Chiedza Child Care Centre

2020

Annual Report

Chiedza
CHILDCARE
CENTRE
REG No. Pvo 16/2003

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ACRONYMS

AGYW	Adolescent Girls and Young Women
ASRH	Adolescent Sexual Reproductive Health
CCCC	Chiedza Child Care Centre
ECD	Early Childhood Development
GBV	Gender Based Violence
HIV	Human Immunedeficiency Virus
IGA	Income Generating Activities
ISAL	Internal Savings and Lending Schemes
OSSG	Out of School Study Group
OVC	Orphans and Vulnerable Children
PPE	Personal Protective Equipment
PTCE	Part-Time Continuation Education
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infections

MESSAGE FROM THE EXECUTIVE DIRECTOR'S DESK

Spiwe Chakawa

Executive Director

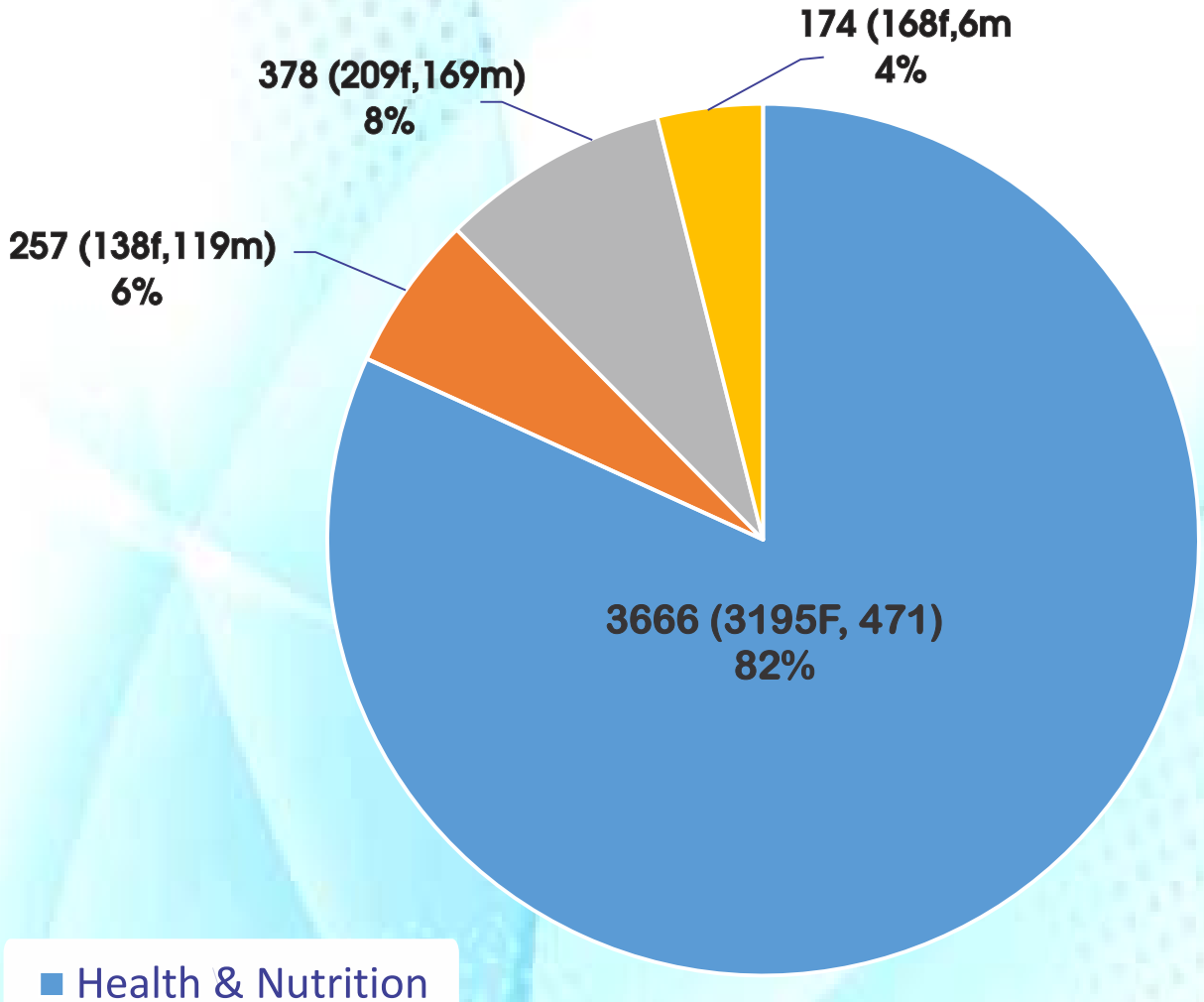
It is with great relief that I can sit down and reflect on Chiedza Child Care Centre's journey in 2020. Looking over our shoulders I can confidently say our work tells a story, a story of determination, perseverance, and dedication. 2020 was one of the most challenging years in the history of Chiedza, as we were faced with the uncertainty of the future as COVID-19 threatened the existence of humanity world over. Chiedza was faced with a task to navigate between keeping afloat and the safety of staff and beneficiaries. Change and adaptability was needed to survive. I want to thank the Chiedza board, management, and staff for holding on to hope in a volatile environment and managing to see the organisation through. Basic services were provided to children including support for anti-retroviral therapy, educational support, nutrition, psychosocial support, case management and sexual reproductive health. Chiedza continued to be the light in the dark for children despite the challenges. Our vision of "A Zimbabwe where children are happy, healthy and empowered with bright futures", has spurred us on and continue to give us the strength to plough through challenges and hope to achieve more and impact more children's lives.

