AN INVESTIGATION INTO THE SOCIO-ECONOMIC CHALLENGES FACED BY CHILDREN IN ORPHANAGES IN ZIMBABWE. A CASE STUDY OF CHILD FUTURE AFRICA CHILDREN’S HOME, MT DARWIN.

BY

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A DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK AT BINDURA UNIVERSITY OF SCIENCE EDUCATION IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK.

NOVEMBER 2014
APPROVAL FORM

Supervisor

I certify that I have supervised Annah Yeukai Mureverwi for this research titled An investigation into the socio-economic challenges faced by children in orphanages, a case of Child Future Africa children’s home Mt Darwin in Partial fulfilment of the requirements of the Bachelor of Science (Honours) Degree in Social Work at Bindura University of Science Education.

Supervisor Name........................................Signature............................Date.........................

Chairperson of Department Board of Examiners

The Department of Examiners is satisfied that this dissertation report meets the examination requirements and I therefore recommend to the Bindura University to accept a research project by Annah Yeukai Mureverwi titled: An investigation into the socio-economic challenges faced by children in orphanages, a case of Child Future Africa children’s home Mt Darwin in partial fulfilment of the requirements for the Bachelor of Social Work Honors Degree.

Chairperson Name........................................Signature............................Date.........................
Declaration and Release Form

I Annah Yeukai Mureverwi studying for the Bachelor of Social Work Honors Degree cognizant of facts that plagiarism is a serious academic offence and that falsifying information is a breach of ethics in Social Work Research, truthfully declare that:

1. The dissertation titled An Investigation into the socio-economic challenges faced by children in orphanages, a case of Child Future Africa children’s home is a result of my own work and has not been plagiarized.

2. I have followed research ethics required in pursuit of Social Work research.

3. I grant permission to the University to use this report for educational purposes

Student Name………………………… Signature……………………Date……………………

PERMAMENTS HOME ADDRESS: Howard Mission Hospital
Box 190
Glendale
DEDICATION

To my late mother Zodwa Mhungu Chinembiri.

To my father Innocent Mureverwi and my siblings Charity, Paxton and Dexter Mureverwi. I love you guys; you encouraged me when I felt like giving up.
ACKNOWLEDGEMENTS

I am greatly indebted to many people who made this project a success. I would like to express my profound gratitude to my only sister Charity Tendayi Mureverwi for her inspirational love and encouragement. I should acknowledge that if it was not for her guidance and financial support throughout my studies I would not have reached this far. Immense support was driven by Mr. R.G. Banda my project supervisor for his professional advice, guidance and insightful comments. I appreciate his effort for without his aid, this study would not have been possible. I also appreciate the unlimited moral, knowledge and support that I received from my friends. I would also like to thank Mr. Chideya (Mt Darwin Social Welfare Officer) for his help during the data collection process. Many thanks is also given to Mr. Seremwe (Child Future Africa director) for allowing me to carry my study at Child Future Africa. Above all I thank God for the providence, sustenance and good health which was of paramount importance throughout my studies.
ABSTRACT

The study sought to investigate on the socio-economic challenges faced by children in orphanages. The objectives of the study were to explore the causes of institutionalisation, to identify the socio-economic challenges faced by children at Child Future Africa children’s home as well as identifying the coping strategies employed by the institution to reduce challenges faced by children. The study used a qualitative research paradigm and a case study research design. Ten children, two caregivers and a District Social Welfare Officer were purposively sampled and interviewed. The study revealed that mass orphanhood and poverty were the main reasons why children were institutionalised in Zimbabwe. The study found out that in orphanages children face challenges of abuse emanating from other children, developmental delays and also poor funding of the orphanage. The study recommends that the government should strengthen the social welfare assistance given so that in the event of death of parents, the extended families can be able to cater for the orphans thus avoiding institutionalisation. The study also recommends the orphanage to employ a qualified social worker to offer psychosocial support to the children as the orphanage place much emphasis on providing material needs for the children, neglecting their equally important psycho-social needs.
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### ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>AMTO</td>
<td>Assisted Medical Treatment Order</td>
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<td>BEAM</td>
<td>Basic Education Assistance Module</td>
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<td>CFA</td>
<td>Child Future Africa</td>
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<tr>
<td>DSS</td>
<td>Department of Social Services</td>
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<tr>
<td>HIV</td>
<td>Human Immune Virus</td>
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<td>NAP for OVC</td>
<td>National Action Plan for Orphans and Vulnerable Children</td>
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<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>PVO</td>
<td>Private Voluntary Organisation</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<td>ZNOCP</td>
<td>Zimbabwe National Orphan Care Policy</td>
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CHAPTER 1

1.1 Introduction

This chapter seeks to introduce the topic under study. The research investigates on the socio-economic challenges faced by children in orphanages. In this chapter the researcher touched on the background to the study in which where and why the research is being carried out is brought to light. This chapter also consists of the statement of the problem, objectives, research questions, assumptions, significance of the study, limitations, definition of terms and summary.

1.2 Background to the study

The family support system has been basically disorganized in recent times. Hence orphans have been left without anyone to care for them. Thus children without parents are not only among the most vulnerable members of society, their care and protection also present a major child-care policy challenge. To date, finding the necessary resources to protect orphans has become a priority for the international aid (Ennew, 2005). In Zimbabwe lack of comprehensive mechanisms to guard against contingencies resulting from the social disintegration coupled with insufficient bases has made the situation of orphans and vulnerable children worse. Hence many children have been left in the care of orphanages where they face different challenges and sometimes their needs are not being met.

Traditionally child care in Zimbabwe was the preserve of the nuclear, extended family, clans and communities. The social set up has since changed and an increasing number of children are unable to grow up in the above mentioned institutions, thus necessitating out-of-home care in the form of children’s homes (Ministry of Labour and Social Services, 2010). The number of orphans and vulnerable children in institutions is continuously increasing. A research done by Save the Children indicates that eight million children live in institutions worldwide (Mulugeta, 2003). Institutionalization continues to rise in Zimbabwe, Africa and the world despite the negative effects associated with it and recommendations that it should be used as the last resort (Powell, Chinake, Mudzinge, Maambira and Mukutiri, 2004).
The traditional welfare provision for orphans outside families and the kinship system has been containment in institutions, largely financed through charitable donations (Ennew, 2005). The level and quality of care provided in institutions differs from one institution to another depending on the type of internal organization (family-based or conventional dormitories), the size of the family or other internal unit, internal equipment, the number of qualified staff, the working hours of caregivers and the type of relationship they have with the children, management style, the overall atmosphere within the institution and financial resources (Cahajic, Cvijetic, Darmati, Dupanovich, Haziosimaovich and Vukonic, 2003).

UNAIDS (2008) states that there are a number of factors that pushes children into institutions and in the Zimbabwean situation poverty and mass orphanhood due to HIV and AIDS were cited as the major causes of institutionalisation. Liu and Zhu (2009) noted that orphanhood is a generic categorization used mainly to describe a parental status as well as the socio-economic condition of children who have lost one or both parents due to various causes. According to UNICEF (2004) over 145 million children worldwide have lost one or both parents due to various causes. These orphans then continue to fall in vicious cycles despite the fact that the extended family has been incorporating them within their families. The extended family and communities are having a challenge of being weakened by the impact of HIV/AIDS hence children being forced to live under undesirable conditions. Children’s homes have therefore been put in place so as to accommodate orphans and vulnerable children so that they grew up in a loving family environment. Many people presume that most institutionalized children are orphans this is often not the case as some have their parents alive and most having some extended families, however their level of vulnerability qualifies them to live in institutions for safety purposes.

Despite the fact that orphanages are being built with good intentions of helping vulnerable children, orphanages are facing challenges in their day to day operation. Some of the challenges faced by orphanages include food and clothing to cater for the nutritional and physical covering needs of the children, insufficient funds to cater and support for children’s welfare, medical facilities for the orphans to cater for their health needs and also over reliance by the orphanage on scarce individual contributions to maintain the orphanage. The challenges have negative impact on the children. Therefore, the Zimbabwe National Orphan Care Policy (ZNOCP) of 1999
reiterates that institutionalisation should be the last and temporary resort in caring of orphans. This however does not mean that orphanages are the least important, they are more crucial than they are ordinarily perceived. They are an indispensable element of child protection systems in Zimbabwe as there will always be children who are in need of places of safety at least temporarily.

Child Future Africa is a private, non-profit initiative, PVO (Private Voluntary Organization) without affiliation to any political or religious organization. In a legal financial sense, the starting points of this project have been laid in a Zimbabwean trust and Dutch Foundation. The orphanage is located close to Kandeya Township in Mt Darwin in the province of Mashonaland Central, in the northern areas of Zimbabwe. The shelter is located on fenced terrain of about 10 000 square meters. The first house was built in 2006 and the second was finished in 2008. The accommodation provides a living room, kitchen bedrooms, toilets and showers. The three caregivers take care of the seventeen children. CFA is under threat of food shortages due to a decline in farm produces worsened by poor farm management. The institution lacks financial resources to carry out their day to day business because donor funding is not consistent. There are also no professional personnel staying at the orphanage to attend to immediate issues pertaining to children.

1.3 Statement of the problem

In the past few years, Zimbabwe has recorded an increase in the number of orphanages as the number of orphans is increasing owing mainly to HIV/AIDS pandemic. The goal of such homes is to build a better future for orphans and vulnerable children, providing them with at least basic childhood necessities. However, most of these institutions are facing socio-economic challenges which are limiting them from attaining their goals; hence this study seeks to investigate the socio economic challenges faced by children in orphanages.
1.4 Research aim

The study’s aim is to identify the socio-economic challenges facing children living in children’s homes.

1.5 Research objectives

1. To explore the causes of institutionalisation

2. To identify the socio-economic challenges faced by children at Child Future Africa children’s home.

3. To identify the coping strategies employed by Child Future Africa to reduce challenges faced by the children.

1.6 Research questions

1. What are the main reasons why children are placed at Child Future Africa?

2. What are the social and economic challenges faced by children at Child Future Africa?

3. What are the coping strategies employed by Child Future Africa to mitigate these challenges?

1.7 Justification of the study

The research findings from this study sought to educate and provide useful information to the host organization (Child Future Africa), the researcher and the government of Zimbabwe pertaining to the success and shortcomings of children’s homes in addressing the needs of institutionalized children. To the host organization Child Future Africa, the study seeks to investigate whether it has been successful in tackling the real needs of the orphans. The findings will therefore insight the organization in how they can improve their services to the children. It will also encourage institute administrators and service providers to develop appropriate and targeted programs that meet the unique needs of children who are in orphanages. This study will also be of great importance to the researcher. Thus the findings will broaden the knowledge of the researcher in
the area of child welfare since a lot of literature pertaining to the study will be revealed. The researcher will also be equipped with relevant knowledge and appreciation of the work of Child Future Africa as an intervention to empower needy children. Through this study, the government can adopt some recommendations raised if necessary to refine policies that have to do with the welfare of children as well as putting measures to curb further institutionalization of vulnerable children, that is, by strengthening other forms of child care outlined in the National Orphan Care Policy of 1999.

1.9 Definition of terms

Care

This encompasses a set of integrated actions that ensure synergies of protection, physical, emotional, social and cognitive development. Every child is reliant on those with parental responsibility (including individuals acting in a parenting role) to ensure that their basic care needs are met.

