact that the economic situation makes the task difficult. In our culture as well, it is the duty of the community*

to look after their children. The more you look after children in desperate situations, the more you get blessings from God. There is nothing as fulfilling as seeing a child you are looking after bursting in laughter, happy and smiling. It is the greatest feeling you can ever have. In the community, you are also respected for this gesture of philanthropy."
(Interview with female care giver, Bindura)

Looking after children in kinship care arrangements therefore enhances or reinforces the social status of care givers in the community. These individuals are often complimented for their role during community meetings, a source of pride and fulfilment for many. Care givers have increased access to social protection initiatives, such as food and educational assistance. The Department of Social Welfare noted that households with care givers looking after orphans and other vulnerable children are prioritised for school fees, food, health care, and counselling services from the department and other supporting institutions such as NGOs, CBOs and FBOs. Apart from these varied forms of assistance, care givers also benefit from increased labour options for farming and handling household chores as well as companionship. For example, older grandparents can enjoy the company of their grandchildren placed under their care. Moreover, care givers are also entitled to pension benefits from the employers of the children's deceased parents, were they formally employed.

"If it was not for this grandchild of mine, I could be living alone here without anyone to assist me. In as much as I am looking after him, he is the one that makes sure that Gogo (grandmother) is well, has firewood and water in the house. At least I have someone to talk to because loneliness can kill you really. We also get a little pension from the government for his father who was a teacher when he died. It helps us [keep] going."
(Interview with an elderly grandmother looking after grandchild, Mutare)

A few parents provide their children as care givers to their elderly parents, even when they themselves have the capacity to take care of their children. Doing so is meant to provide companionship and labour support to grandparents for physically demanding chores such as fetching water and firewood.

Most of the care givers in the two study locations felt that, besides assuming the traditional role of taking care of orphans and vulnerable children, caring for these children would potentially improve the financial and other support they might receive in their later years. Examples were given in both Bindura and Mutare of elderly care givers who were now being looked after by children that they took care of when they were young.

"The adage that 'Chirere chigokurerawo' ('Look after a child and tomorrow the child will look after you') is very true. If you take good care of the children you are looking after and send them to school, most of them will take good care of you later on in life. We have a number of people who have been called by the children that they took care of to come and stay in the UK in this community. They are going to countries they never dreamt they will ever see because they are reaping what they invested in. The grandparents are living pretty good. It's a good lesson to those people who do not care about orphaned children within their families."
(FGD with care givers in Bindura)

A key informant from the Ministry of Education in Bindura further noted that:

"If you provide kinship care to less privileged children in the community such as orphans, you have sown a good seed in the community and apart from getting a blessing from God, your own orphans will most probably get kinship care placements after your death, courtesy of your surviving legacy of kind deeds."
(Interview with a kinship care giver, Mutare)

Kinship care thus brings with it a great sense of pride and fulfilment, increases families' access to social protection initiatives, creates solidarity between families, increases labour options within families, provides companionship for elderly and lonely grandparents, and is regarded as a reliable investment in the future need for reciprocal support.

3.6.2 Benefits to children placed under kinship care

Placing orphans and vulnerable children under kinship care brings several benefits to the child. FGD participants and key informants noted that under kinship care arrangements children are, in most cases, taken care of by people they are already familiar with and thus by those with whom they already have a social bond. This helps in preventing 'culture shock'

on the part of the child as he/she grows up in an environment with familiar cultural norms and values. In some cases, the children choose the families that they would want to live with, and they select these families on the basis of earlier familiarity and connection with the family.

> *"When my sister died, I took over her child to look after her. It was easy because the child used to come here during holidays and was already part of the family even before the death of her mother. So she could easily fit into the family and was easily accepted by my own children, who already knew her and had developed friendship relations. I think when the parents die, it is better for a child to be taken care of by someone that they already know so that they can easily adjust into their new life."*
> **(Interview with female care giver, Mutare)**

This scoping study also revealed that kinship care appears to improve children's well-being, minimises depression in orphans and strengthens the bond among cousins and kin as they stay in touch with each other. Participants in an FGD with care givers in Bindura acknowledged that kinship care provides stability and a greater sense of identity and produces fewer behavioural problems in the children. In both Mutare and Bindura districts, key informants reported that children in kinship care receive care and affection in the homes of their kin, most of whom are their grandparents. Children interviewees who are under kinship care also acknowledged that although they face a number of challenges, living with families that they already know and are familiar with is much better that living with families that they had not known previously.