Wishing you a prosperous 2021

ABOUT CHIEDZA CHILD CARE CENTRE

Chiedza Child Care Centre (Chiedza) is a local non-governmental organization, established in 2001 and registered in 2003, registration number *PVO 16/2003* **Chiedza envisions**,"A Zimbabwe where children are happy, healthy, and empowered with bright futures". **Our mission** is to provide access to education, protection, economic strengthening, health and nutrition services to orphans and vulnerable children (OVC) in Zimbabwe. The organization was formed by volunteer citizens of Zimbabwe in 2001 responding to the plight of children orphaned by AIDS. With the advent of anti-retroviral therapy, the organization continued to strengthen its programmes to respond to the emerging needs of vulnerable children and their families through the thematic areas of early childhood education, accelerated learning, part time continuing education, vocational training, primary education, secondary education, sexual reproductive health, pediatric HIV, nutrition, child protection, and economic strengthening. In 2020 the organization maintained its geographical coverage of Harare South and Zvimba districts. Chiedza is governed by a six-member board with expertise in various areas such as human resources, financial management, fundraising, and programming. The programmes are supported by a staff compliment of 14 staff members, 8 part time staff, 3 interns and 70 community volunteers.

2020 HIGHLIGHTS



HEALTH AND NUTRITION

3666 (3195f:471m) beneficiaries were reached with health and nutrition services.

Service	Female	Male	Total
Soup kitchen	106	101	207
Food packs	51	49	100
Caregivers' Nutrition Training	99	0	99
Adolescents Support Groups	22	29	51
Adherence support	173	142	315
Sexual & Reproductive Health	2715	150	2865
Sexual & Reproductive Health Champions training	29	0	29
Total	3195	471	3666

Wet feeding through the soup kitchen

Chiedza continued to operate the soup kitchen located in Ardbennie, Harare to support the children that were attending the out of school study group, early childhood education and other children from the community. 207 children (106F; 101M) accessed the soup kitchen where they were supported with hot meals twice a day for 6 days a week. The kitchen is usually open throughout the year but in 2020 the schedule of opening was matched with the school calendar due to the lockdown regulations because of COVID-19 pandemic. When the kitchen was closed, the organisation adapted and provided dry food packs to families that were able to access the centre. 39 families were supported reaching to 187 beneficiaries in total. The soup kitchen remains a key service for children who attend the early childhood and out of school study group as it increases retention and improve the overall nutritional status and well-being of children.

