Evaluating The Impact Of Social Welfare Interventions On The Well-Being Of Orphans And Vulnerable Children, A Case Study Of Chitungwiza Ward 21.

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APPROVAL FORM

I, Timothy Mwanandimai B210037B, I declare that this report is entirely my own work. Any sources referenced have been properly acknowledged and cited in accordance with academic standards.

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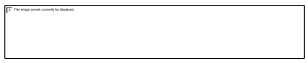
SUPERVISOR'S SIGNATURE 

DATE 11/06/25

DEDICATION

This research is affectionately attributed in memory of my extraordinarily supportive parent, my late biological mother Beaular Bukutu. It is also dedicated to my dear best friend Hetani Chimumu and Most Leeroy Kakunguwo, as well as to my late grandmother, Winnet Makwanya. Furthermore. Additionally, this work is devoted to all children who are less privileged in Zimbabwe and around the world. I value them with all my heart.

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ABSTRACT

The research evaluates the impact of social welfare interventions on the well-being of orphans and vulnerable children in Chitungwiza Ward 21. It was initially assumed that these interventions contributed positively to their lives in some capacity. To explore this, the literature review examined national research on OVC well-being, along with relevant policies and legislation aimed at improving their welfare. Employing qualitative approach, the paper utilizes a case study design, conducting interviews for data collection. Guided by Maslow's Hierarchy of Needs, the research adopts snowball sampling to identify OVC and availability sampling to accommodate their transient circumstances. Thematic analysis was used to distil key insights

The findings revealed that social welfare has implemented a range of protective programs designed to enhance OVC well-being. These initiatives were categorized into key areas, including education, healthcare, financial assistance, food security, and support for children with disabilities. Specific programs examined included Basic Education Assistance Module, Assisted Medical Treatment Order, drought relief efforts, the Disability Revolving Fund, Harmonized Social Cash Transfers and case management services. The results highlighted both successes and ongoing challenges within these programs. While many interventions have positively impacted children's lives, limitations such as funding constraints and accessibility issues remain. Based on these findings, the study put forth recommendations for social welfare and other organizations involved in child protection services, aiming to strengthen and refine existing support mechanisms for OVC.

ACRONYMS

AIDS	Acquired Immunodeficiency
AMTO	Assisted Medical Order
BEAM	Basic Education Assisted Module
CHH	Child Headed Households
DSWO	District Social Welfare Officer
GoZ	Government of Zimbabwe
HIV	Human Immunodeficiency Virus
HSCT	Harmonized Social Cash Transfer
SW	Social Welfare
OVC	Orphans and Vulnerable Children
SWO	Social Welfare Officer

Table of Contents

APPROVAL FORM ..... **i**

DEDICATION ..... **ii**

ACKNOWLEDGEMENTS ..... **iii**

ABSTRACT ..... **iv**

ACRONYMS ..... **v**

CHAPTER 1 ..... **1**

1.0 Introduction 1

1.1 Background of the Research 1

1.2 Problem Statement 2

1.3 Objectives of the Research 3

1.4 Research Questions 3

1.5 Assumption of the Research 3

1.6 Significance of the Study 3

1.7 Definition of Terms 5

1.8 Chapter summary 6

CHAPTER 2 ..... **6**

2.0 Introduction 6

2.1 Theoretical Framework 7

2.1.1 Maslow's Hierarchy of needs 7

2.2 Current state of well-being among orphans and vulnerable children 10

2.2.1 Health and nutrition 10

2.2.2 Education 10

2.3 Effectiveness of the existing social welfare interventions in place for orphans and vulnerable children. 12

2.4 Legislation and policies relating to orphans and vulnerable children 14

2.4.1 Children's Act (Chapter 5:06) 14

2.4.2 The Zimbabwe National Orphan Care Policy (1999) 14

2.4.3 NAP for OVC 1 (2004-2010) 15

2.4.4 National Action Plan for OVC II (2011-2015) 15

2.5 Related Concepts Associated with OVC....16
2.5.1 Social Protection....16
2.5.2 Child-Headed Family (CHH)....16
2.5.3 Socio-Economic Impact of HSCT on OVC....17
2.5.4 Evaluation of Social Protection Programs in Zimbabwe....17
2.6 Gaps in the Literature....17
2.6.1 Long-term impact studies....17
2.6.2 Contextual variability....18
2.6.3 Comprehensive evaluation....18
2.6.4 Integration of services....18
2.6.5 Economic Analysis....18
2.6.6 Resilience and coping mechanisms....18
2.7 Summary....18
CHAPTER 3: RESEARCH METHODOLOGY....20
3.0 Introduction....20
3.1 Research Methodology....20
3.2 Research Design....20
3.3 Description of Study Area....20
3.4 Target population....21
3.5 Sampling Size....22
3.6 Sampling Techniques....22
3.7 Data Collection Process....23
3.8 Data Presentation and Analysis Procedures....23
3.9 Ethical Considerations....23
3.10 Feasibility of the Study....24
3.11 Summary....24
CHAPTER 4....25
4.1 Introduction....25
4.2 Data Presentation and Analysis....25