Caregiver

The person(s) - adult or child primarily responsible for providing care to a child or negotiating care or support on behalf of a child

Child

UNCRC recognizes a child as any person under the age of eighteen.

Challenges

Drawbacks which hinders positive development

Family Care

Ministry of Labour and Social Services (2010) says it refers to families that shall have the responsibility of taking care of children by virtue of their biological or social relationship.

Family Cluster
According to Ministry of Labour and Social Services (2010) this term refers to a unit within an institution that shall have the sole responsibility for providing care to children placed in the facility. It is made up of the house parent/caregiver that is a surrogate parent and who takes care of the child’s protection, health, nutrition and the psychosocial and cognitive aspects of the child’s development. The family cluster shall take all necessary measures to resemble a typical biological family.

**Institutionalization**

This is whereby an orphan or a vulnerable child is put in an institution. According to the National Orphan Care Policy it is the last resort to place a child after the first five measures fail.

**Needs**

These are essentials for child development and they include food, shelter, clothing, education and health.

**Orphan**

A child who has lost one or both parents

**Orphanage**

An institution that houses children who are orphaned, abandoned or whose parents are unable to care for them.

**Staff**

The term staff refers to all individuals employed by the institution including house parents/caregivers, programme and administrative staff and technical and domestic support staff.

### 1.10 Conclusion

This introductory chapter looked at issues to be covered by this study. It specifically looked at the background to the study, objectives of the research, statement of the problem, justification of the study, research questions, limitations and delimitations and also definition of terms which have
been used in the following chapters. The following chapter review literature related to the area studied.
CHAPTER 2

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

This chapter seeks to explore the available literature on the causes of institutionalisation and the challenges they face while admitted as well as in their later life. Hart (1998) defines literature review as the selection of available document (both published and unpublished) on the topic which contains information, ideas, data and evidence written from a particular standpoint to fulfill certain aims or express a certain view on the nature of the topic and how it is to be investigated as well as the effective evaluation of these documents in relation to the research being proposed. The main purpose of literature review is to highlight specific argument and ideas on the concept of institutionalization. By highlighting these arguments, the researcher attempts to show what has been studied in the field and also the areas which need further studies. In this context an acute and detailed assessment of previous studies was done to help provide theoretical background of institutional care. The first part of this chapter focuses on literature review of different theories and studies on the challenges faced by children in orphanages. The later parts also explain the causes and effects of institutionalization, and also identify other better care alternatives for orphans and vulnerable children and lastly acknowledge Zimbabwe’s acts and policies that protect vulnerable children.

2.2 THEORETICAL FRAMEWORK

This section reviews theoretical assumptions employed as frame of reference for the study. Efforts will be made to clarify the relevance of the theory adopted in this study. Sullivan (2006) defines theory as a set of statements that explains the relationship between phenomena. He further asserts that the key role of theories is to tell us why something occurred. This study was then guided by the Attachment theory which attempts to explain how a child’s tie to the mother and its disruption through separation, deprivation and bereavement can produce negative results in the psychosocial development of a child even up to adult stage.
2.2.1 Bowlby’s Attachment Theory

Attachment theory is the joint work of John Bowlby and Mary Ainsworth. Although Bowlby and Ainsworth worked independently of each other during their early careers, both were influenced by Freud and other psychoanalytic stages. Bowlby’s attachment theory is a theory of both psychopathology and normal socio-emotional development. It is based on the idea that the early relationship develops between the caregivers and children provides the foundation for later development. Bowlby revolutionized our thinking about a child’s tie to the mother and its disruption through separation, deprivation and bereavement. Thus Bowlby’s attachment theory explains how the connectedness between caregivers and children has lifelong impacts. Children who experience parents or caregivers as emotionally, available, loving and supportive of their effort will construct a working model of the self as lovable and competent. In compare, children who experience attachment figures as emotionally unavailable, rejecting, insensitive and non-supportive or unreliable will construct a working model of the self that is unlovable, incompetent and generally unworthy. According to Pickover (2002) children with insecure attachment patterns develop the inability to form secure attachments and react in a hostile, rejecting manner with their environment.

According to Bowlby (1969) attachment has four main concepts including a safe haven, secure base, separation distress and proximity maintenance. The safe haven component means that when a child feels afraid or threatened, he or she can go back to the caregiver to obtain soothing and comfort. The secure base component is where a child prefers being close to the caregiver as a source of safety. Lastly, separation distress is where the child gets distressed and upset when moved away from the care provider. Thus most of the children in orphanages are traumatized after separation with their caregivers which cause many of them to display aggressive and delinquent behaviours as alluded by Pickover (2002).

Attachment is a crucial stage in a child’s development. It is from the attachment process that all other survival skills are developed in children. The theoretical basis of most of the attachment research is that secure attachment in infancy will predict good psycho social outcomes in later years (Goldbert, 1982) cited by Maccoby (2007). Attachment is primarily established in the first three years of life as the caregiver fulfils a child’s basic needs and provides touch, eye contact, smiles and positive affective engagement. Through an active and constant cycle of bonding, a child
develops a positive internal working model, establishes a sense of trust and security and learns how to recognise their reality. Furthermore, it is during this cycle and stage in life that the child’s brain develops.

Research has demonstrated that security of attachment during infancy predicts aspects of social development during childhood and adolescence such as empathy, social competence and good behaviour, secure attachment predicts more optimal developmental outcomes and insecure attachment predicting behaviour and relationship difficulties.

Many orphans and vulnerable children are not well attached as most of them are separated from their caregivers due to various causes and some of them often land in the hands of the extended family where they experience gross abuse.

2.2.2 Attachment in Orphanages

Caregiver behaviour with children tend to be obligatory with little talking and even less conversation, little interaction outside of routine caretaking duties, minimum responsiveness to children’s individual needs. Caregivers in orphanages frequently change as a result of high staff turnover with serious implications for children’s growth and development. Sometimes the child’s needs are met and sometimes they are not. Because of the frequent change of caregivers, the large numbers of the children under institutional caregivers with their different demands, institutional attachment process is at a very high risk. McCall and Groak (2008) add that caregivers may be practically strangers to children.

Relational investment and reward such as eye contact, verbalization and face to face communication is minimal in orphanages. The caregivers tend to lack any formal training in childcare, in some cases; caregivers may be older children from the orphanage. Usually time spent on any particular child would hinder completion of duties and caring for other children. This type of setting seems to have a negative impact on the development of the children. Once the attachment process is disrupted, the child’s life may be negatively impacted.

According to the Attachment Parenting International (API), there are eight principles that foster healthy (secure) attachment between the caretaker and infant. However, these principles are not
derived directly from original attachment research; they are presented as parenting practices that can lead to "atonement", "consistent and sensitive responsiveness" and "physical and emotional availability" that research has found to be key factors in secure attachment. Berger, (2001) observed that a well-attached infant reputes the caregiver as a secure base from which to explore his surroundings. Santrock (2000) believe that the major influence on the quality of the infant-caregiver attachment relationship appears to result primarily from the caregiver’s responsiveness. The methods that promoted attachment in orphans seemed to face challenges in institutions because institutional caregivers looked after many orphans.

2.3 INSTITUTIONAL CARE: GLOBAL OVERVIEW

Institutions for orphans and vulnerable children have a long history, early examples being reputable and preserved by missionary groups. According to McGowan (1983) cited in Mallon and Hess (2012) the first orphanage designed specifically for young people in the United States was the Ursuline Convent, founded in New Orleans in 1727 under the auspices of Louis XV of France. The primary purpose of most of these institutions was rehabilitation; however, orphanages were developed solely to care for poor and homeless children. The growth of institutionalization can be seen as a convenient social policy response to the overwhelming numbers of children in need of care and protection. Ritcher (2007) notes that institutionalization is seen as an easy option to place children and an increasing number of families place their children in orphanages. According to UNAIDS (2000), help for orphans should be targeted at supporting families and improving their capacity to cope rather than setting up institutions which are not a sustainable long-term solution. An array of evidence has emerged on the damaging effects of early institutional care on the psychological, social and emotional development of children (Casky, 2009). Several studies reviewed have also revealed that orphans and vulnerable children in institutions do not receive adequate personal care, attention, affection and stimulation. It is to this end that UNICEF Innocenti Research (2006) points out that child neglect, harsh and rigid discipline, maltreatment and abuse exist in most orphanages whether resource constrained or in developed countries. However, a study by Faith to action initiative (2014) revealed that a vast majority of children in residential care globally are not double orphans. In Eastern Europe and Central Asia, a 2012 situation analysis found that 95 to 98 percent of children below 3 years of age in orphanages were
not orphans. They had parents who for one reasons or another felt they could not care for them. Children are in orphanages for different kinds of reasons; a recent study on abandonment of children in Europe found that in more than 90 percent of cases, poverty and homelessness were the reasons for child abandonment and subsequent placement in orphanages. In parts of Africa and Asia, poverty combined with the accompanying inability to provide education or parental illnesses is a driving force for families to place a child in an orphanage. In Russia the main reasons for placement of children in orphanages include parental inability to care for a child, parental unwillingness to rear a child with frank disabilities, involuntary loss of parental rights because of abuse, neglect and other inappropriate treatment. A recent Cambodian study found the main reason why parent placed children in care was to access education.

2.4 INSTITUTIONAL CARE: AFRICAN OVERVIEW

According to Matshalaga (2004) institutional care occurs when orphans are cared for in orphanages and these may offer high quality in terms of material needs such as food, clothing and other services. However, given the high proportion of orphans in Zimbabwe, institutional care is not viewed as the best form of care by most authorities, but without the care of a parent or appointed caregiver, children are likely to face risks of malnutrition, poor health, homelessness, and many forms of abuse hence they get placed in orphanages as a better option.

According to the Faith to action initiative (2014) a study of orphanages in Ethiopia found that the most commonly noted reasons for children being placed in orphanages were parental HIV and AIDS status or other chronic illness and poverty. Chronic diseases such as AIDS and lack of adequate medical treatment are frequently correlated with poverty. In Rwanda 40 percent of all cases showed that poverty together with the death of parent or abandonment by a parent was the reason for placement (Faith to action initiative, 2014). A survey by the International Rescue Committee in Rwanda has shown that economic pressure was one of the leading reasons why children were living in orphanages (Williamson, 2000). However, this can lead to elusive forms of abuse in institutions that is compromised. A study conducted in Zimbabwe showed that 75% of children in institutions had contactable relatives (Powell, 1999); similar to an earlier study in
Uganda in 1991 where it was found that half of the children in institutions had both parents alive and one quarter had one parent alive (Williamson, 2000).

Mulugeta (2003) states that in Liberia orphanages grew from four in 1989 to one hundred and seventeen by the year 2001 due to reasons including mass orphanhood as a result of tribal wars. According to UNICEF (2004) globally children in residential care increased by 66% between 1998 and 2001. In both developed and developing countries, care institutions are financed and run by both government and private providers, including local and international NGOs, faith-based organizations, private businesses and concerned individuals. In some countries, while some of these providers may be registered with the State, others operate independently and may even be unknown to the authorities. Many supporters operate on the misguided assumption that institutional care is the most appropriate response for children affected by poverty or HIV and AIDS. This is compounded by widespread misconceptions about the ‘orphan’ status of children in institution.