Figure 1. Children having lunch from the soup kitchen

100 families with HIV positive children supported with dry food packs.

100 families with HIV positive children were supported with monthly dry food rations inclusive of corn soya blend porridge, cooking oil, dried beans-mealie-meal, soya chunks and dried kapenta for three months. In addition, in the first month all the 100 households received two twenty litres water buckets with taps to aid with hygiene practices in the homes in the face of COVID19. The food rations were provided to cushion families during lockdown restrictions as a result of COVID-19 as well as improving drug adherence and nutritional wellbeing for HIV positive children. The program was impactful as no defaulters were reported because of hunger. Good nutritional status of children was maintained.

Figure 2. A beneficiary collecting a food pack.

Nutrition training for caregivers

Nutrition training was organized for 99 (all females) caregivers of children living with and exposed to HIV and it facilitated knowledge and skills transfer on food preparation, food handling, hygiene measures, food preservation and sources of nutrients. With nutrition being one of the three pillars of anti-retroviral therapy, the training sought to equip the caregivers with relevant knowledge on nutrition. The knowledge gained enabled the caregivers to provide their children with good nutrition resulting in their improved well-being as evidenced by the weight gain on some of the hospital cards captured below.

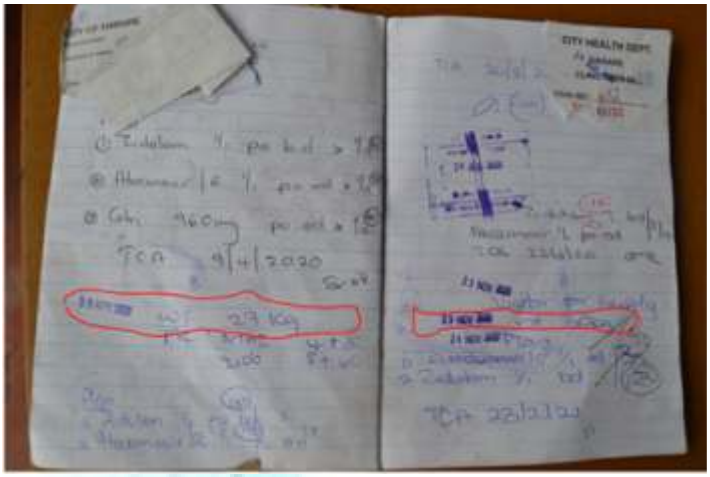


Figure 3a.

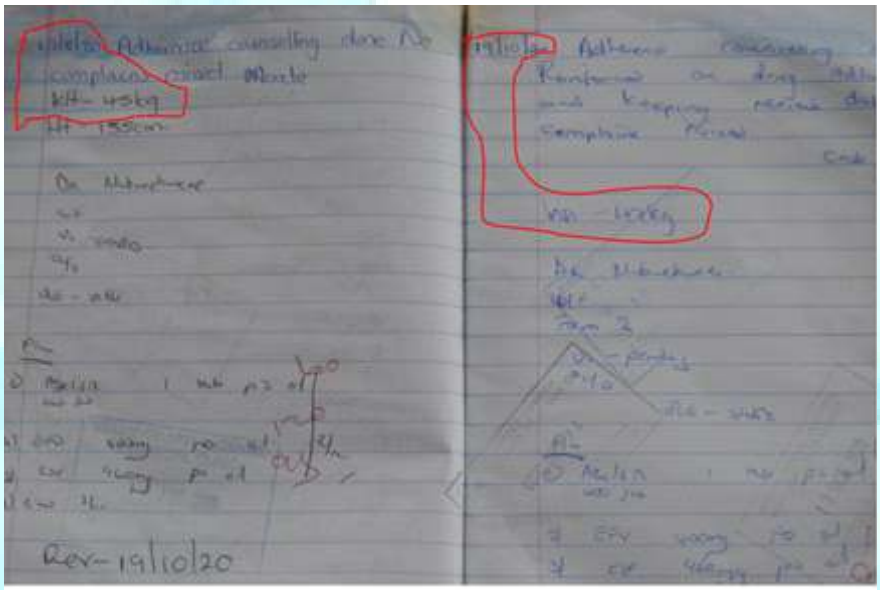


Figure 3b.