> *"If you lose your parents, it is much better if the elders ask you who you would prefer to live with because we know our relatives. Some are nice and some are not so nice. So they should consider our choices. When you go and live with someone you already know, it is easy to fit in and relate to everyone in the family because you already know them."*
> **(FGD with children under kinship care, Bindura)**

Kinship care is thus beneficial to children as it preserves their continued contact with family, siblings and the extended family network and helps them maintain their identity. Kinship care decreases the chances of trauma and distress associated with relocation and the grief of separation from parents, reduces the likelihood of multiple placements, and ensures ongoing support and mutual care between children and their kin. Both children under kinship care and their care givers concurred that children will be living in a better environment if they are taken care of by their maternal relatives rather than their paternal ones. Maternal relatives were considered more caring as they act in a motherly manner compared to those on the paternal side.

3.7 Challenges of kinship care

While kinship care provides multiple benefits to both the care givers and the children as discussed in the preceding section, it is not without its challenges. There are many challenges inherent in kinship care arrangements and this is compounded by the fact that kinship care lacks formal regulation and support in Zimbabwe. These challenges range from economic and social to personal difficulties both on the part of care givers and the children. Rural-urban and trans-border migration have distorted kinship care practices countrywide, as breadwinners migrate in search of economic opportunities as a survival measure (Dziro and Mhlanga 2017).

3.7.1 Challenges of kinship care faced by care givers

One of the impacts of increased urbanisation and migration is increased family individualism leading to a reduction in size and complexity of households (Goode 1996, cited in Mitchell 2014). In a study by Foster et al. (1997, cited in Breman 2014), it was found that in 88 per cent of the households studied, relatives did not want to care for children who were vulnerable or orphaned because they could not afford to do so, rather than because they did not care.

FGDs and key informants in both Mutare and Bindura revealed that the expansion of the hosting households, who may already be struggling with poverty, leaves these overburdened households (typically headed by older grandparents) in extreme deprivation. Poverty often cascades into acute shortages of food, shelter, clothing and school fees in kinship care households.

> *"Sometimes people are reluctant to take on the role of kinship carer not because they do not have a heart, but because they are poorly resourced and therefore feel that they cannot adequately cater for the needs of the child who is brought under their care. When people see the child under kinship*

care not being properly fed and without adequate clothing, people will think you are abusing the child, and yet it is simply because you can't afford to look after the child because of poverty. So it is better not to have that child than to have the community pointing fingers at you that you are ill-treating the child."
(Interview with female care giver, Bindura)

Apart from poverty, the study also established that carers' physical incapacity due to ill-health and old age also presents challenges to kinship care arrangements. In the majority of cases, the burden of kinship care falls on the shoulders of grandparents who are often old and therefore find it difficult to cope with the rigours of looking after children. Without external support, such grandparents are unable to adequately support the children under their care, leading these children to drop out of school and engage in livelihood activities to support their grandparents. Given their advanced ages, grandparents are in some cases unable to instil discipline in children under their care.

"Grandparents are best placed to look after their grandchildren if they are still relatively young and fit. However, what we are seeing in this community is that most of them are old and are therefore unable to fend for the children under their care. If the children are too young, the family will face challenges such as shortage of food, and the children might actually end up dropping out from school. If the grandchildren are of adolescent age, they might end up looking for jobs to look after their grandparents. We have seen a lot of these children engaging in sex work or vices such as drug abuse because the grandparents are too old to control their grandchildren. In some cases, the grandparents end up being verbally and physically abused by these children. The advent of a new parenting cycle for grandparents can be traumatic."
(FGD with women care givers, Mutare)

Care givers also mentioned that in some cases, children under kinship care are a liability instead of an investment. Some of the children were noted to be ungrateful to the kinship carers that looked after them when they were a young age. This brings stress and anguish to the care givers, who would have invested a lot of resources in raising the children.