2.5 CAUSES OF INSTITUTIONALISATION

Institutionalisation of children has been observed to be caused by several reasons. Some of children are placed in institutions because their primary caregivers, in most cases parents, have died, have relinquished or abandoned them or have their responsibility for them withdrawn (UNICEF, 2003). Most children are also institutionalised; however, for other reasons such as the need for special care, the temporary inability of parents to cope with instances of violence or neglect, or loss of contact with parents and family in armed conflict or other emergency situations. Orphanhood a tragedy that faces a child upon the death of a father, mother or both has also been noted as one of the major causes for the placement of children in orphanages. The challenges of orphans are persistent and huge in magnitude. Orphans are more deprived of education, socialization, and nutritional needs than their peers (United Nations International Children’s Emergency Fund, 2004). Because of this deprivation orphans often find themselves confined in orphanages institutions. These institutions exist to back up other alternatives in the orphan care which are the extended family, foster care, adoption. UNICEF (2008) estimated that there were two million
children who were in orphanages around the world. In the Zimbabwean situation poverty was cited as the main reason for placement of children in orphanages.

According to UNAIDS, UNICEF and USAID (2004), despite a very strong policy and legislative environment for the protection of vulnerable children such as the UN Convention on the Rights of the Child or the African Charter on the Rights and Welfare of the Child, Children’s Act, Child Labour Policy and many others, these policies and laws remain unknown. Evidence from the OVC service providers mapping indicates that most service providers had no knowledge of these policy and legal instruments. Hence it is evident from the OVC service provider mapping that existing protection systems are weak, uncoordinated and under resourced, leaving many orphans and other vulnerable children unable to access their rights.

UNAIDS, (2008) postulated that for many children, the loss of parents brings destitution, this means the needs of OVC are as immediate as their next meal and as extended as access to education, guidance and care until their adolescent years, but formal and traditional inheritance, land ownership and health and education policies have not kept pace with their needs.

Although institutions are considered to be the last resort for the care of parentless children, they have a role to play in short-term, emergency placements for sibling groups and for children who may be too traumatised to be able to fit easily into a substitute family (Cahajic et al, 2003).

2.5.1 Poverty

UNICEF (2004) estimates that of the 2.2 billion children worldwide about a billion of every second child lives in poverty. This applies to children coming from poor families or orphans being raised with limited or in some cases absent state resources (CHIP, 2004). According to UNICEF, children living in poverty are those who experience deprivation of material, spiritual, emotional resources needed to survive, develop and thrive leaving them unable to enjoy their rights and achieve their full potential or participate as full members of the society. Children Defence Fund, (2004) asserts that poverty affects child development and long term opportunities. The literature of child poverty is underpinned by the belief that without the care and protection of adult figures such as a mother and father, children are automatically and especially vulnerable to abuse, exploitation,
malnutrition, disease and death. Ncube, (2009) notes that child welfare programme are there but the rate of child vulnerability and poverty continue to rise year after year. Thus a significant number of children in institutions are there because their families are poor. This is a contravention of the UNCRC, according to which children should never be separated from their families because of poverty.

Carter, (2005) notes that institutional care is increasing in countries where there is economic transititon, because for many families the changes have increased unemployment, migration for work, family breakdown and single parenthood. In these countries, poverty seems to be the main underlying factor for placing children in orphanages (Sigal, 2003). However, the relationship between poverty and institutional care is not straightforward because there are also significant numbers of children who live in residential care in economically developed countries.

2.5.2 Loss of inheritance

According to Ministry of Education, (2008) in many countries around the world, property and inheritance laws do not protect the rights of orphans and widows and they are prohibited from claiming what is rightfully theirs. Even when inheritance laws are on the books they are often not enforced as there is no one to stand for them. Loss of inheritance for orphans in particular can mean denial of basic social and economic rights including the right to health and education. Children rarely know their right or how to engage lawyer to claim their property. In many cases, surviving relatives grab the property they are meant to administer for the children, and in other cases, relatives seeking to protect a child’s inheritance face several bureaucratic hindrances. Sometimes children are chased away from their parent’s property. Property grabbing has a number of negative consequences particularly girls and women. Girls may experience sexual abuse and exploitation from their new caretakers, girls and women may be forced into sex trade in exchange for shelter and protection, further increasing the risk of contracting HIV. Some are concerned that the practice of property grabbing heightens the strain on extended families and increase the number of street children (Geballe and Gruendel, 1998).
2.5.3 Child headed households

As the extended family system is gradually weakened and communities are becoming more constrained due to the impact of HIV and AIDS and economic difficulties many children are forced to head households or live under undesirable environments. In a study conducted by Horizons in Rwanda, 55 percent of young people who were heads of households reported symptoms of clinical depression using standardised depression scales. Many young people in the study reported that their parent’s deaths had negatively affected their confidence in other people, the meaning they placed in their own lives and their religious beliefs. In the same study 4 percent of the children attempted to commit suicide and in Zimbabwe vulnerable young people reported experiencing multiple traumatic events including the death of loved ones, stigma, rejection in times of need and the absence of adults to talk about relationships problems. According to Tsegaye (2008) most child headed households suffer from stress resulting from adapting to adult roles. A young adolescent may be responsible for many siblings, some of whom may be infants. Children who are the heads of households are in a difficult position not only because they must now support their siblings with little to no education or employable skills, but also because they most likely have limited resources. In many cases much of the family’s possessions may have been sold to care for the sick. Children who are orphaned find themselves in institutional care because even children who are not HIV-positive may find themselves rejected and alone. This only adds to the feelings of anger, sadness, and hopelessness that they may feel after witnessing their parents die. Many observers believe that the desperation of these young children makes them more vulnerable to abuse and exploitation ultimately making them more susceptible to contracting HIV/AIDS (UNAIDS, 2001). Matshalaga (2004) notes that in certain cases deepening poverty among the child headed households force the children to turn to prostitution in order to support their siblings.

2.5.4 Elderly caregivers

According to a HelpAge report (UNAIDS, 2008), half of the world’s 15 million orphans are currently being cared for solely by their grandparents and these numbers will double again by 2015. Many of them lack money for adequate food and medicine; they also struggle to feed the orphans in their care and also nursing the sick toddlers. In Zimbabwe in 1999 over half of orphaned
children lived with their grandparents compared to 15 percent of non-orphans (Bicego, Rutstein and Johnson, 2003). Hence this is a problematic living situation because one research group notes that grandparents find it difficult to provide care and they also frequently need care. Furthermore, grandparents may not be conversant with the modern ways of meeting the health and development needs of children. In Kenya and South Africa the Horizons study found that demanding tasks of caring for the sick, for the children of those chronically ill and for orphans can compromise older caregiver’s emotional wellbeing and encroach on time available for involvement in social and economic activities.

In a study conducted in Zimbabwe by Matshalaga (2004) it was noted that most of the grandmother household interviewed lacked necessary resource needed to sustain a family, leading to a situation of poverty and deprivation for almost all the children. Most of the grandparents lack the resource to sustain a family like livestock, agricultural implements, inputs and money to buy other family needs such as clothes, blankets and groceries. For AIDS orphans especially very young children are prone to malnutrition and are at risk if cared for by grandparents. Hence some of the children are placed in orphanages because their old caregivers cannot look after them and provide for them as Kakwani and Subbaro (2007) states that children living with the elderly are delinquent, drop out of school and most of the times are delegated inappropriate workloads. Some children may experience inadequate levels of discipline. But, however, despite the compromised ability of grandparents to parent their grandchildren, a study in Malawi found that orphans frequently ask to be placed in their care after their parents die, indicating orphans prioritize love and respect for the deceased parents over material situation (Mann, 2002).

2.5.5 Mass orphanhood due to HIV/AIDS

Powell, Morreira, Rudd and Ngonyama (1994) noted that developing countries including Zimbabwe have been devastated by the HIV and AIDS pandemic. The pandemic has made life difficult for children who end up seeking assistance from institutions. In 2001, Ethiopia alone had 989 000 children orphaned by AIDS. According to USAID (2005), children suffer more from psychosocial problems after the death of parents and also the extended families deny the
responsibility of the child. Moreover, when they are orphaned by HIV/AIDS children must leave their familiar surroundings and may not be as readily accepted by the extended family; hence governments are looking for simple solutions of putting children in orphanages without considering what is in the best interest of children in adversity.

2.5.6 Abuse

Ministry of Education (2008) states that oftentimes, children particularly girls become the caregivers of sick parents and dying parents/younger siblings and are unable to attend school or enjoy their other rights as children. There is a tendency for some caregivers especially distant relatives to treat orphans as a source of cheap labour for domestic work. In some cases, the orphaned children remained home doing housework or herding cattle while the caregiver’s children went to school. Reports have emerged of orphaned children receiving less food, denied school fees and forced to do more work. Orphaned children girls in particular are vulnerable to sexual abuse by relatives. However, many may silently accept it because they have nowhere else to turn for shelter or for protection (Wild, 2001). UNICEF (1998) states that physical abuse is also another reason why children end up being cared for in orphanages. Orphans are also at risk of neglect, violence, sexual assault and other abuses. Hence the Kenyan government acknowledges that about 300,000 children and youths are living in the streets after escaping abuse at their homes.

2.5.7 Disability

According to the Zimbabwe Children’s Act 5.06 a child in need of care is any young person who suffers from a mental or physical disability and requires treatment, training or facilities which his or her parents or guardian are unable to provide, hence such children in need of care require institutionalization to improve their welfare. Some children are being cared for in orphanages as UNICEF report (2010) indicates that children with disabilities continue to suffer from unequal access to social services threatening their ability to grow into healthy and productive members of society. However, it seems like the lacking resources is caused by the fact that most disabled persons live under poverty which causes lack of access to proper nutrition. According to Child
Protection Fund (2011) children with disabilities may be doubly vulnerable because they live with a disability while suffering from other disadvantages for example 25 percent of children receiving services at Children’s Rehabilitation Unit at Harare Hospital are cared for by grandparents and 20 percent of primary caregivers are HIV positive. There is also a global evidence to suggest that children with disabilities experience violence, abuse and exploitation twice as often as children without disabilities. Thus children with disabilities are among the most vulnerable in society. Children with disabilities therefore require special attention if their rights are to be realised and they are to enjoy equality of opportunity within the overall child protection system.

2.6 CHALLENGES FACED BY CHILDREN IN ORPHANAGES

2.6.1 Flow of Information

There is no flow of information from adults to children especially on issues such as sexual and reproductive health as it has been widely regarded as classified information. Brennan, (2008) stated that children in orphanages have poor sexual and reproductive health outcomes because they have less access to sexual and reproductive health information. Many of these institutions are overcrowded and the caregiver to child ratio is higher than the 1:10 stipulated in the Zimbabwe National Residential Child Care Standards (2010). This has limited individual care or adequate time being accorded to each child. Thus there is no longer that flow of information from caregivers to resident children. The Ministry of Health and Child Welfare (MoHCW) in the Zimbabwe National Behavioral Change Strategy paper (2005) revealed that the female children in particular OVC appeared to lag behind in matters concerning SRH. Young people need extra support in accessing and possessing correct information about SRH as it is a time of transition in which important physical and social existence take place. Furthermore, young females in institutions have a history of possible abuse hence usually have low self-confidence to tackle lifelong issues, relationship negotiation skills thus exposing them to incorrect information about SRH.