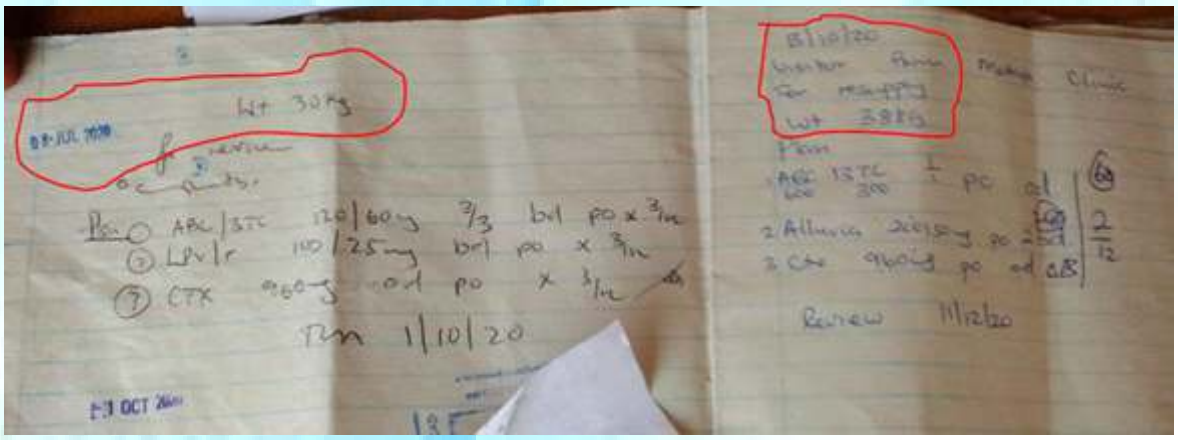


Figure 3c.Beneficiaries' hospital cards showing significant weight gain.

Improved retention in care for children living with HIV

Due to limitations in group gathering in 2020, adolescents support groups were last held in March 2020 reaching out to 51(29f:22m) adolescents. However, through the community volunteers, virtual psychosocial support and follows ups were made. In total 315 (173F: 142M) were reached through mobile phone follow ups monthly. The feedback from volunteers showed that most adolescents were retained in treatment and care with only a few cases of negligence by caregivers being reported. The mobile phone follow ups also helped on relaying information to the adolescents when some of the City Health's clinics were temporarily closed during the lockdown as to where they could access medication thereby helping with adherence.

Sustaining the demand and uptake of SRH services through Systems Strengthening of Health Facilities

A total of 8 health facilities in Zvimba district were assessed to inform a needs-based training which reached 20 health care workers from 10 health facilities and 5 district officials from the district hospital on SRH youth friendly service provision. While not much mentorship was given to the health facilities, the trained health facilities took initiative to improve some of their systems. These include comprehensive information education and communication material access for Adolescent Girls and Young Women (AGYW), inclusion of AGYW in health committees, sensitization of community members on the health facilities initiative of providing youth friendly SRH services, provision of services through mobilizing resources to secure family planning commodities that have been in short supply, collecting and analyzing data which enabled them to report unfavorable results that came as a result of COVID-19.

Improved access to Sexual Reproductive Health and Rights for young people

Even though the greater part of the year from March to December was affected by lockdown, SRH remained an essential service. Chiedza worked with 15 health facilities in Zvimba and reached to 2865 (2715F; 150M) with SRH services. Young people accessed various services such as family planning, post GBV services, HIV testing and counselling, condom distribution, SRH information, STI screening, STI treatment, maternal and neonatal services. Health facilities were supported with PPE (gloves, masks, sanitisers, liquid soap) and continued to support young persons in need of services. The effect of COVID-19 saw a spike in cases of teen pregnancies, sexually transmitted infection and a significant reduction in adolescents and young people who sought and accessed sexual reproductive health services. They also saw stock outs in STI drugs, contraceptives and pregnancy test kits as much priority was probably being given to COVID 19 commodities including PPE.

