A Study of 19 Christian Community Orphan Initiatives in Zimbabwe
(Draft Report and Journal article, Development in Practice)

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SUMMARY
Throughout Africa, communities are responding to the AIDS epidemic and the ensuing increase in numbers of vulnerable children with a proliferation of support initiatives. Understanding the nature, development and potential of community initiatives is vital to enable communities to expand their responses and to assist external agencies to support vulnerable children without undermining community coping capacity. Church initiatives are associations of church people involved in voluntary activities to support orphans. This study involved 19 initiatives in urban and rural locations, with 67 local churches participating in programme delivery through 247 volunteers. Pastors started initiatives after seeing orphans going hungry, without school fees, lacking clothes and spiritual guidance. Awareness-raising of the needs of orphans by people from outside the community also contributed to their establishment. Services were provided to 3,462 orphans and vulnerable children, through home visits, spiritual support, provision of school fees, clothing and food. Most initiatives wished to expand the scale and scope of support activities and to strengthen their administrative capacity. In order to expand, they requested additional training and financial resources. Faith-based organisations are a widespread, robust and sustainable response to cope with growing numbers of orphans and vulnerable children in sub-Saharan Africa. Scaling up support to orphans and vulnerable children requires intermediary organisations such as local NGOs to partner community initiatives and help build their capacity through advice, training, and the provision of sub-grants.

INTRODUCTION
Throughout Africa, the AIDS epidemic is affecting large numbers of children and leading to serious, social, economic and psychological consequences (Foster & Williamson, 2000; Foster & Germann, 2002). Zimbabwe has one of the worst national HIV/AIDS epidemics in the world; some 25% of the adult population are HIV-positive. Life expectancy has fallen to 38 years (US Bureau of the Census, 2000). By 2010, it is estimated that 30% of children under 15 years will have lost their father, mother or both parents (Hunter & Williamson 2000). The number of maternal and double orphans is increasing dramatically.

Communities are responding to increasing numbers of vulnerable children with a proliferation of support initiatives (Foster, 2002). Features typical of other community coping activities characterise initiatives; these include reciprocity, consensus-based decision-making, self-reliance, local leadership, voluntarism, innovation and association with faith-based organisations. Initiatives become established as a result of community solidarity, compassion, concern for societal well-being and religious belief (Phiri et al, 2001).

People without professional expertise but who have local experience that contributes to community building usually run voluntary associations and community initiatives. Voluntary associations are informal or formal groups of citizens working together to achieve a common goal. Community initiatives have been defined as indigenous grassroots responses of people involved in voluntary activities to support orphans and vulnerable children (Rutayuga, 1992). As community initiatives strengthen their organisational capacity, some become better established and are more appropriately termed “community-based organisations”, though criteria to enable such classification...
to be made are imprecise. Most community coping responses are hardly known outside their immediate locale (Salole, 1991). Few external organisations have sought to foster the development of voluntary associations and community initiatives. There has been no previous published study of community initiatives for orphans.

Community-based studies in southern Africa have identified local religious organisations as one of the few sources of support for impoverished families outside the extended family (Mutangadura, 2000; Phiri et al, 2001; USAID / UNICEF / SIDA / Study Fund Project. 1999; USAID, 2000). The activities of faith-based organisations are determined by their scriptures and traditions. Over forty references in the Bible and many in the Koran refer to helping widows and orphans. Christian practices include the example of the early church in establishing community-based orphan support programs involving both male and female volunteer visitors (Acts 6:1-6; I Timothy 5:3-16). The Bible teaches: “Religion that is pure is...to care for orphans and widows in their distress” (James 1:27). In Malawi, the Muslim faithful utilised the “dawa” women’s groups to support and visit orphans, widows and the terminally ill. The Muslim Friday prayers were used to raise money to go towards a community chest to assist orphans. The Koran teaches: “it is righteousness to believe in God and...to spend of your substance, out of love for Him, for your kin, for orphans for the needy....and practice regular charity; to fulfil the contracts which you made; and to be firm and patient in suffering and adversity and throughout all periods of panic. Such are the people of truth, the God-conscious.” (2:177) (Phiri et al, 2001). Other religious traditions including African traditional religions incorporate similar philanthropic teachings.