2.6.2 Abuse
Powell et al (2004) did a study on one hundred and eighty-nine youth from ten different institutions; they completed questionnaires and participated in focused group discussions to ascertain their psychological well-being and their response to institutional care. The study revealed that care staff in some dormitory styled homes verbally abused children by taunting them with references to them being abandoned by their families or to the fact that their parents died of AIDS. Several cases of physical abuse were identified with severe beatings being administered as a form of discipline. Thus training for caregivers in the provision of psychosocial support should be mandatory because many institutional caregivers contributed to the psychological stress of children and youths because they failed to appreciate they were dealing with a traumatized and vulnerable group who required special support and encouragement. Popular perception is that orphanages protect children from abuse and neglect whereas those children have a higher risk for violence than in family settings especially if they are disabled. Rusakaniko, Chingono, Mahati, Mapambineyi and Chandiwana (2006) notes that children in orphanages face different types of abuse including emotional and physical abuse, this abuse may be generating from the caregivers or other older children staying in the orphanages.

Roth and Bumbulut (2003) also argue that abuse in residential institutions appears to be common across many different cultures and settings. Research has identified staff, relatives and minors as perpetrators. Human Rights Watch (1998) states that severe physical and verbal bullying and humiliation by both staff and other children is also common in orphanages.

2.6.3 Uncertainty about the future

Williamson, (2000) states that countries with a history of institutional care have seen developmental problems emerge as these children grow into adults and experience difficulty reintegrating into society. Research has shown that one in three children who leave residential care become homeless, one in five ends up with a criminal record and up to one in ten commits suicide.
According to Powell et al. (2004), youths from orphanages report concerns about their future after leaving the institution as the thing that worried them the most. They stressed the importance of their institutions developing transition programmes and providing them with vocational training. The management of many institutions has failed to develop transition policies that would enable youth to be safely assimilated back into the society. Children face integration challenges after they have been weaned from a particular home or institution without proper training (Murray 2009; Penglase 2007). Sachiti (2011) argue that even good institutions harm children, leaving teens ill-prepared for the outside world.

2.6.4 Weak cultural ties

According to Kang’ethe (2009), culture constitutes the beliefs, customs, traditions that are passed down through generations. It is the culture that determines the do’s and don’ts as well people’s thinking and attitudes, since culture can be a panacea to shape the direction of an individual’s life, unfortunately individuals from institutional care lack the cultural and practical knowledge and skills that enables them to integrate autonomously and with confidence in the society (UNICEF, 2004). Thus children in orphanages have weak cultural, spiritual and kinship ties with families, clans and communities. These ties are particularly critical in Africa and Asia as they are the basis for people’s sense of connectedness, stability and belonging. They are the basis upon which life skills as well as social and cultural skills are attained. Children that are raised in institutions struggle to be accepted or fit into traditional rituals and ceremonials as well as association engagements. Thus Dziro and Rufurwokuda (2013) in their study of former institutionalised children it was found that young married women had problems with their in-laws because they were unaware and not socialised by the institution on the expected cultural values by the society for a married woman.

2.6.5 Untrained caregivers

Although children’s homes have been identified as the solution to children without relatives to care for them, children’s homes do not bear 100% strengths of providing quality services for children hence they have their own weaknesses (Mupedziswa, 2005). According to Penglase (2007) some of the caregivers are untrained people and they come up with the idea of looking after
the disadvantaged children as a way of earning a living. He goes on to say that untrained caregivers would always remind children why they were in that particular institution which might breed low self-esteem to the child.

2.6.6 Inconsistent donor funds

According to Masuka, Banda, Mabvurira and Frank (2012), most orphanages are donor funded which makes predictability of services a challenge whilst government institutions suffer from chronic underfunding. They went on to say that there are host of factors that negatively affect the predictability, consistency, transparency, sustainability and quality of institutional care for OVC in Zimbabwe. The government through the DSS provides financial support granted to children in institutions that are registered by the DSS in terms of Part V of the Children’s Act. However, due to the economic breakdown the grants have not been able to be delivered to the institutionalised children every month. According to Freundlich (2005) maintaining an orphanage is expensive as they often rely on scarce and inconsistent donors. Thus for third world countries like Zimbabwe, Zambia and Mozambique residential care becomes more difficult to maintain due to the economic hardships

2.6.7 Inadequate involvement by the government

According to Masuka et al (2012) the government through the Department of Social Services provides financial support granted to children in institutions that are registered by the government in terms of part v of the Children’s Act 5.06. Currently the institutional grant is US$15 per child per month but there have been reports indicating that institutional grants supposed to be paid by government are unreliable thus this service is taking care of an insignificant number of orphans and vulnerable children. Children in orphanages should also receive Assisted Medical Treatment Order to cater for their health needs. Thus according to Gandure (2009) the government health institutions receive block grants from the Ministry of Labour and Social Services to settle claims for all assisted treatment orders deemed at the DSS to the vulnerable group. The system has faced many challenges due to insufficient government funding, inefficiencies in the health delivery
system caused by shortage of drugs and expertise (Gandure, 2009). As most of the orphanages are heavily underfunded many children then fail to access proper medication after being referred to hospitals with shortage of drugs at the same time without having money to consult private hospitals. Many orphanages also have poor physical state; in Romanian orphanage studies many institutions were found to have serious structural problems, equipment were also in a poor state of repair. The plumbing was bad and washing and toilet facilities were highly substandard due to lack of funding.

2.6.8 Developmental delays

Children raised in substandard orphanages display developmental delays in most physical and behavioural domains and such children who are later adopted into advantaged homes have higher frequencies of extreme behaviours and problems than non-orphanage children. According to Better Care Network (2009) a rule of thumb is that for every three months that a young child resides in an institution, they lose one month of development. A 2004 study based on survey results from 32 European countries which considered the risk of harm in terms of attachment disorder, developmental delay and neural atrophy in the developing brain reached the conclusion that no child under 3 should be institutionalised without a parent or primary caregiver. According to Dziro and Rufurwokuda (2013) an array of evidence has established that institutional care for children regardless of the status of the care facility has far reaching psychosocial and emotional damages on children. Thus child development practitioners John Bowlby and Sigmund Freud are particularly influential in showing the dynamic of child development which can be seriously impaired if the child’s needs are not effectively and efficiently met (Zastrow and Kirst-Ashman, 2013). There is also to this effect a number of publications pointing to a number of emotional, behavioural and cognitive impairments that characterise individuals who have been raised under unconducive social and emotional conditions. Among other impairments Puras (2011) mentions cognitive impairment such as specific difficulties in language, problems in concentration, forming emotional relationships and also attention seeking. Thus, similarly UNICEF Innocent Research Centre (2006) highlight that institutional care can result in some undesirable effects on children such as emotional and psychosocial disturbances, development delays and learning disabilities and medical problems.
2.7 COPING STRATEGIES EMPLOYED BY ORPHANAGES

2.7.1 Engaging in income generating projects

Mekelle orphanage in Ethiopia reported on its website that it engaged in a project whereby they implemented an irrigation system to sustain a dairy farm, a poultry farm and a vegetable garden, hence making the orphanage self-sustaining. The income generating project gives the orphans the life skills needed to improve not only their quality of life but also make them self-reliant. The orphanage owns a barn with a capacity for 25 cows and 10 calves, it also has 9 cows which provide milk and other dairy products for consumption at the orphanage and the surplus is sold. They also implemented poultry farm which produce chicken and eggs for use of the orphanage and also sell surplus produce to the community.

A United Methodist Church owned orphanage by the name Lord’s Mountain located in the Zambezi district, the northern part of the northwestern province of Zambia also reports on its website that it engages in some income generating project to keep the orphanage running. The orphanage has fields of maize, cassava, groundnuts as income generating projects. The money earned from products sales and products help maintain the running of the institution; the food is also used to feed the children which offsets some of the foodstuffs costs. Hence it can be noted that orphanages have been coping through the income generating projects they engage in.

2.8 LAWS, POLICIES and PROGRAMMES AIMED AT ORPHANS and VULNERABLE CHILDREN IN ZIMBABWE.

Zimbabwe is a signatory to the United Nations Convention on the Rights of the Child, the most inclusive international document pertaining to the rights of children. UNCRC guide all actions in support of orphans and vulnerable children in the recognition that development is the realisation of a set of universally applicable, inalienable rights. This approach recognises that children are
both rights holders and participant; they are not merely the recipients to services or the beneficiaries of protective measure. The UNCRC (1989) article 18 supported by the African Charter on the Rights and Welfare of Children (ACRWC) article 19, sets an overall framework for the consideration of this reality. Both the UNCRC and ACRWC acknowledge that the family is the natural environment for the development and well-being of children, that parents have the primary responsibility for the upbringing of the child and that the child has as far as possible the right to know and be cared for by his or her parents (UNCRC article 5 and 18). At the same time the two conventions foresee the appropriate use of substitute care for cases where children are deprived of their family environment. Article 20 of UNCRC states that if the child’s family is in a situation where they are not able to look after their child, the government must make sure they are placed in good care which is regularly reviewed (Article 25). But however due to lack of resources, the Department of Social Services which has the sole responsibility of monitoring orphanages has not been able to properly deliver the service.

Since Zimbabwe is a signatory to various regional and international declarations on the rights and protection of children, it has implemented various social protection policies legislative instruments and programmes such as the National Action Plan (NAP) for Orphans and Vulnerable Children NAP for OVC 2005-2010. According to the NAP for OVC phase 2 (2011-2015), the country has an estimated 1.6 million children made vulnerable by the HIV and AIDS epidemic. Out of these, 5 000 (0.3%) of them are living in institutions with the rest being cared for in their families and communities.

The vision of NAP 2 is that by 2020 all children in Zimbabwe will live in a safe, secure and supportive environment that is conducive to child growth and development. NAP for OVC intensifies the implementation of the national legislation and policies pertinent to children in particular the Children’s Act (5.06) and the Zimbabwe National Orphan Care Policy. While the Act provides legal protection for children who fall through the social safety nets, the policy puts in place a mechanism for coordination, which is the overall responsibility of government to provide
minimum standards and guidelines for civil society, the community and all other duty bearers to
monitor and respond to the situation of children.

The Zimbabwe National Orphan Care Policy was introduced by the government in 1999 so as to
mitigate the challenges facing orphans. After wide consultation the Government of Zimbabwe
adopted the National Orphan Care Policy, which set forth its response to the orphan crisis. The
policy affirmed the importance of family and community care and clearly stated that institutional
care should be regarded as a last resort. The policy will ensure that orphans are accorded all their
rights. This six tier safety net system of orphan care was established in accordance with the
provisions of the UN Convention on the Rights of the Child, the African Charter on the Rights and
Welfare of the Child and the general traditions of the Zimbabwean populace.

This National Orphan Care Policy (1999) introduced the strategies or the models of care which
can address the particular needs of the orphans. It established the six tier safety net system of
orphan care which included the biological nuclear family, the extended family, community care,
formal foster care, adoption and institutional care. The biological family is the system which states
that every child has a right to remain in his biological nuclear family for protection and care. If
this mode is disrupted by the way of the death of the parents the next best mode of care is preferred
which is the extended family.

The biological family is the first one on the six-tier as it is the most one preferred so as to keep the
bond between the child and his or her parents which also help in the child’s development. The
extended family is the second strategy if the first one is disrupted. When both parents die the
extended family is encouraged to take up the care and protection of the orphaned child. Hunter
(2002) stated that on the death of the biological parents the continued care of a child within the
extended family is the most favoured. When both the biological family and the extended family
are not available to care for the orphaned children the community within which the child lives will
be called upon to provide care and protection. The children will remain in their community whilst
the elders of that community will be monitoring their situation (National Orphan Care Policy
1999).
In addition, if the first three strategies fail the child may be placed in formal foster care which is intended to be a short term solution until a permanent placement can be made. UNICEF (2004) stated that many foster families are poor and have to stretch already inadequate resources to provide for both orphans and their own children. In addition, some step or foster parents treat orphans harshly. Evans (2005) notes that policy criteria and programming need to be developed in order to ensure the safety of these children under the care of their foster parents. A means testing is done first to access if the child will live comfortably at the foster parent’s house. Also the government will be taking a more active role to ensure their proper care and protection.