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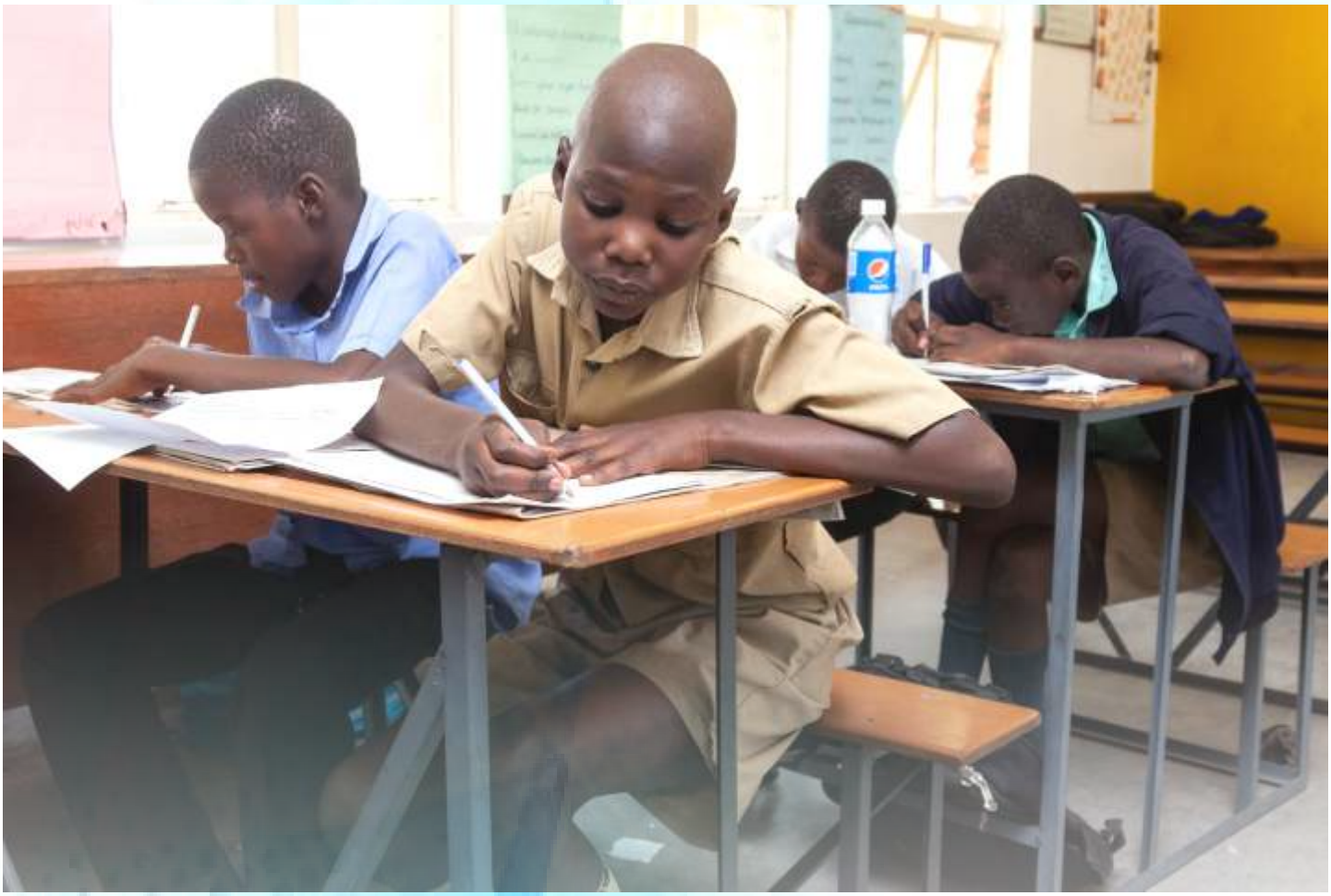
Sexual Reproductive Health Champions