3.7.2 Challenges of kinship care faced by children

Although kinship care is children's preferred form of care for orphans and vulnerable children, it is fraught with a number of challenges. One of the key challenges is related to the disintegration of the institution of the extended family, owing largely to migration and urbanisation. In some cases, extended families spend long periods of time without communicating with each other due to distances. Consequently, children grow up without knowing their kin. In the event of parental death, children are reunited with relatives that they are not familiar with, often leading to distress, cultural shock and an inability to cope with the new environment. A social worker with the Department of Social Welfare noted that:

"These days a lot of people have migrated to towns and some abroad. They raise their children there and in the event that one or both parents die, these children are often stranded. We have had cases where we failed to locate relatives of children after the death of their parents. When we find these relatives, the child does not know them and is thus not familiar with them. Placing a child into kinship care under these circumstances presents a number of challenges, key amongst them being the difficulty with which the child adjusts to the new environment and culture. The child will be plucked from a familiar environment and thrust into a new environment which can lead to culture shock and failure in integrating the child into the new family."
(Interview with social worker, Mutare)

Although kinship care is widely celebrated in Africa, past studies have shown that it is not always the safe oasis it is desired to be. For instance, Madhavan (2004) noted that kinship care can be a potential haven for covering up cases of child abuse in the home. In some families, where there have been cases of sexual abuse or incest, deliberate choices are often made to conceal the abuse in order to protect the family name. Foster et al. 1997, cited in Breman 2014, established that children who had been orphaned and moved in with extended families often reported being verbally abused, neglected, forced to undertake exploitative work, and not allowed to attend school. Children who participated in FGDs and interviews during this study concurred that it is not easy to fit into a kinship care family if the child has not previously interacted with the family.

"When you start staying with relatives that you have not known before, it's difficult to adjust. They might have their way of doing things that might be different to what you will be used to. For example, you may be used to having breakfast in the morning at 7 am and they have theirs at 10 am. So you might start feeling hungry after 7 am and when you ask for food, they might think that you are a nuisance, someone who is spoilt. This often leads to verbal or even physical abuse."
(FGD with children under kinship care, Bindura)

This scoping study also established that kinship care increases children's vulnerability to different forms of abuse, such as sexual, verbal, physical, emotional and psychological abuse. For example, young girls receiving kinship care from their sisters and aunties are vulnerable to abusive cultural traditions such as *chiramu*, a Shona tradition which condones sexual exploitation of young girls by their sisters' or aunties' husbands. This study also unearthed that children under kinship care are primary targets for rituals such as appeasing avenging spirits – *kuripiswa ngozi* in Shona – and child marriage, also known as *kuzvarira*.

"Living with people that are not your parents is very difficult at times. If they abuse you, you keep quiet because you have no home to go to. Some carers take advantage of your situation and exploit you, use you as a labourer to work in the fields or to go and sell vegetables during the time that you are supposed to be in school or studying. Their biological children will be left to focus on schoolwork. If you complain, you get labelled as a lazy and ungrateful child and you are told that 'I am not the one who killed your parents. It's AIDS not me', and this can be very traumatising."
(Interview with child in kinship care, Bindura)

Abusive practices in kinship care placements also take the form of child labour, where children are forced to drop out of school to work in farms. Some of the children in kinship care revealed that they often drop out of school during the tobacco season to work on family farms, while others reported participating in artisanal mining. These activities affected their enrolment in school and their concentration on schoolwork and often led to poor academic results. An FGD with children in Mutare revealed that some care givers are motivated to look after their relatives' children by the possibility of accessing assets left behind by the deceased parents.

"We know that some of the care givers will volunteer to look after children not because they are good-hearted but because they would want to have access to things that would have been left behind by your parents. We know of some of our peers who have been disposed of their parents' assets such as cattle, money, houses and land by their uncles. They will argue that 'You are young, you don't know how to use these assets wisely so we will do it for you', but in reality you might not benefit at all from these assets."
(FGD with children under kinship care, Mutare)

The review of literature related to kinship care undertaken as part of this scoping study indicated that the practice is plagued with a number of challenges, predicated mainly on poverty, disintegration of the extended family institution, exploitation and abuse of children in kinship care and lack of formalisation, regulation and monitoring of these arrangements (Ainsworth and Filmer 2005). In the same vein, there is also no standard package of support and assistance for kinship care in Zimbabwe. Given this background, orphaned children sometimes prefer to live on their own in child-headed families, where they feel safe. This study also revealed that some orphaned children prefer to stay together as a family group in familiar surroundings (schools, friends, neighbourhood etc.) rather than be split up or 'parcelled out' amongst various relatives in the aftermath of a crisis situation such as the divorce, death or illness of their biological parents.