In the past, Christian involvement in orphan support has led to the establishment of residential institutions. With the advent of AIDS, some NGOs have established community-based support programmes for orphans utilising local religious groups for service delivery (Lee, 1999; UNAIDS 2001). This study reports on nineteen Christian community initiatives established without NGO community mobilisation involvement. Understanding the nature, development and potential of community initiatives is vital to enable communities to expand their responses and to assist external agencies to support orphans and vulnerable children without undermining community coping capacity.

BACKGROUND
A missionary nurse worked with Family AIDS Caring Trust (FACT), an NGO in Mutare, Zimbabwe in 1992. After helping establish the Rusitu community-based orphan visiting initiative in 1993, she independently started visiting church pastors in Zimbabwe. She promoted the establishment of orphan support initiatives based on similar principles to FACT’s Families, Orphans and Children Under Stress (FOCUS) programme (Foster et al, 1996). Pastors who became aware of the extent of the problem and were convinced of the Church’s mandate to support orphans and widows started promoting orphan initiatives and mobilising church volunteers. After community initiatives became established, she provided training and material support for relief assistance and income generating projects. By 2001, the endeavour had led to the establishment of 30 separate orphan support programs involving 467 volunteers belonging to 103 local churches. These initiatives involved the provision of support to an estimated 12,000 orphans and vulnerable children in Zimbabwe.

During 2001, the endeavour expanded with the formation of Zimbabwe Orphans through Extended Hands (ZOE), an umbrella-body organisation to support community initiatives. ZOE is staffed by a co-ordinator and three part-time staff. During 2001 ZOE staff visited 44 established or nascent initiatives, provided US$3,200 support to 39 groups, and conducted 39 training courses with partners.

METHODOLOGY
The main aim of the study was to describe the establishment, nature and development of community initiatives so that external agencies can provide initiatives with more strategic support.

A three-day consultation entitled “Expanding Church Community Orphan Initiatives” was organised by ZOE and held in Harare in November 2001 attended by 33 church-related organisations. The consultation was held at a time of severe economic decline and political...
instability in Zimbabwe. During the consultation, participants completed a 32-item questionnaire translated into two local languages. Results were tabulated during small group sessions and presented to participants in plenary sessions to facilitate discussion.

RESULTS

Description of sample
This study includes initiatives providing community-based support to vulnerable children which were ZOE partners. The study excludes the Rusitu Homecare and Orphan Programme, an established community-based organisation which started as an orphan initiative and developed with support from FACT and ZOE; RHOM involves 60 volunteers who provide support to some 3,000 orphans and vulnerable children as well as home care services to sick patients in two rural areas with a population of around 60,000.

The 19 initiatives were situated in urban (9), rural (9) or both urban and rural areas (1). The lead agency was a Pentecostal (8), Baptist (3) or Methodist (1) denomination church, an independent church (6) or a para-church organisation (1). In 14 initiatives, volunteers came from 48 local churches other than the lead agency, whilst 5 initiatives had no volunteers participating from churches other than the lead agency. In two areas, parallel community orphan initiatives were functioning, supervised by churches of other denominations.

Three initiatives consisted of small groups of volunteers carrying out activities without any management committee. Sixteen initiatives had management committees which met quarterly (3), monthly (6), fortnightly (3), weekly (2) or daily (2); five initiatives had committee members drawn only from the lead agency; eight initiatives had committee members affiliated to 17 churches other than the lead agency.

Starting the Initiative
In nine areas, churches (6), individuals (2) or the Department of Social Welfare (1) were involved in supporting vulnerable children prior to establishment of the initiative. There was no community-based support of orphans in the area in nine initiatives. Three initiatives started during 1993/94, 4 in 1996/97, 4 in 1998/99 and 8 in 2000/01.

The initiative was started by the church pastor or pastor’s wife (13), concerned individuals (5) or teachers (1). The idea for the initiative came from concerned community members (3) or followed a visit by ZOE (10) or another concerned individual from outside the community (4). The particular concern that led individuals to start initiatives was seeing children going hungry (9), without school fees (7), lacking adequate clothing (5), exploited, abused, raped and pregnant children (4), needy children (3), children lacking spiritual guidance (3), with emotional needs (2), living alone (2), neglected (1), and in need of parental care (1). Although material need predominated, it was recognised that even in the absence of material resources, much could be done to improve the situation of orphans. Often, community initiatives started slowly, and establishment occurred only after persistent promotion by community members and external facilitators of the magnitude of the problem and the principle of community-based orphan support.