A total of 29 (all female) SRH champions were trained to take the lead in creating demand for family planning and SRH services amongst adolescent girls and young women in the community at various community platforms. The champions were unable to effectively engage AGYW due to COVID-19 regulations and as a result could not carry out planned demand creation activities. Some of the champions managed to engage AGWY on individual basis where they shared information on contraceptives, HIV and STI. Receiving health facilities reported fairly low numbers of adolescent girls coming to access services throughout the year. From the few engagements they managed to do the champions reported that the major challenge for adolescent girls remained lack of parental support and prevailing social norms whereby it is not acceptable for them to engage in sexual activity before marriage hence they were not expected to seek these services.



EDUCATION

Service area	Female	Male	Total
Early Childhood Education in Harare South	21	16	37
Primary Education formal in Harare South	11	9	20
Secondary Education formal in Harare South	7	8	15
Out of school study Group primary in Harare South	53	59	112
Part Time continuing Education secondary in Harare South	40	26	66
Tertiary Education in various institutions	3	1	4
Vocational Training at Rafiki Girls Centre	3		3

Improved access to early childhood education for OVC in Harare South

37children (16M: 21F) were reached with ECD services through the Chiedza Child Care Centre registered pre-school center. The center provides ECD services for OVC who cannot afford the fees in conventional pre-schools and formal schools. However, for integration purposes and reducing stigma and discrimination, the Chiedza center accommodates other children from well to do families to attend the ECD lessons. The service is impactful in that it is compulsory in Zimbabwe to attend ECD before transitioning to primary school. However, educational costs remain high for most families and ECD children may end up not being prioritized. 6 dropped out during the course of the year mainly due to financial challenges while 24 were retained. Of the 24, 11 graduated and will be transitioning to Grade 1. Realizing the long period of the Covid19 directed lockdown and the fact that learners were out of school, the organization engaged learners through the WhatsApp learning platform. This allowed learners to continue with their lessons as the facilitators sent tasks through audios and pictorials.

Figure 4. Pre-school learners showcasing their talents through play on graduation day

35 children supported to access education.

School fees was paid for 20 children in primary school and 15 in secondary school. A UNICEF report noted that even though overall enrolment has increased in Zimbabwe, more than 1.2 million children of school-going ages 3 to 16 are out of school. Many families have a hard time paying school fees which are prohibitively expensive. Chiedza has over the years supported orphans and vulnerable children to access education through direct school fees payment.

It has been noted that children in Zimbabwe fail to transition to secondary school from primary as schools require a lump sum at enrolment for new learners. Chiedza thus, is bridging the gap through support with direct school fees and uniforms for a smooth transition for disadvantaged learners. This has improved Chiedza's overall retention figures of its beneficiaries receiving direct school fees support.

Figure 5. Supporting transition from Primary to Secondary school Prince (pseudo name) who passed grade 7 with 11 units with his uniform received from Chiedza.

Out of school study group ensuring access to primary education for orphans and vulnerable children

112 (59M: 53F) learners were enrolled during 2020 and attended lessons at the center. Learning for 2020 was largely affected by the COVID-19 pandemic. Due to the poor background of the children, adapting to virtual learning was not feasible. Children were able to attend lessons from January to March before they went on lockdown. The lessons resumed end of September and ended in December. The greater part of the year, children were not able to access formal schooling. This was a major setback for children who were already out of school before the intervention. Some learners had migrated to their rural homes during lockdown and when schools opened, they failed to attend school due to financial challenges to travel back. They later joined weeks after reopening leading to a more than 90% retention rate. 13(6F; 8M) learners dropped out mostly due to relocation during the lockdown.