3.8 Needs and support for kinship care

Key informants, care givers and children in kinship care were asked to identify key needs and support that they require for kinship care arrangements to be beneficial both to the children being looked after and the care givers. The following needs for successful kinship care were identified:

- food assistance
- school fees assistance
- clothing
- health care support
- psychosocial support
- shelter.

For the above needs to be met, care givers suggested that they would need to embark on income generating activities (IGAs) so that they are able to generate income to support their families. Suggested activities included internal savings and lending (ISAL) schemes, horticulture, cross-border trading and artisanal mining, amongst other activities. The IGAs should be age appropriate and the children under kinship care should also participate in these IGAs so that they can at some point become economically independent. Their participation should however not disrupt their education and should not be exploitative. For the IGAs to be successful, care givers requested that they be trained first in basic business management and record keeping, as well as marketing.

Care givers also requested training in counselling, so that they are better able to deal with trauma and the psychological challenges that children often face when they are placed under kinship care. Some care givers requested training on child rights to enable them to not unknowingly violate children's rights during the kinship care placement period. Some of the care givers reported that they do not have appropriate accommodation for the children they are looking after. In some cases, girls and boys end up sleeping in one room because of a shortage of accommodation, which can expose children, usually girls, to sexual abuse. There is therefore a need for separate rooms for boys and girls to reduce the risk of sexual abuse. Against this background, the results of this scoping study are consistent with Coakley et al. 2007, who opined that kinship carers' needs are not homogeneous, but rather differ based on the unique dynamics of each kinship care family.

3.9 Sources of support for kinship care

This scoping study sought to establish the main sources of support for kinship care givers. These included the parents of the children, extended family members, relatives, neighbours, family friends, donors, NGOs, health workers, churches, the Department of Social Services, local community leaders and teachers.

Kinship care givers reported that they were finding it difficult to provide adequate support to the children under their care because of the prevailing economic environment. They also reported that they do not receive adequate support from government through the Department of Social Services. The department is mandated to provide social safety nets support in the form of educational assistance such as the basic educational assistance module (BEAM), food provision and health care for children in difficult circumstances. The department itself acknowledged that it is hamstrung by a lack of financial and human resources and hence is unable to meet the needs of all children in difficult circumstances. Although care givers get support from NGOs and other well-wishers, the support is not consistent and is only provided when resources are available. Children who participated in FGDs and interviews also confirmed that the support they are getting does not adequately meet their needs, such as food and school fees.

> *"At times when you come from school and hungry, you get home only to find that there is no food left for you because there will be none in the house. In some cases, you are forced to go and beg for food from neighbours."*
> **(Interview with a child under kinship care, Mutare)**

Parents of children placed under kinship care who have migrated in search of employment were also identified as the main source of support. They send remittances to support their children and their children's carers. The support is however not regular and is not always adequate as these migrant workers are also struggling to survive in their adopted countries and cities. The main burden of caring for the kids therefore remains largely with the care givers. Children under kinship care who were interviewed for this study also reported difficulties in accessing services, such as health. Health institutions demand payment for services and drugs, which the kinship care families can hardly afford. Moreover, girls who participated in this scoping study reported that they sometimes avoid going to school when they are on their menstrual periods because they do not have pads; consequently, they are forced to miss school until their period is over.

"It is always difficult to get treatment when local clinics do not have the necessary drugs and you are referred to the hospital. Sometimes you are left for dead since those hospitals need a lot of money which guardians would hardly afford."
(Interview with a girl under kinship care, Mutare)

This scoping study has revealed several gaps related to providing for the needs of children under kinship care. The support mechanisms in place are constrained by poverty, the harsh economic environment and the limited financial and human resource capacity of service providers.

3.10 The future for kinship care in Zimbabwe

This scoping study on kinship care in Zimbabwe has established that kinship care is still thriving in modern day society and remains the predominant means of supporting children in need of care throughout the country. As noted by Mushunje (2014), kinship care remains one of the key social safety nets to respond to vulnerable children's needs, despite the changing context in which children are being raised. In Zimbabwe there is widespread recognition that kinship care is threatened by several factors including increasing levels of poverty, migration and the disintegration of the nuclear family.