If the first four strategies fail adoption is the next best mode of care. Boswell (1998) stated that adoption is a process whereby a person assumes the parenting for another and in so doing, permanently transfers all the rights and responsibilities. The government has specific laws governing adoption act. Also the child is adopted according to the Children’s Act [Chapter 5:06].

The institutional care is the last resort in the six tier safety net system. Orphans may be placed in institutional care where there are family type institutions which are preferable for the growth of the children and not the dormitory type. In these institutions the children will be facilitated in the provision of education, shelter, food, clothes and the necessary basic needs which are needed for the growth of these children (National Orphan Care Policy 1999). The level and quality of care provided in these institutions differs from one institution to another, depending on the type of internal organisation (family based or conventional dormitories) the size of the family or other internal equipment, the number of qualified staff and the type of relationship they have with the children (Hunter 2002). In Zimbabwe there are institutions like the Child Future Africa, Harare Children’s Home, Chinyaradzo, Matthew Rusike Children’s Home to mention just a few which caters for the orphan’s needs.

The orphan care policy supports the traditional methods of care and discouraged forms of care which removed children from their communities and culture. This policy recommends foster care and adoption as the desired alternatives for children who do not have the extended family and recognise that institutional care should be discouraged. It clearly stated that placing a child in an orphanage should be regarded as the last and temporary resort only to be utilized after all efforts to secure a better form of care have been exhausted. Powell et al (2004) notes that institutionalisation is being utilised more and more for the care of vulnerable children.
The placement of children is the overall responsibility of the Department of Social Services who are severely constrained by lack of resources in carrying out proper investigation. Consequently, they are often forced to fall back on orphanages as the only readily accessible solution. From its inception in 1936, the Department of Social Services has been primarily concerned with child welfare. The DSS plays a crucial role in the regulation and overall function of residential care facilities. Their roles include registration, supervision and inspection of residential care facilities, controlling admission and discharge of children from these facilities through casework, preparation of Juvenile Court reports and statutory supervision. DSS being guided by the Children’s Act defines the reasons for which a child may be taken into care, these include; a child who is a destitute or has been abandoned, a child whose parents are dead or cannot be traced and who has no guardian, a child whose parents do not exercise control or who are unfit to exercise control, a child who is being maintained in circumstances detrimental to his welfare, a child physical or mental disability who requires special care and treatment which parent or guardian are unable to provide. The probation officer has the authority to remove a child temporarily a place of safety (section 14 of the Children’s Act 5.06).

According to the Government of Zimbabwe (2001), the Basic Education Assistance Module (BEAM) is one of the Enhanced Protection Project (ESPP) which forms part of the government of Zimbabwe’s wider social protection strategy. BEAM is administered by the Ministry of Education Sport and Culture in collaboration with Department of Social Services under the Ministry of Labour and Social Services. According to Masuka et al, 2012 BEAM assists vulnerable children with payment of levies, tuition and examination fees. The programme caters for orphaned and vulnerable children with ill, disabled or single parents and also those living in orphanages.

In Zimbabwe the Assisted Medical Treatment Order (AMTO) has largely benefited children in orphanages. According to Masuka et al (2012) it is a form of assistance provided as a voucher used to indigent persons to facilitate access to intermediate and tertiary health services such as provincial or national hospitals. According to Gandure (2009) the health institutions receive block
grants from the Ministry of Labour and Social Services to settle claims for all assisted treatment orders redeemed at DSS to facilitate health delivery for the very poor.

However, there are literally many programmes and strategies to safeguard the rights of children ensuring they have the best care for their development, due to lack of resources the government has not been able to supervise institutions as expected, there is also lack of funds for family reunification hence children are spending longer years in institutions which is not health for their physical and mental growth.

2.9 CHAPTER SUMMARY

The chapter focused on the relevant literature pertaining to the study. It explored the history of institutional care and the reasons why children end up being cared for in orphanages. It also highlighted the challenges faced by children while living in orphanages. Last but not least the chapter highlighted what the government is doing for the protection of orphans and vulnerable children and also for the children in orphanages to safeguard their needs and protect them from any harm.
CHAPTER 3

METHODOLOGY

3.0 Introduction

This chapter explains how the research was conducted. It gives a clear description and justification of the research design adopted, the geographical location of the study area, the target population on which the study focused and the sampling procedures that were deployed. The chapter also explains the research instruments used. A brief outline of the data collection procedures and analysis is also given.

3.1 Research paradigm

In carrying out this study, the researcher employed a qualitative research paradigm. The qualitative approach was appropriate because it used a naturalistic approach that seeks to understand a phenomenon in context-specific settings (Haralambos and Holborn, 1991). According to Denzin and Lincoln (2005) qualitative research design studies things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them. Haralambos and Holborn (1991) pointed out that qualitative data is seen as richer, more vital, as having greater depth and are more likely to present a true picture of a way of life, of people’s experience. In this respect Nyawaranda (2004) observed that qualitative research as opposed to quantitative deals with people’s thick-description of events that are statistics free.

The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the human side of an issue, that is, the often contradictory behaviours, beliefs, opinions, emotions and relationships of individuals. Qualitative methods are also effective in identifying intangible factors such as social norms, socioeconomic status, gender roles and religion.
3.1.2 Research design

In this study, a case study research design was found appropriate in finding the socio economic challenges faced by children who live in orphanages. According to Khotari, (2004) a research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. Khotari (2004) also states that a research design is needed because it facilitates the smooth sailing of the various research operations, thereby making research as efficient as possible yielding maximal information with minimal expenditure of effort, time and money. Burns and Grove (2005) also state that designing a study helps researchers to plan and implement the study in a way that will help them to obtain the intended results. Thus a research design has a great bearing on the reliability of the results arrived at and as such constitutes the firm foundation of the entire edifice of the research work.

Case studies can establish cause and effects; indeed, one of their strengths is that they observe effects in real contexts, recognizing that context is a powerful determinant of both causes and effects. Case study results are more easily understood by a wide range of audience (including non-academics) as they are frequently written in everyday, non-professional language and they are also strong in reality. Yin (2003) puts forward that case studies are generalizable to theoretical propositions and that the case study does not represent a sample and in doing a case study, your goal will be to generalise theories (analytical generalisation) and not enumerate frequencies (statistical generalisation). However, case studies are also weak because they are not easily open to cross checking hence they may be selective, biased, personal and subjective. Case studies are prone to problems of observer bias, despite attempts made to address flexibility.

3.2 Location of the study

The area of study, Child Future Africa lies in Mount Darwin district in Mashonaland Central in north eastern Zimbabwe. It is located approximately 160km by road, north east of Harare the capital city. To be more specific Mt Darwin lies 16.78 South and 31.58 East (Surveyor General, 1998). In addition, it is situated at an elevation of 966m (3169ft). In a census conducted in 2012,
Mashonaland Central had a population of 1,152,520 with Mt Darwin district having 212,725. The area is in ecological region 2 and it receives an average of 787mm rainfall (Climate maps, 2014). The area is also characterised by red soil type which enhances agricultural production. Child Future Africa is located on fenced terrain of about 10,000 square meters. The first house was built in 2006 and the second was finished in 2008. The orphanage has been surviving since its inception through farming and gardening since they do not have a consistent donor.

3.3 Target population of the study

According to Scheaffer, Mendenhall, Ott and Gerow (2012) population refers to a collection of elements about which one wishes to make an inference. Mellis and Blink (1996) explains this cementing that the population is the people or events of interest to the research. The target population in the study consisted of seventeen children together with the two caregivers who reside at Child Future Africa. The researcher resolved to use data collected from the children residing at CFA but the validity of the study was threatened by the caregivers who seemed to be falsifying information and the children failing to explain fully due to age and fear. Hence data were also collected from the District Social Welfare Officer responsible for Mount Darwin district. The Social Welfare Officer was a vital source of data required to solve the research problem. Conclusions drawn from the research were therefore a result of a consideration of responses from children, caregivers and the Social Welfare officer.

3.4 Sampling procedure

According to Bhattacherjee (2012), sampling is a statistical process of selecting a subset called a sample of a population of interest for purpose of making observation and statistical inferences about that population. Sampling can be based on probability or non-probability. Participants for this study were selected using purposive sampling. It is a non-probability sampling procedure in which the researcher chooses participants relevant to the research topic (Schutt, 2009). According to Cohen, Lawrence and Morrison 2007 non-probability sampling requires the researcher to purposely select a section of the wider population to include or exclude from the sample because
they illustrate some features or process in which the researcher is interested, with the aim being for the sample to represent itself rather than to seek generalizability. From a population of 17 children, the researcher purposively sampled 10 children above 10 years of age. The researcher also purposively sampled two caregivers from the orphanage and the social welfare officer. Purposive sampling enabled the researcher to select research participants who supplied rich and detailed information pertaining to the socioeconomic challenges faced by children in orphanages.

3.4.1 Sample size

Yin (2003) observes that a sample is a selected section representative of the total population, that is to say a sample is a small proportion of a population selected for observation and analysis. The researcher chose a sample size including two caregivers, ten orphans living at CFA who are above ten years of age and one probation officer from the Department of Social Services. The researcher thought that the probation officer would be an invaluable source of pertinent information to this study as they are responsible for placing children in orphanages as well as monitoring the orphanages as stipulated by the Children’s Act (chapter 5.06). In this study a small sample of 10 children, 2 caregivers and district social services officer was used because the orphanage has seventeen children only, many of them having been reunified with their families.

3.5 Data collection methods and tools

Data collection tools are used to collect the intended data whether in qualitative or quantitative research study. In this study the researcher used interviews, interview guides and observation as the research instruments.

3.5.1 Interviews

Sidhu (2000) defines an interview as a direct interaction between a person seeking information and the one providing answers. Cohen and Marion (1994) also defined research interviews as a two-person conversation initiated by the interviewee for the specific purpose of obtaining research-relevant data. Perceptions, attitudes and opinions which cannot be interred by observation are accessible through the interview. The researcher interviewed ten children from the orphanage together with two caregivers and also the Social Welfare Officer.
Interviews were used because probing enabled respondents to say out more information in a friendly environment, thus enabling the researcher to get detailed and confidential data vital for the research. In addition, the interviews enabled the researcher to take note of cues which suggested that the respondent was either uncomfortable or not fully understanding the question hence giving room for the researcher to rephrase the questions or clarify further. However, the interviews were time consuming since they were only used to collect data from one person at a time and it was a bit difficult for the respondents to express themselves in front of the researcher especially for the caregivers who seemed to be scared of divulging some of the information relevant to the research.

3.5.2 Observations

Kumar (2008) says that observation is purposeful, systematic and a selective way of watching interactions or phenomenon as it takes place. The physical or structures of relevance to the study were captured by a camera. The researcher noted some of the crucial things for the study through observation for example the way the children were dressed, the sleeping arrangements and the way the children related with caregivers and other children. In addition, the researcher also noted facial expressions and body language of the respondents. However, the respondents seemed to be aware that they were being observed hence they said things and acted in a way they thought was appropriate.