Alternative Educational Pathways for secondary school children out of school

Part time continuing education (PTCE) remained a viable alternative pathway for 66 (26M: 40F) children who were enrolled at Chiedza in Harare South in 2020. The PTCE programme ensure that orphans and vulnerable children, with a particular bias on girls, are not left behind in education. The intervention sought to ensure that girls are kept in school to reduce their exposure to early marriages, HIV and STIs. Girls and boys who had dropped out of school were identified and enrolled in non-formal education studying for ordinary level studies. The organization supported the girls and boys with school fees, stationery and school uniforms for the whole year of 2020. This initiative however, was largely affected by the COVID pandemic as the Ministry of Primary and Secondary Education battled with keeping children

safe by introducing school calendar schedules flexible to manage the risk of COVID-19 among children and teachers. In that regard children were only able to be in school for an average 5 months. Owing to their poor background, the children could not be supported through virtual learning as they needed gadgets, data and electricity at home. However, efforts were made to provide extra lessons to exam learners. Retention was a challenge, as of the 68 enrolled in January, 8 could not be retained due to relocation, early marriage and pregnancy.

Figure 6. PTCE learners concentrating in an end of year examination.

Provision of learning and teaching material for effective quality learning

To improve learning outcomes for learners a total of 126 copies of textbooks for both learners' and teachers' books for ordinary level Commerce, Mathematics, Combined Science, English, Geography and Shona were procured. These are the recommended books for the new curriculum introduced by the Ministry of Primary and Secondary Education in 2017. Also to fulfil Ministry's recommendations for improved classroom setup and learners' and teachers' safety in the midst of Covid19 30 single desks and chairs were bought. Availability of these impacts positively on learning outcomes for beneficiaries.

One of the learners showcasing the new textbooks

Success story

"My name is Amina (pseudo name), my life has been so miserable ever since my father left us in 2013. My mother said he left for South Africa in search of greener pastures. However, since then, we never heard from him. He was the bread winner and my mother has been just a mere housewife. When my father left into the unknown, we could hardly get even something to eat. My mother did not afford to pay for my school fees. I had to drop out of school in 2016 the year I was supposed to sit for my Ordinary level. I stayed at home until the day I met a community volunteer who introduced me to Chiedza Child Care Centre.

This is when I began to see life in a different perspective. I was enrolled at Chiedza Child Care Centre for the PTCE program in January 2017 and my hope to write my ordinary level examinations was rejuvenated. I'm so thankful for several services that were rendered to me during my school days at Chiedza which includes; food, clothes, education, counselling and some basic life skills. I wrote my national ordinary level examinations in November 2017 and was the best student of that stream scooping 6 subjects. This was my passport to advanced level which I completed in 2019. I obtained 5 points at advanced level and was not happy with the results as I was looking forward to more points. I initially wanted to be a lawyer to represent especially women who suffer domestic violence. Now that my points did not allow me to study Law, I have shifted to studying a Bachelor of Arts Honors degree in Zimbabwean History and International Relations.

I'm now looking forward to changing my life and my family's life as I am the first born. I also wish to be a motivational speaker and a helper to some people who will by any chance face the challenges I faced in my life."

Figure 8. Amina at the University of Zimbabwe

Progressing into bright futures

Access to education is the foundation to transforming lives. Chiedza has over the years supported orphans and vulnerable children access primary, secondary and tertiary education. In 2020, 8 learners were supported to transition from primary to secondary level. Of the 10 that sat for ordinary level, 2 progressed to advanced level. Chiedza had its first group of learners completing advanced level. Three of the supported advanced level learners all secured places at different local universities and are currently pursuing their undergraduate studies. It is quite encouraging for the organisation realising such transformations and it is an encouragement to other supported learners to continue working harder while the community is compelled to support the organisation's efforts.

CHILD PROTECTION

257 (138f:119m) children were reached through education intervention.
378 (209f: 169m) children were reached with child protection services.