Organisation and Programmes
Respondents assessed the size of population served by their initiative from which it was estimated that, on average, initiatives served areas with a population of around 10,000. Services were provided by the 19 initiatives to a total of 3,061 orphans, 196 children living with sick parents and 205 other vulnerable children, an average of 182 children per initiative (range 8-654). The commonest support activities provided by initiatives are shown in Figure 1.

Figure 1: Frequency of activities conducted by 19 Community Initiatives
Activities were conducted by 247 volunteers (average, 13 per initiative, range 3-32) of which 193 (77%) were women. Volunteers were typically strong members of the churches through which the initiative was organised and were motivated to help children. Volunteers met together in 15 of the initiatives, mostly centrally on a monthly basis. Volunteer meetings consisted of reports of activities, discussions, ongoing training and prayers. Volunteer retention in initiatives was extremely high.

Office bearers such as the treasurers and secretaries of management committees carried out most administrative tasks. Administrative responsibilities of initiatives identified by 10 respondents were record keeping (6), correspondence (6), finances (6), fund-raising (2) and liaison (1). Most initiatives had no central office base or centralised record system. All initiatives received technical support from ZOE. Six initiatives also received support from non-implementing Zimbabwean churches or Christian organisations. Three initiatives received support from churches or Christian organisations in the UK or Holland.

**Development**
Most initiatives had developed since their establishment. Respondents noted there was growing demand for services as a result of increased orphan numbers. Developing initiatives built upon the success of initial activities and expanded as they increased their resource base and networked with other churches and organisations. Several had increased the number of volunteers working in their initiatives and some had diversified the nature of their activities by taking on new roles. Some introduced systems of incentives to motivate volunteers. Many initiatives had developed better record systems, training for volunteers and now placed greater emphasis on fund-raising and financial administration.

One initiative was established with four volunteers who identified 187 orphans; three years later, the initiative grew to involve 30 volunteers making regular visits to 467 children living in 221 households. Growth of initiatives is suggested by comparison of nine established initiatives started in 1993-98 with ten new initiatives started in 1999-2001. Established initiatives involved an average of 18 volunteers supporting 315 children, compared to an average of 8 volunteers supporting 63 children in new initiatives. Established initiatives were involved in a larger number of activities, were more likely to respond to hidden needs such as the provision of psycho-social support and were more likely to have incorporated income generating activities (5/9 vs 1/10) compared to new initiatives. This reflects an evolution of initiative strategy, moving away from simple relief work and meeting needs on a one-off basis and placing greater emphasis on empowerment of beneficiaries to lessen dependency.

Training of volunteers was more common in established than in new initiatives (8/9 vs 4/10). Overall, 12 initiatives held 19 training courses with 223 volunteers attending. ZOE carried out most training on topics such as identifying and prioritising orphans, and home visiting and care of orphans. Eight initiatives visited other organisations in order to get new ideas, learn more and
provide advice. Visits led to encouragement, an interchange of ideas and improvements to administrative systems as well as financial, material and spiritual support.

Future
Most initiatives considered that coverage of vulnerable children in their area by initiative activities was low. Sixteen respondents stated they would like their initiative to develop in the next three years by increasing the area covered (8), the number of orphans supported (6), the number of volunteers involved (4), their funding base (2), and the services they provided, including the provision of income generating projects (3); three respondents stated that in future, their initiative should empower beneficiaries rather than simply provide hand-outs.

In order to enable initiatives to develop in the future, 16 respondents identified their greatest needs as training (13), finances (12), volunteer management (6), income generating project development (4) and transport (4). Training needs identified were: administrative skills (5), psycho-social support (5), volunteer management (4) and income generation (2). Development of their initiative in the future demanded maintaining and increasing the commitment of community leaders and churches in their area in order to ensure sustainability of their activities. Eighteen respondents stated that the greatest challenges faced by the initiative in expanding or maintaining current activities were: the prevailing adverse economic situation (11), the prevailing adverse political situation (10); the overwhelming nature of the AIDS pandemic (8); and limited financial situation and infrastructure (transport, computers etc) of their initiative (8). Three or fewer respondents mentioned other constraints.