3.5.3 Data collection procedure

Data collection was done at Child Africa children’s home that is all the ten children were interviewed at the home. The researcher interviewed all the children above the age of ten. Data were also collected from the District Social Welfare officer who was interviewed at Mt Darwin district offices. During the data collection process the researcher would take down notes and pictures after seeking consent from the respondents.
3.6 Data presentation and analysis

De Vos, Strydom, Fouche and Delport (2005) defines data analysis as the process of bringing order, structures and meaning to the mass of collected data. Brink (2006) says it is a method of organizing the raw data and displaying them in a fashion that will provide answers to the research questions and entails categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms.

Information generated by the study was analysed through manual methods to ensure the respondent’s feelings, attitudes and perceptions are adequately represented. The researcher also used thematic analysis which Babbie (1995) note is the most common form of analysis in qualitative data. Thematic analysis focuses on examining themes with data. Themes capture something important about the data in relation to the research question and represent some level of patterned response or meaning within the data set.

3.7 Ethical considerations

3.7.1 Confidentiality

According to Babbie (2007) a research project guarantees confidentiality when the researcher can identify a given person’s responses but promises not to do so publicly and participants have the right to expect that any data they provide will be kept in strictest ways. Thus in this study, the respondents were informed about shared confidentiality between them and the researcher. They were also assured that no names would be used and also that no one from the orphanage would have access to the information they give unless they would have given permission.

3.7.2 Informed Consent

Prospective research participants were fully informed about the procedures of the study and were made to sign an informed consent form (annex v), for children below 16 years of age it was co-signed by a probation officer. The participants were informed about the purpose of the research which is for academic purpose only, they were also informed on the expected duration and procedures, participant’s right to decline to participate and to withdraw from research once it has started, as well as the anticipated consequences of doing so. The researcher also sought for permission from the participants before taking pictures which were going to be used in the study.
3.7.3 Permission Seeking

The researcher visited the Mount Darwin Department of Social Services to seek permission to conduct her study at Child Future Africa. This is because all the children in Zimbabwe are under the custodianship of the DSS which is under the Ministry of Public Service, Labour and Social Services. It is the role of DSS through Probation Officers to monitor the orphanages and ensure that they adhere to the minimum standards as stipulated by laws of Zimbabwe. The researcher also sought permission from the orphanage Founder and Director. Permission was granted see (annex vi).

3.8 Delimitations

The study was conducted to investigate on the socio economic challenges faced by children living at Child Future Africa in Mt Darwin. The respondents included children from CFA together with their caregivers and a District Social Welfare Officer. The researcher will conduct the study on her own without the aid of research assistance because of financial constraints.

3.9 Limitations

In order to get a clear picture of the socio economic challenges faced by children in orphanages, the study should have covered more orphanages so as to obtain a larger sample. However, as a result of financial constraints the researcher was restricted to CFA which houses a few children hence the sample was too small to generalize the findings.

3.10 Conclusion

This section has discussed the research methodology and design which will be employed in seeking to answer the research questions. The interview guides as well as focus group discussion are the research instruments adopted by the researcher. The descriptive survey was used for the research. A fairly representative of the population was selected for the purposes of this study. Sample elements were selected using purposive sampling which the researcher regarded as the
most effective for the study. The chapter has also outlined the population of the study, data collection procedure, data presentation and analysis plan. Having identified the research methodology, the findings of the study through tables and detailed discussion is laid out in chapter 4.
CHAPTER 4

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter focuses on data presentation, interpretation, analysis and discussion of the data that was collected in investigating the socio economic challenges faced by institutionalized children from Child Future Africa. There is also an analysis of whether the research findings tally with those of previous researches and if they conform to the theoretical framework the research was based upon. In this study the researcher used interview guides as research instruments to collect the intended data. Thus the results were drawn from the observations and in-depth interviews responses from the two institutional caregivers, ten institutional children and the social welfare officer. Emerging themes were identified following the presentation of findings from different groups that were interviewed.

The study sought to answer the following research questions:

1. What are the main reasons why children are placed at CFA?
2. What are the social and economic challenges faced by children at CFA?
3. What are the coping strategies employed by CFA to mitigate these challenges?

4.1 Demographic profile of respondents

For one to be able to best analyze and make conclusions about an issue they need to understand the socio demographic characteristics of their participants. This is because socio demographic characteristic are an important variable in the assessment of knowledge, attitude and behavior of participants in a society.
Table 4.1.1: Age Distribution of Respondents

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Frequency</th>
<th>Total frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>females</td>
</tr>
<tr>
<td>10-12 years</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>13-15 years</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>16-18 years</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Primary data (n=10)

Table 4.1 shows the age distribution of the respondents. Thus from the study, children in the age group 13 to 15 years dominated the population. This was because they were the largest group at the institution under study. There were three respondents between 10 and 12 years as most of them around that age were not able to articulate their life events because they had been disturbed from going to school due to various reasons so even their level of reasoning was still below their actual age. There was only one child in the age group 16 and 18 years this can be attributed to the fact that around this age most of the discharges are done inform of reunification with relatives. The respondent’s age characteristics reflect the ages in which young persons are dependents.
4.1.2: level of education of the respondents

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Males</th>
<th>Females</th>
<th>Total Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>ZJC</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>‘O’ Level</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>‘A’ Level</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Primary data

Five of the respondents are still in primary, four are in ZJC and one is an Ordinary level student. The two institutional caregivers that were interviewed were all females. The institution does not have any Advanced level student. One of the caregivers has Ordinary level as her highest level of education and she acts as both the caregiver and the institutional administrator. The other caregiver is a holder of the Zimbabwe Junior Certificate (ZJC). Both are above 40 years of age and stays within the institution. One of the caregiver has been working for the institution for 8 years and the other one for 2 years. The social welfare officer interviewed is 41 years old and has been working under the Department of Social Services for 10 years.

4.2 Reasons why children end up at Child Future Africa children’s home

From the interviews the researcher noted that some of the reasons why children came to Child Future Africa included physical and emotional abuse from their caregivers especially stepparents, place of safety for victims of abuse while the case is still reviewed in the court of law, poverty in form of lack of fees to pay for their fees, double orphan hood in which children were left without any willing relative to take care of them hence some were forced to live alone under undesirable conditions whilst they are still young and some of the children came to CFA because they stayed with their grandparents at Mazoe Bridge old people’s home hence the Department of Social Services noted it was not a good environment for the development of children which is why they were moved to the orphanage. This is in accordance with the Children’s Act (chapter 5.06) which defines a child in need of care as any young person whose legal guardian or parents are unfit to have or exercise control over him or her.
Through the study, the researcher noted that mass orphanhood was one of the leading causes of institutionalization. The findings from this study indicated that six out of the 10 children were orphans. One child in an interview was asked to explain the reasons why he was placed at Child Future Children’s home and he said it is because, “ndiri nherera” (I am an orphan). When he was asked who had told him that he pointed to one of the caregivers whom he said she always tells him he is an orphan when he portrays delinquent behaviours and acts. Hence this supports a study conducted by Powell et al (2004) on one hundred and eighty-nine youths from ten different institutions around Zimbabwe who completed questionnaires and participated in focused group discussions to ascertain their psychological well-being and their response to institutional care. The study revealed that some caregivers verbally abused children by taunting them with references to them being abandoned by their families or to the fact that their parents. This is despite the fact that the Social welfare officer revealed that the children need to be made aware of their background situation in a nice way as most of them were once victims of abuse who needs all the emotional support from the caregivers whom at times uses their background to humiliate them in front of other children.

When asked about the reason why they came to Child Future Africa it was noted that two of the children are at the orphanages as a place of safety after being sexually abused by the people they trusted in their lives. This assertion is further supported by the Children’s Act chapter 5.06-part iv which states that any police officer, education officer or probation officer may remove a child or young person from any place to a place of safety if there are reasonable grounds for believing that an offence is being or has been committed upon or in connection with that child or young person. The researcher interviewed two double orphans from one family who were sexually abused by their paternal grandfather who is in his late 80s. One of the children could not hold her tears as she narrated how her grandfather used to take advantage of her and she was afraid to reveal it to her grandmother. The issue only came to light when she told her class teacher who then reported the case leading to a medical examination for the children which showed that indeed the children were sexually abused. The children were then moved to Child Future Africa children’s home awaiting the trial of the case since the grandmother had said, “handichadi kutwuona pano nekuti murume wangu ali kutambudzi ka kuchitokisi” (do not want to see them set their feet in my compound
as they made my husband to languish in police cells). This only shows some of the challenges faced by orphans in their lives; they get vulnerable to such an extent of being sexually exploited by the people they trust in their lives and also fail to get psychosocial support from the relatives during the hard time.

In the interview the social welfare officer highlighted that child sexual abuse is rampant in Mt Darwin, caregivers take advantage of orphaned children and abuse them sexually and it is the one reason why children find themselves in orphanages. He also highlighted that Department of Social Services plays a pivotal role in ensuring children are placed in places of safety such as Child Future Africa. According to the Social Welfare Officer, child protection has since been an important function of the Department of Social Welfare such that if a caregiver or guardian of an orphan who has been convicted of committing a crime upon a child, the child is placed in an institution. This is in line with the Children’s Act 5.06 which states that a child in need of care is a child in the custody of a person who has been convicted of committing upon or in connection with that child or young person any offence.

When asked about the reason why the child came to the orphanage in an interview, one child indicated that they had been staying with their maternal grandmother who was chronically ill who got admitted in a hospital living them in the care of their 9-year-old sister. The child said, “We were almost raped together with my little sister when granny was ill in hospital”. They then approached the village head to get assistance as they were starving and afraid of being sexually abused by unknown men who would come to their compound in the evening knocking and asking the children to open the door. Also during that time, the children had stopped going to school as they did not have any source of income at the same time their biological mother was mentally disturbed. This finding is then supported by Kakwani and Subbaro (2007) states that children living with the elderly drop out of school and most of the times are delegated inappropriate workloads. Thus children staying with elderly caregivers are more vulnerable because as people gets older especially when living in poverty opportunistic diseases easily attack the elderly and hence not able to exercise proper control and care to the children in their care.
Children can also get into institutions due to poverty in the form of lack of fees for education and also food. The researcher noted that some children in orphanages are not necessarily double orphans but were placed in orphanages due to factors including poverty and abandonment by parents. One child in an interview highlighted that she used to stay with her mother but they were living in absolute poverty to such an extent that at times they would go for a day without food as her mother was not employed. The child had to say, “I am glad I came to Child Future Africa because back home we used to starve and I was not going to school and then I came and they gave me an opportunity to attend school”. This view is supported by UNICEF (2008) which states that there are about 2 million children in orphanages around the world and in Zimbabwe poverty was cited as one of the reasons why children were placed in those orphanages. In an interview with the Social Welfare Officer it was highlighted that at times poverty can mean denial of basic rights like the right to education, the right to health and even physical abuse to the children. Thus if there were any cases of that sort, they had to remove the child and place them in orphanages and then later on reunify them with their family after finishing school, although they could go for holidays.

