CHAPTER 8

The Role of Theory in Social Planning for OVCs

We now need to provide an interpretation of the findings described in Chapter 7 in terms that are relevant to project management for OVC service delivery, for the social milieu in which OVC’s live and for systems theory. The diverse definitions used by respondents to understand vulnerability suggest that this was perceived to occur within specific contexts and experiences of human relationships and interaction. As depicted in Table 24, forty five out of the one hundred and two carers characterized vulnerability more with deprivation or the absence of direct benefits (basic needs) compared to only four out of twenty three of the practitioners who participated in the study. Seven out of twenty three practitioners placed emphasis on inefficiency and ineffectiveness in service delivery (weakened support system) compared to thirty out of one hundred and two carers. Unlike, project practitioners, carers also highlighted the gender of the carer and children in child headed households as vulnerable. Practitioners stressed child protection more than carers, as to be expected, given their professional training.

Vulnerability and Derivation

The differences in priority definitions and language used by carers and practitioners suggest that the perception and meaning attached to vulnerability was not always the same, and appeared to predictably reflect the different roles and experiences of carers and practitioners. Practitioners were technical, taking an ‘impersonal’ perspective, while carers took a personal, experiential perspective, providing rich emotive and often personified stories to describe vulnerability. The differences also suggested that carers did not always consider the distinction between experiencing loss or lack of basic services (deprivation) and the risk of experiencing loss or lack of basic services (vulnerability), perhaps because they were already witnessing extreme and prolonged deprivation that was generalized to the entire population in Zimbabwe at the time of the study.

According to carers, deprivation occurred when the basic needs of the child had not been met regardless of the survival status of the parent. It can be said that deprivation is an ‘absolute indicator’ of vulnerability, meaning that a child who is deprived has certainly experienced extreme vulnerability and may remain vulnerable even if basic services were to be restored for as long as the
underlying cause of their deprivation has not been addressed. It implies that the risk of deprivation should always be distinguished from actual deprivation when defining vulnerability. The actual absence or lack of basic needs being met is a violation of the child's basic rights, while the risk of deprivation may not mean the same. The distinction is important because it implies that those who are deprived require targeted restoration or provision of basic services, while those who are at risk need medium to long term preventive services, which may include livelihood/self-reliance/empowerment or social protection support to avoid deprivation. Current definitions of vulnerability applied in OVC development tend to mix the two. In other cases, it may be difficult to distinguish between deprivation and vulnerability. What is considered vulnerability, such as children in ‘child headed households’ is, in fact, the deprivation of adult care. Children are not normally expected to grow up heading households. Nevertheless failure to acknowledge the distinction between vulnerability and deprivation may result in generalized and untargeted interventions.

Drawing on the responses, a distinction can be made between ‘extreme vulnerability’ which, in this case, is defined as prolonged deprivation, often of multiple services, and ‘vulnerability’, which is defined in terms of the risk of loss of basic services as a result of the social and physical condition of the child-orphan hood, disability. Vulnerability is also associated with the absence of an immediate adult carer, a weakened immediate support system such as an unemployed carer, a male only carer, and exposure to abuse. It includes experiencing emergency situations or an environment which may be generalized to the population or to specific contexts – chronic poverty and unemployment, war/social conflict, or natural disasters.

An analysis of our field work also indicates that vulnerability was specifically associated with the socio-economic and political conditions of the child, and that of their immediate family support system. Noticeably, this is in contrast to a rights based approach to child development, which puts an obligation on the extended family, community, Government and international community support systems to be duty bound to serve as a support system for the child when the immediate system can no longer cope.

The responses to the factors associated with vulnerability pointed to the hostile political environment as exacerbating the vulnerability of children and their families, and reinforcing other vulnerabilities such as poverty and HIV and AIDS, in Zimbabwe. Determinants (exogenous) of the nature, incidence and intensity of vulnerability for orphans were by definition beyond their control and that of their immediate or household carer and support system. Vulnerability emanated from a relationship between orphans and their milieu. The findings suggested that the social system corrupted, shaped and