At the conclusion of the consultation, participants were asked to identify and prioritise possible topics for a future workshop. Topics prioritised were administration systems (19), volunteer support and training (10), financial resource mobilisation (6), counselling (4), micro-enterprise programming and home-based care (3 each).

CONCLUSION
It is not just the scale of the AIDS pandemic that presents a fundamental challenge to the world, but also its duration. Long-term commitments are necessary to both mitigate the impact of AIDS as well as prevent the spread of HIV infection. Faith-based organisations have proven their sustainability through continuous presence in human communities for centuries. They have withstood conflict, natural disaster, political oppression and plagues. Members of religious organisations have demonstrated commitment to respond to human need based on the moral teachings of their faith, and they do this voluntarily and over long periods of time. As the AIDS epidemic continues to create a “caring deficit” - eroding the capacity of communities to care for those affected - faith-based organisations will be critical to sustain community coping to address the impact of the disease.

Faith-based organisations have credible leadership, existing structures and effective channels of communication involving a spectrum of ages and social classes. Most of the initiatives in this study owed their existence to the authority exercised by religious leaders in mobilising church members and other churches to respond to the orphan crisis. The altruism and the expressed commitment of volunteers emanate from a sense of community ownership and cohesion, reinforced by a religious affiliation and orientation. Many churches were able to transcend narrow religious agendas by coming together in orphan support for the greater good of the communities they served.

In sub-Saharan Africa, religion is an integral part of community life. Communities put a great deal of trust in the religions that they adhere to. Religion features at all important milestones of a majority of community members - birth, marriage and death - as well as in between. Faith-based institutions convene people on a weekly basis and their leaders can speak with credibility and authority. Religious organisations are a feature of the landscape not just in matters of faith but also in relation to areas of development such as education, health and other social endeavours. Many non-church community groups are also infused by spiritual motivations. External agencies which are based around a secular-religious dichotomy may fail to recognise the religious motivation of many community initiatives and may consequently undermine the effectiveness and sustainability of these organisations.
Initiatives achieve their goals by deciding on a common problem to address, developing a plan and taking actions to implement the plan. Most initiatives rely on community contributions and few receive external financial support. Most initiatives have no designated office and no written plans guiding activities; record systems and written reports are rudimentary. Many initiatives have no constitution or bank account. Many do not keep written records of management committees meetings and some have no governing committees.

Community initiatives are a widespread, robust and sustainable response to cope with growing numbers of orphans and vulnerable children. Initiatives are sustainable because they are strongly self reliant, depending almost exclusively on resources generated from within the community. The level at which initiatives are self-sustainable varies between communities. It is likely that initiatives are able to function without external financial support only when their community is relatively prosperous and when they limit the scale of their support to a small number of orphans. An important question to be answered by external organisations is to what level are initiatives sustainable without external support?

Most initiatives were aware of the need to expand the scale of their response but were limited by lack of organisational capacity and financial resources. Initiatives which were most strongly owned by community members were least likely to be in receipt of large amounts of external support; strongly community-owned initiatives were less likely to prioritise financial needs as the major constraint to expansion of their initiative. In spite of concerns about sustainability, most initiatives saw the need to increase their administrative capacity and seek external sources of funding in order to expand their activities to include more vulnerable children.

The challenge for external organisations seeking to support an expanded response to orphans and vulnerable children is to ensure that support is provided to community initiatives in ways which do not undermine community coping. Local non-governmental organisations are best placed to form partnerships with such initiatives. NGOs are able to provide appropriate advice and training in building the capacity of community initiatives. In certain cases, technical support may be combined with the provision of sub-grants for areas such as school fee provision, income generating projects and volunteer incentives. For many organisations, carrying out capacity building activities with voluntary associations and community initiatives will require new skills and a deeper appreciation of the strength of resilient African communities.

ACKNOWLEDGMENTS

We wish to acknowledge receipt of a grant from Tearfund which enabled the consultation to be held.


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