The integration of the household, extended family and community as a tripartite care system forms the vital kinship support structure for sustainable childcare programmes. Given the socioeconomic hardships households are facing in Zimbabwe, it is important that appropriate interventions are crafted to ensure that the practice of kinship care remains in existence. The government should provide reliable support to the communities, and particularly to kinship carers, as an initial step towards full-fledged local social safety net programmes. As part of its broader social protection strategy, the government should fund community-based programmes such as subsidised agricultural input schemes, cash and social transfers and community foster grants which are managed by community structures and specifically targeted towards supporting the needs of vulnerable children.

4 Key conclusions of the study

Although the African tradition of kinship care is still prevalent in Zimbabwe, rapidly increasing poverty and the deaths of economically active adults from AIDS have placed the extended family and its ability to provide kinship care under extreme pressure. A large number of orphans and vulnerable children are now falling through the cracks in the social protection system and government and NGOs are faced with the mammoth task of providing them with an alternative form of care.

The following are the key conclusions of the scoping study.

- Kinship care is common in the two districts targeted during this study. All the cases of identified kinship care arrangements in both districts are informal, undocumented and unregulated, thereby making it difficult to determine the prevalence of kinship care in the two districts.
- The majority of care givers in kinship care arrangements are grandmothers, whose capacity to adequately provide for the children under their care is constrained by old age and a poor resource base.
- Main drivers of kinship care include: traditional and religious values that emphasise that children are a special gift from God that must be protected; death of parents mainly due to HIV/AIDS; migration of parents to cities and abroad in search of employment; divorce; and incapacitation of parents due to illness or disability, among other factors.
- Kinship care benefits for the care giver, identified by care givers and key informants, include: good standing in the community due to the philanthropic work being done by the carer which is in line with religious and cultural values; a sense of pride for managing to support the extended family; increased access to social protection services; and creation of solidarity between families. When they grow up, children under kinship care can become an investment by taking care of their former care givers in old age.
- Main benefits of kinship care to children include: children being located with families and in the environments that they are already familiar with, thereby lessening chances of 'culture shock' and psychological trauma; and children's needs being met by the kinship family, which is essential for child development.
- Main challenges of kinship care include: vulnerability of children to sexual abuse and exploitation; children exploited as cheap labour; lack of guidance and discipline of children who live with elderly care givers, and may end up engaging in sex work or social vices such as drugs; and limited capacity of elderly care givers (usually grandparents) to adequately provide for children's needs, such as food, education and health.
- Kinship carers face a number of constraints, including poverty and old age, to adequately provide for children under their care. These challenges are compounded by the fact that the Department of Social Services, which is mandated with providing social safety nets to poor and vulnerable households looking after OVCs, is facing severe financial and operational challenges in the provision of adequate support to these families.

5 Recommendations

The following are the key recommendations from this scoping study.

- Kinship care remains one of the most preferred forms of caring for orphans and vulnerable children by government, stakeholders, care givers and children themselves. In this regard there is need to lobby government to regulate and document kinship care and develop standard guidelines and packages for kinship care. The government also needs to develop monitoring mechanisms that will be used to evaluate kinship care arrangements in communities.
- Support mechanisms for kinship care families need to be strengthened through improved coordination of kinship care interventions and support for kinship care families to start income generating activities.
- There is need to train kinship care families in counselling and child rights so that the families are able to handle emotional issues usually associated with a child losing his or her parents and being relocated to live with another family.
- To improve documentation of kinship care cases, there is need to lobby government to resuscitate the concept of village registers, which can be used to document kinship care families in every village.

6 Annex

6.1 Data collection tools used

- Children in kinship care individual interview guide
- Children in and not in kinship care focus group discussion guide
- Kinship carer individual interview guide
- Kinship carer and community members focus group discussion guide

6.2 Consent forms used

- Informed consent form for key informants
- Informed consent guide for care givers (both individual interviews and focus group discussions) and community members participating in focus group discussions
- Consent form for parents or care givers of children aged below 18 years who are participating in focus group discussions and individual interviews
- Assent form for children aged 12 years and below who are participating in focus group discussions and individual interviews
- Assent form for children aged 13 to 17 years who are participating in focus group discussions and individual interviews

All of the tools and forms listed above are available from FOST.