SERVICE	FEMALE	MALE	TOTAL
Case management	182	148	330
Birth registration case profiling	22	17	39
Successful birth registration	5	4	9
Total	209	169	378

Ensuring children's wellbeing through case management

The year 2020 has been a different year due to COVID19, however different as it may have been the organization continued to endeavour to ensure children's wellbeing in those difficult times. Although home visits could not be done for the better part of the year as part of the measures to contain COVID19, cases were managed through the phone as community volunteers were supported with airtime to follow up mainly on cases of children living with HIV. A total of 315 (173f; 142m) cases were managed through the mobile platform offering adherence support to the children, relevant and accurate information on COVID19 was also provided through the same platform as a way of making sure the children and their families are protected from being infected by the virus. Cases of children in need of nutrition support were also identified through this approach resulting in 100 households receiving support. 24 (11f; 13m) children with challenges of raising required hospital user fees for drug collection, treatment procedures and access to medication were supported. Although the Registrar General's office was closed for the better part of the year 39 (22f; 17m) cases of children without birth certificates were identified and screened. 9 children (5f; 4m) were assisted and managed to successfully register during the first quarter of the year when the offices were still open. Five (4f: 1m) learners who were due to sit for national examinations were also assisted to get national identity cards required for them to sit for examinations as external candidates.

Other cases handled include:

CASE TYPE	F	M	TOTAL
Early marriage/Child sexual abuse	4	0	4
Negligence/ Poor living conditions at home/Conflict with caregiver	3	2	5
Truancy	1	1	2
Physical abuse	0	1	1
Misbehaviour	1	2	3

ECONOMIC STRENGTHENING

174 households/ caregivers were reached with economic strengthening services in Harare South and Zvimba district.

Economic strengthening services

Intervention	Area/District	Females	Males	TOTAL
Income Saving and Lending Schemes training	Harare South	35	0	35
	Zvimba	0	0	0
Start up and boost up capital support	Harare South	0	0	0
	Zvimba	133	6	139
Specific Income generating activities training	Harare South	0	0	0
	Zvimba	168	6	174

Improving the household income through Income Saving and Lending Schemes

The economic strengthening intervention was the hardest hit in 2020. Most of our beneficiaries rely on informal trade which could not thrive under the stipulated lockdown restrictions. Group meetings could not continue as gatherings were not permitted and the caregivers could also not raise the funds. Their income generating projects are very small with no huge savings that could be ploughed back as capital in times of crises. The families used the little savings they had to provide food for the family during the lockdown resulting in them failing to get back into business. The operating environment has also not improved to allow for the smooth operation of the informal sector. Prior to the national lockdown a total of 35 caregivers were trained on ISALs methodology in Harare although they could not start saving due to the above-mentioned challenges.

Imparting Caregivers with Specific Income Generating Projects (IGP) skills for Improved Livelihoods

In Zvimba a total of 139 caregivers were trained on petroleum jelly making before receiving the startup kits for the project. The caregivers appreciated the initiative as it provided them with an opportunity to provide their communities with an affordable alternative for such a basic need in every household whilst providing them with an income to address their other household needs.

Figure 4. Caregivers' training on petroleum jelly making

Despite all the challenges, the organization continued with efforts to find ways to cushion families and improve household income. Funds has been raised to provide boost up capital as soon as the environment becomes conducive for operation of the income generation activities.

VOLUNTEER MOTIVATION

To reduce the risk of Covid19 infection, the organization had to trim the number of active community volunteers in Harare South district from 36 to only 20. Despite the harsh economic situation in the country and the fear brought by the pandemic, the community volunteers continued to serve children and families wholeheartedly. The organization arranged for the community volunteers to be trained on COVID19 so that they got relevant and accurate information on the pandemic to ensure their safety as well as enable them to relay to beneficiaries correct information. The new normal as dictated by the coming in of the pandemic became less face to face interactions and more of virtual, as such the volunteers were supported with monthly mobile phone airtime to enable them to make case follow ups through the phone. Masks were also provided to the volunteers for their safety.

Community Volunteers paying attention during a Covid19 training

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