Responding on how he got into the orphanage one child highlighted that due to physical and emotional abuse from his aunt she got moved to the orphanage. The young boy’s mother passed away and he moved in with his uncle and aunt, her aunt would not give him food and asked to take his late mother’s utensils to prepare his own food. The child was also not going to school whilst her uncle’s children were enrolled in school. The matter was then reported to the police and an assessment was done leading to the removal of the child. This view is supported by the Ministry of Education (2008) who noted that there is a tendency for some caregivers especially distant relatives to treat orphans as a source of cheap labor for domestic work. In some cases, the orphaned children remained home doing housework or herding cattle while the caregiver’s children went to school. Reports have emerged of orphaned children receiving less food, denied school fees and forced to do more work. In the interview the child showed so much anger and bitterness, his eyes started to fill up with tears as he was talking of how much he missed his siblings who were left behind with his stepfather, “I miss my siblings and I do not even know whether I am going to see them or not”. Thus there is also need for orphanages to employ professional counselors or social workers who constantly offer psycho social support to the children as most of them display anger.
and bitterness due to their backgrounds and past experiences. When asked how they treat the children on their arrival due to their different experiences, the caregiver highlighted that the child start participating in school, get clothes that is if they are available or they will take other children’s clothes to give to the new child, the caregiver also said the child also gets food and a safe environment. She did not mention anything to do with counseling.

### 4.3 Challenges faced by children at Child Future Africa

From the interviews conducted, children highlighted a number of challenges they face and how it is having a bearing in their lives. Three out of the ten children said they faced challenges in the orphanage when being socialized as they highlighted that no one can replace their parents and the caregivers’ main duties are to provide accommodation, food and clothes. They did not have that close relationship with the caregivers as no one recognises their skills. One boy highlighted that, “I love playing soccer and I am not that bright at school but they keep telling me that soccer is not a profession but when I come with school work they are not able to help me work it out”. The children also mentioned that they are always closed in like they are in a jail as they are not allowed to play with their friends outside the gate and also their friends are not allowed to come and play with them at the orphanage. One caregiver highlighted that they do not allow the children to go outside as they are safeguarding the safety of the children and also the orphanage is guided by rules which the children must follow. She highlighted that the children take some of the rules as punishment but they will be only doing it to protect them. Young girls showed no knowledge of the Sexual Reproductive Health supporting Brennan, (2008) who stated that children in orphanages have poor sexual and reproductive health outcomes because they have less access to sexual and reproductive health information. Caregivers highlighted that they do not discuss sexual issues with the children as they feel they are still young and afraid that if they start discussing about those issues they might risk the children’s lives as they might feel that they are now mature.

There were also reports of abuse by some children at Child Future Africa. This abuse mainly came from other children; none of them mentioned any form of direct abuse emanating from the caregivers. In the interview one boy said when he first arrived at the orphanage he was bullied by other boys and they would threaten to beat him whenever he reported them to the caregivers. He
said, “Older boys always threaten me because I report them to the caregivers for being delinquent”. The boy indicated that he was no longer feeling safe as the older boys were not friendly and at times he was forced to engage in delinquent behaviours together with other boys so that he could be part of the group. Thus Rusakaniko, Chingono, Mahati, Mapambineyi and Chandiwana (2006) notes that children in orphanages face different types of abuse including emotional and physical abuse, this abuse may be generating from the caregivers or other older children staying in the orphanages.

In another interview, one child indicated that everything at the home was okay except that the caregiver liked some children more and they could all see that. He indicated that one of the caregivers did not like him and he had picked it. This may be attributed to the fact that the caregivers are not trained professionals, according to the Social Welfare Officer one caregiver has ‘O’ level and the other has ZJC hence this may contribute to the way they treat children as they do not realise they are dealing with a vulnerable group. The researcher also observed that some caregivers fail to realize they are abusing children through the way they talk to the children as one caregiver referred to one child as, “chinoita kunge chiZIMCARE chine musikanzwa chakaregererwa nambuya vacho kuMazoe Bridge” (the child behaves like he is mentally retarded and is very delinquent, he was spoilt by his grandmother in Mazoe Bridge). Hence Penglase (2007) view that untrained caregivers would always remind children why they were in that particular institution breeding low self-esteem in children the child may prove to be right. There is need for the orphanage to employ qualified social workers who are able to acknowledge that they are working with vulnerable children who need strong psychosocial support.

From the ten respondents under study the researcher noted that most of the children were still in primary level of education despite their age which showed that they should be in secondary school. This shows that most of the children in orphanages went through a rough patch in their lives hence disturbing them from going to school. This is also supported by Ministry of Education (2008) which stated that many children lose their inheritance to greedy relatives who in most times can mean denial of basic social and economic rights including the right of education. Whilst administering the interview guide to one 11 year old boy who is in the first grade, the researcher asked the boy his date of birth he said, “ndakazvarwa musi wa14 August 2014’’ (I was born on 14
August 2014) this showing some developmental delays amongst institutionalized children as articulated by Better Care Network (2009) that a rule of thumb is that for every three months that a young child resides in an institution, they lose one month of development. The researcher actually got information from the caregiver who then said the boy was is 11 years but before he came to the orphanage he was staying with his grandmother and he was not attending school as they could not afford which is why he could not even know his birthday. Another 14-year-old girl in grade six could neither write her name and surname nor could she recall the year she was born owing to the type of attachment she had with the caregiver. Under normal circumstances every child in the orphanage should know his or her birthday through the celebrations done but it seemed none of them had ever celebrated their birthday. One caregiver highlighted that the orphanage was heavily underfunded hence they could not celebrate each and every child’s birthday. The researcher also administered an interview guide to a 16-year-old boy who is in form one but could neither recall all the subjects he is doing at school and when asked some of the questions, he was blushing and not able to articulate what he actually wanted to say. When he was asked what he wishes for, he said, “to be escorted to school by an aeroplane” this is despite the fact that the orphanage is located in rural areas.

Out of the 10 children interviewed one indicated that he was worried about his future the most. This is because the orphanage normally integrates children into their families and societies without equipping them with some basic life skills to prepare them for the outside world. This however, tallies with a study that was conducted by Powell et al (2004) youths from orphanages in Zimbabwe who reported concerns about their future after leaving the institution as the thing that worried them the most. They stressed the importance of their institutions developing transition programmes and providing them with vocational training. The child indicated that if it was possible he could be given the opportunity to learn till the university level but he obviously knew that it was not feasible as the orphanage is struggling to cater for all their needs right now. The researcher observed that the distance travelled by secondary school students to and from school was too long as the school is along Bindura- Mt Darwin highway, the way used by the researcher to the study area. In an interview one child highlighted, “We walk a distance of about 5 kilometers to school so to and from its about 10 kilometers everyday and we fail to concentrate in school and on that note you then wonder whether you are going to make it in school or not”. Thus the child was mostly worried on whether he is going to make it in school as the orphanage can neither afford bus
fare for the children to go to school nor sending them to boarding schools so that they attain better grades in school. The caregiver highlighted that when the orphanage’s funding was still consistent they would send those bright children to boarding schools but right now they do not afford hence all of the secondary pupils walk to the nearest secondary school in Madziva. The social welfare officer also highlighted the challenge of that distance for the children and suggested that if it was possible the home could buy a minibus to ferry the children to school. The distance is a very big challenge as the National Orphan Care Policy defines a child in need of care as any child who walk long distance to school so the children from CFA continue to be children in of care and if the challenge is not addressed they will be re-integrated back into the society without the skills for them to be economically independent.

From the interviews all the children highlighted that they go to school without all the requirements as they are told by the caregivers that there is not enough money. Five out of the ten children indicated that, “We need full school uniform especially satchels, school shoes and socks”. Thus most of them did not have socks, enough books, and also satchels as observed by the researcher. The caregiver stated that the orphanage is going through a hard time as they have tried seeking funding without success and she highlighted it may be due to the location of the area where potential donors do not notice it. According to the caregiver the children were not considered on BEAM and at times they are sent home because of school fees and they end up negotiating with the school authorities and then make a payment plan. Some children can go for the whole term without paying fees and at times without books. The caregiver highlighted that when they used to have proper funding, a specific amount of money was set aside to cover for the children’s needs but right now they cannot afford to do that. Thus Freundlich (2005) notes that maintaining an orphanage is expensive as they often rely on scarce and inconsistent donors. The social welfare officer also highlighted that the orphanage is poorly funded since it is owned by an individual and there is a chance that if that individual dies it will not survive. He also highlighted that the orphanage founder is interested in charity work but does not have a child welfare background.

Due to the inadequate involvement by the government the orphanage has also faced some challenges. According to the caregiver interviewed most children do not have court orders hence according to the Zimbabwean law they are staying illegally in the orphanage. She also indicated
that the government is supposed to offer grants to the children which is US$15 per month but they were last given in 2012. Thus she said the government is neglecting them as they cannot afford to look after the children without their help as that little money will always make a difference. The social welfare officer also touched on that same issue saying the government has not been able to deliver the institutional grants due to the economic hardship. Masuka et al (2012) had stated that the government through the Department of Social Services provides financial support granted to children in institutions that are registered by the government in terms of part v of the Children’s Act (chapter 5.06) but from the research findings on the ground the government has not been able to make that provision. According to the Social Welfare Officer they make supervision visits twice a year and they will be checking things like cleanliness and diet of the children. From those visits he noted that due to poor funding the home has not been able to meet the nutrition menu, the caregiver also echoed on the same view saying there is shortage of food at the home.

The government also has the mandate to cater for the health needs of institutionalized children through the Assisted Medical Treatment Order (AMTO). But according to the caregiver the challenge comes when a child gets sick during the weekend as the offices will be closed. The caregiver also highlighted that at times they struggle to find the bus fare to ferry a sick child to Mt Darwin hospital. The caregiver said, “one child had tonsils and we went to Mt Darwin hospital where we could not get the medication and at the same we they did not have money to visit private doctors”. Thus according to the caregiver AMTO fail to address the health needs of children and at the same time they do not have a local clinic. The caregiver highlighted that long back they were given pills and mosquito nets for the children by the Ministry of Health but it ceased.

4.4 Coping strategies used by Child Future Africa to address the challenges.

The orphanage has been surviving since its inception in 2006 without a consistent donor through the diesel grinding meal farming and gardening. This has kept the orphanage running as they sell some of the surplus to the community.
4.4.1 Showing farming as a coping strategy at CFA

Plate 4.4.1: the researcher and the caregiver

Source: primary data

The above picture was taken at Child Future Africa, the researcher was with one of the caregivers at Child Future Africa in February 2014, behind is the field with maize and sweet potatoes to cater for the nutritional needs of children. Thus the research findings showed that Child Future Africa children’s home use farming as a strategy to improve on the welfare of children. The orphanage’s farm will be occupied with maize, groundnuts and sweet potatoes just like any household in their community. According to the caregiver the maize they harvest in their farm will sustain the home till the next rain season and at times they reap bumper harvest then sell the surplus to the community. On average the orphanage reaps about 8 tons of maize every year, they also have a commercial garden but it is down as they do not have a farm manager. Three of the boys interviewed indicated that they help in watering the garden and they do enjoy that because they know it is where their meal comes from.
4.4.2 Showing a diesel grinding mill used as a coping strategy at CFA

Plate 4.4.2: A grinding mill at Child Future Africa

Source: primary data

The picture was taken at Child Future Africa to show the diesel grinding mill that is used to generate income. It is the only one in their area hence it serves a considerable amount of people. The caregiver highlighted that at times when people do not have money to pay they exchange with maize and it is the reason why they do not run out of maize till the next rain season.