7 References

Ainsworth, M. and Filmer, D. (2005) Inequalities in children's schooling: AIDS, orphanhood, poverty and gender. *World Development*, 30 (6), p.1099-1128.

Breman, R. (2014) Peeling back the layers: Kinship care in Victoria. 'Complexity in kinship care' – research report. Baptcare Research Unit in partnership with OzChild and Anchor. Camberwell, Victoria: Baptcare.

Campbell, L., O'Neill, C., Mitchell, G., and Russell, S. (2006) *Stability, permanency planning and kinship care.* Monograph series. Melbourne: Centre for Excellence in Child and Family Welfare.

Coakley, T. M., Cuddeback, G., Buehler, C., and Cox, M. E. (2007) Kinship foster parents' perceptions of factors that promote or inhibit successful fostering. *Children and Youth Services Review*, 29 (1), p.92-109.

Cuddeback, G. S. (2004) Kinship family foster care: A methodological and substantive synthesis of research. *Child and Youth Services Review*, 26 (7), p.623-639.

Dhlembeu, N., and Mayanga, N. (2006) Responding to orphans and other vulnerable children's crisis: Development of Zimbabwe's national plan of action. *Journal of Social Development in Africa*, 21 (1), p.35-49.

Dziro, C. and Mhlanga, J. (2017) The sustainability of kinship foster care system in Zimbabwe: A study of households caring for orphans and other vulnerable children in Bikita. *African Journal of Social Work*, 8 (2), p.20-28.

Foster, G., Makufa, C., Drew, R., Kambeu, S., and Saurombe, K. (1997) Supporting children in need through a community-based orphan visiting programme. AIDS Care, 8 (4), p.389-404.

Government of Zimbabwe (2010) *National Action Plan for Orphans and Vulnerable Children: Concept Note.* Harare: Ministry of Labour and Social Services.

Madhavan, S. (2004) Fosterage patterns in the age of AIDS: Continuity and change. *Social Science & Medicine*, 58 (7), p.1443-1454.

Mitchell, G. (2014) Children with disabilities in child and family welfare services. *Children Australia*, 39 (2), p.107-118.

Muchacha, M., Dziro, C., and Mtetwa, E. (2016) The implications of neoliberalism for the care of orphans in Zimbabwe: Challenges and opportunities for social work practice. *Aotearoa New Zealand Social Work*, 28 (2), p.84-93.

Mugumbate, J., and Nyanguru, A. (2013) Exploring African philosophy: The value of Ubuntu in social work. *African Journal of Social Work*, 3 (1), p.82-100.

Mupedziswa, R. (2006) Editorial, *Journal of Social Development*, 21 (1), p.111.

Mushunje, M. T. (2006) Child protection in Zimbabwe: Yesterday, today and tomorrow. *Journal of Social Development in Africa*, 21 (1), p.12-34.

Mushunje, M. T. (2014) Interrogating the relevance of the extended family as a social safety net for vulnerable children in Zimbabwe. *African Journal of Social Welfare*, 2 (4), p.78-103.

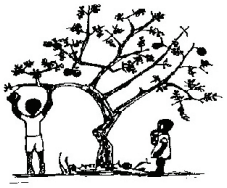
Powell, G., Chinake, T., Mudzinge, D., Maambira, W., and Mukutiri, S. (2004) *Children in residential care: The Zimbabwean experience.* Harare: Ministry of Public Service, Labour and Social Welfare/UNICEF.

Roby (2011) *Children in informal alternative care.* Discussion Paper. New York: UNICEF, Child Protection Section.

Strozier, A. L., Elrod, B., Beiler, P., Smith, A., and Carter, K. (2004) Developing a network of support for relative caregivers. *Child and Youth Services Review*, 26 (7), p.641-656.

UN (1989) *UN Convention on the Rights of the Child.* New York: United Nations.

United Nations General Assembly (UN GA) (2010) *Guidelines for the alternative care of children.* Resolution adopted by the General Assembly, 24 February 2010, A/RES/64/142. New York: United Nations.



1 Adylinn Road, Marlborough,
Harare, Zimbabwe

Tel: 263 4 309 800
Fax: 263 4 309 869
Email: fost@fost.co.zw

FOST Zimbabwe
fost.co.zw