The orphanage also engaged into piggery although during the time of the study they had been left with one pig which had eight little pigs. The caregiver said they had slaughtered most of them to feed the children as well as selling the rest to raise the funds to be used at the orphanage. The home also used to have cattle but they were all slaughtered and they are left with none.

From the study it was also observed that the children have been getting most of their clothes and other basic needs as donations from the well-wishers. 5 out of the 10 children indicated that they received clothes, books and ball points from students at Chaminuka Vocational Training school.
The caregiver also indicated the same thing, saying the funding for the orphanage is pathetic hence they have managed to survive through the input of well-wishers who include Chaminuka students. According to the Social Welfare Officer when the orphanage started it had funding from Dutch which is why it was allowed to operate but as from now they no longer have donors hence making it difficult to deliver quality services to children.

4.5 Conclusion

In this study five of the participants were males and five were also females. Most of the children at Child Future Africa came to the orphanage because of mass orphanhood which has been rampant in Mt Darwin district due to HIV and AIDS however, only two had one or both parents alive but had been placed in the orphanage because of poverty, as a place of safety or because of abuse from their caregivers. The research also revealed that children are facing challenges which include uncertainty about their future, developmental delays, abuse from other children and inconsistent donor funding for the orphanage causing children to face challenges in their nutritional needs, health needs and also physical covering needs. The orphanage has survived through income generating projects since it does not have a donor, the engaged in piggery, they have a farm and also a grinding mill to generate income to keep the orphanage running.
CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter seeks to summarize what the research set out to achieve. The recommendations and conclusions are made with respect to the objectives outlined in chapter 1 and are inspired by the findings obtained and the literature that has been reviewed in subsequent chapters.

5.2 Summary of the study

The first chapter discussed the background of the study focusing on the research problem. The opening chapter also presented the statement of the problem, justification of the study, the significance of the study, study aim, objectives of the study, research questions and study assumption. The second chapter reviewed literature which was related to the objectives of the study on the socio-economic challenges faced by children in orphanages. The third chapter outlined the research methodology employed by the study, the research design of the study, the target population, sampling procedure, and sample size and research methods and tools whereby interview guide and observation were used as research instruments. The third chapter also highlighted the ethical issues that were taken into consideration in the study that included confidentiality, informed consent and permission seeking from both the research participants and the Department of Social Services. The fourth chapter presented, analysed and discussed the findings which emanated from the study and how they were linked with other studies. The findings revealed the causes of institutionalisation, challenges which are faced by children living in orphanages and the coping strategies employed by orphanages to reduce the challenges as the three made up the objectives of the study. Chapter five gave a summary of the major research findings and the recommendations in relation to the socio-economic challenges faced by children in orphanages.

5.3 Summary of the findings

Children are in orphanages because of a number of different reasons as it was revealed by the study. From the study it was found that mass orphanhood and poverty were the major causes of
institutionalisation. However, various other children are in orphanages and these include abused children, children living in poverty, children in child headed households as well as those living with old caregivers. These children are amongst the most vulnerable group hence are placed in orphanages for their safety.

Whilst in orphanages children also face challenges which include abuse from other children, developmental delays, uncertainty about the future and also poor funding of the orphanage causing most children to lack basic things like complete school uniform and enough food to cater for their nutritional health.

Findings also indicate that the orphanage has used various coping strategies in a bid to combat the challenges faced at Child Future Africa children’s home especially the financial challenges caused by poor funding. The institution engages in some income generating projects like piggery and also uses a grinding mill that saves most people in their community. The institution also has a patch of land used for farming to keep the orphanage running.

However, their coping strategies seems to focus more on the financial problems faced by the orphanage, they fail to address issues to do with the social development of the children like lack of socialization, abuse and developmental delays. In other words, the institution seems to focus on meeting the physical needs of the children neglecting their equally important social and emotional needs.

The study then recommends the government to intervene by strengthening the social welfare assistance aimed at the extended families so that orphans do not end up in institutions, the government should also assist privately owned institutions in assisting the children as the institutions are there to complement government efforts, orphanage should also employ counselors or social workers who are able to deal with the psycho-social needs of children and also able to acknowledge that they are dealing with a vulnerable group of children. The Department of Social Services should also make sure that children are reunited with their families to avoid developmental delays caused by prolonged stay in orphanages among other challenges.
5.4 Conclusion

It was concluded from the research that mass orphanhood combined with poverty were the major causes of institutionalization. It was also noted that institutionalization has got its challenges though children are placed for good reasons or it will be in their best interest at that particular time. While children are in orphanages they face a number of challenges but orphanages are placing much emphasis on meeting children’s physical needs neglecting other factors that hinders their social development. The study then made recommendations to the institution and to the government of Zimbabwe. It was recommended for the orphanage to employ a person responsible for sourcing funding of the orphanage, the orphanage should also be run by a board that does checks and balances, it was also recommended that the orphanage should employ a qualified person to manage their income generating projects and lastly it was recommended for the orphanage to employ a professional counselor or social worker to continue offering psycho-social support to the children as most of them will have been traumatised by their past experiences. It was recommended for the government to make sure that every orphanage has a qualified social worker to deal with the psycho-social needs of the children.

5.5 Recommendations

The researcher, after spending much time analyzing the data gathered has come up with the following recommendations that can be applied to avoid further institutionalisation of children as well as improving the welfare of those that inevitably get into orphanages.

5.5.1 To Child Future Africa children’s home

The government should strengthen the social welfare assistance given so that in the event of death of parents, the extended families can easily fit the children in their families without fear on how they will cope hence this will reduce institutionalisation.
The orphanage should employ someone responsible for funding as the orphanage is struggling because donations are being sourced by the person responsible for many tasks for the smooth running of the orphanage, that is, the director.

The orphanage should also be run by a board that does checks and balances because if the owner dies there is a high chance of the home closing.

The orphanage should also employ a professional counselor or social worker to continue offering psycho-social support to the children as most of them would have been traumatized by their past experiences.

The orphanage should also strive to employ a qualified person to manage their income generating projects as well as their farming activities so that it benefits them more since it is their only source of income.

### 5.6 Recommended areas for future studies

After a study was carried out on the socio-economic challenges faced by children living in orphanages, the researcher recommends that there is need for future studies to focus more on the psycho-social challenges faced by children in orphanages as well as on the involvement of the Department of Social Services on the lives of institutionalised children in Zimbabwe. This is because it seems the DSS has neglected its role on the welfare of the vulnerable group of children hence paving way for more unregistered orphanages to proliferate in Zimbabwe and at the same time these homes are not able to meet the regulated standards in the National Minimum Standards guidelines.

### 5.7 Summary

The chapter focuses on the summary of the project, summary of the research findings, conclusion and recommendation on the study conducted on the socio economic challenges faced by children in orphanages. The chapter highlighted that mass orphanhood combined with poverty are the major reasons why more children are being institutionalised. Whilst in the orphanages children face a
number of challenges that include abuse, lack of information on real life issues hence most are reintegrated without proper preparations, also some are not certain about their future and also developmental delays amongst other children. However, recommendations have been made so that the welfare of both institutionalised and those who have not been institutionalised yet can be improved.
REFERENCES


Government of Zimbabwe, Ministry of Labor and Social Services National Residential Child Care Standards (2010).


Rusakaniko, Chingono, Mahati, Mupambineyi and Chandiwana (2006), *psychosocial conditions of orphans and vulnerable children in two districts of Zimbabwe,* Cape Town, HSRC Press.


ANNEX I

INTERVIEW GUIDE FOR CHILDREN

My name is Annah Mureverwi a student at Bindura University of Science Education pursuing a Bachelor of Science (Honors) Degree in Social Work. As part of my study I am carrying out a research on the socio economic challenges faced by children living in orphanages. I kindly request you to respond to the following questions and be assured that the information will be used for academic purpose and be treated as private and confidential.

1. How old are you?
2. Where did you come from and are you aware of the reasons why you came here?
3. For how long have you been staying in this orphanage?
4. Do you sometimes go out for holidays? If yes, please share with me how you are treated there.
5. Do you have siblings and where are they?
6. How do you feel about staying here?
7. Describe your experiences concerning life before and after coming here?
8. What are the living standards in this orphanage?
9. Explain any challenges you are facing at this orphanage?
10. Do you receive any form of assistance from the government or any other NGOs?
11. If you need anything to whom do you go?
12. If you have anything bothering you, who do you tell?
13. Does anyone give you emotional and psychosocial support?
14. Is there anything related to my topic you would like to share with me?

Thank you

##The end##
ANNEX II

Interview guide for the caregivers

My name is Annah Mureverwi a third year student at Bindura University of Science Education pursuing a Bachelor of Science (Honors) Degree in Social Work. As part of my study I am carrying out a research on the socio economic challenges faced by children living in orphanages. I kindly request you to respond to the following questions and be assured that the information will be used for academic purposes hence all information to be gathered from you will be treated as private and confidential. Your cooperation will be greatly appreciated.

1. When was the orphanage established and with how many kids?
2. How many kids do you have in your care right now?
3. When did you start working at Child Future Africa?
4. What is the major driving factor that motivated you to become a caregiver?
5. What is the highest level of education did you acquire?
6. How many children do you admit every year?
7. What are the common reasons for the placement of children at Child Future Africa?
8. With the increasing number of orphans in the country, how are you managing to provide for all the children with the basic things?
9. What are the challenges faced by the orphanage in the care and support for all the children?
10. What is the strategy being used by the orphanage to keep the orphanage running?
11. How are the DSS and other government agencies presently supporting orphans in your care?
12. Is there anything related to my topic you think will be helpful in carrying out my research study?
ANNEX III

Interview guide for the District Social Welfare Officer

My name is Annah Mureverwi a student at Bindura University of Science Education pursuing a Bachelor of Science (Honors) Degree in Social Work. As part of my study I am carrying out a research on the socio economic challenges faced by children in orphanages. I kindly request you to respond to the following questions and be assured that the information will be used for academic purpose and be treated as private and confidential.

1. For how long have you been working with the Department of Social Services?
2. When was Child Future Africa established and with how many children?
3. How do you place a child into an institution?
4. In your district what are the common reasons why children end up in orphanages?
5. How is the department and other government agencies assisting children in orphanages?
6. How often do children get grants from the government?
7. Do you also monitor children’s homes and how often do you do that?
8. Are there any government policies regarding orphans? If so please indicate if these policies have been successfully implemented and their effectiveness in addressing the needs of orphans?
9. How should the government deal with the escalating number of children being placed in orphanages?
10. Is there anything else related to my topic you would like to share with me?

Thank you

##The end##
ANNEX IV

Observation guide

1. The type of food being taken by the children.
2. The type of clothes being worn by the children.
3. The way the children relates with other children and caregivers.
4. Distance from the orphanage to the school.
ANNEX V

CONSENT FORM

Project Title: An investigation into the socio economic challenges faced by children in

Project leader: Annah Mureverwi

I am a third year student at Bindura University of Science Education, studying Bachelor of Science
Honours Degree in Social Work. This research project is being conducted in partial fulfilment of
my degree programme. However, part of my research project needs your support and hence I
kindly ask you to answer the questions truthfully.

The information you are about to contribute is to be kept confidential and hence no names are to
be written. I also ask for your full participation since the answers you are going to give will help
in making the project a success as well as to help in the continuous improvement of the services
to the children.

Taking part in this study is completely your choice. You can stop participating in this study at any
time, even after giving your consent.

I do hereby voluntarily consent to participate in the project.

Signature __________________________

Signed at ________________________________ this_____ / _____ of 2014