4.2.1 Participant Demographics....25
4.4 Restatement of Research Questions....27
4.5 Presentation and Discussion of Findings from research questions. 27
4. 5.1 first Question....27
4.5.2 Second Question....29
4.5.3 Third Question....35
4.6 Chapter Summary....37
CHAPTER 5: SUMMARY, RECOMMENDATIONS AND CONCLUSIONS 38
5.0 Introduction....38
5.1 Summary of the major findings....38
5.1.1 The first objective....38
5.1.2 Second objective....39
5.1.3 Third objective....40
5.2 Conclusions....41
5.3 Recommendations....41
5.3.1 BEAM....41
5.3.2 DISABILITY REVOLVING FUND....42
5.3.3 Harmonezed Social cash tranfers....42
5.3.4 AMTO....42
5.3.5 Drought Relief Program....42
5.3.6 Case Management....42
5.4 Upcoming Research....43
5.5 Summary....43
Reference....44
APPENDICES....52
Appendix 1: Approval Letter from the University....52
Appendix 2: Approval letter from social welfare....53
Appendix 3: Interview guide for social welfare officers....54

Appendix 5: Interview guide for caregivers.....56
Appendix 6: Interview Guide for OVC Participants.....57

CHAPTER 1

1.0 Introduction

This study delivers a deeper exploration on the study's background as it evaluates the impact of social welfare interventions on the well-being of orphans and vulnerable children. Centered on Chitungwiza Ward 21 as a representative case, the chapter lays out the essential components of the research: it articulates background and statement of the, defines research's objectives, study's questions and outlines key assumptions. It also establishes the significance of the study and clarifies important terminology to ensure a clear understanding of the subject matter.

1.1 Background of the Research

Social welfare initiatives seek to instill confidence among the underprivileged by providing essential support services. In Zimbabwe, children under 18 are considered particularly vulnerable, as outlined in the 2013 Constitution. This study evaluates the effectiveness of existing programs in supporting (OVC), enhancing their well-being. OVC's situation remains a pressing concern, particularly in developing nations like Zimbabwe, where access to education, healthcare and other vital services is severely limited (UNICEF, 2020). Effective social welfare interventions are crucial to alleviate these challenges and support comprehensive development. Chitungwiza District, situated within Harare Metropolitan Province, is one of Zimbabwe'smost densely populated urban locales. Notably Ward 21in this district has a high concentration of OVC because of factors such as HIV/AIDS epidemic, economicinstability ad other adverse social conditions. Many children endure poverty, food insecurity, and restricted access to education and healthcare. Research by Lauchlan (2015) highlights that the poor health conditions of caregivers and increasing social challenges often leave elderly individuals responsible for OVC, despite facing their own struggles. The impact of sickness, death, and migration has further weakened traditional family structures. Additionally, societal stigma and discrimination continue to erode community cohesion (World Bank, 2018).

Statistics from Chitungwiza social welfare indicate an alarming number of OVC experiencing abuse, neglect, and exclusion from welfare policies designed to support them. These figures underscore the broader national crisis surrounding OVC care in Zimbabwe. Among the primary drivers of vulnerability are the lingering effects of HIV/AIDS, which often leave children without parental support.

Acording to Maushe (2014, the long term effects of HIV/AIDS, which frequently leave children without parental care, further exacerbate their vulnerability. According to Siampondo (2015), social protection programs initiated by the DSW are designed to bridge gaps left by struggling families and communities. Maushe & Mugumbate (2015) denoted that several studies have examined the socio-economic impact of interventions like the HSCT challenges faced by child-headed families in Chitungwiza District and the role of BEAM in enhancing educational access for OVC. While these interventions have seen some success, gaps remain. When OVC needs are unmet, adverse effects such as increased maladaptive behaviors, rising child mortality rates, and homelessness become inevitable.

The current research seeks towards evaluating the impact of social welfare interventions designed at enhancing the well-being of OVC in Chitungwiza Ward 21. Past research has primarily focused on major rural areas, leaving a gap in empirical data specific to this locality. The researcher, having observed significant service delivery shortcomings during an internship at Chitungwiza District Social Welfare, recognizes the urgency of evaluating how well these interventions meet the needs of OVC. Instances where schools threatened to expel children due to unpaid BEAM fees highlight systemic issues within welfare delivery. This research, therefore, seeks to generate valuable insights that can inform improvements in social welfare interventions, ensuring they adequately address the complex needs of OVC in Zimbabwe.

1.2 Problem Statement

OVC's well-being in Zimbabwe remains a major concern, exacerbated by economic instability, health crises, and social challenges. As Lauchlan (2015) noted, many OVC and their caregivers suffer from poor health, leading elderly individuals to assume responsibility for children in need. Family structures have been severely affected by death, illness, migration and additional straining support systems. Stigmatization and discrimination go on to weaken social interconnection. In feedback, the Government of Zimbabwe has engaged various international child protection agreements that nature nationwide welfare policies. Regardless of these efforts, OVC still face significant adversities, prompting the introduction of social welfare interventions designed to deliver essential services. Nevertheless, economic troubles, fluctuating inflation and unemployment impede stable support systems for OVC.

Moreover, healthcare problems such as high rates of HIV/AIDS and insufficient medical facilities which extra threaten the well-being of vulnerable children. There are educational

barriers which includes economic constraints, poorly equipped schools and it limits opportunities for long-term development. The social disgrace surrounding OVC negatively affects their incorporation and psychological health.

This research will identify strengths, weaknesses and potential areas for improvement. By doing so, it aims to offer practical recommendations for enhancing OVC support, ensuring their holistic development and overall well-being.

1.3 Research Objectives

i. To assess the current state of well-being among orphans and vulnerable children in Chitungwiza Ward 21.
ii. To evaluate the effectiveness of existing social welfare interventions in the place for orphans and vulnerable in Chitungwiza Ward 21.
iii. To provide recommendations for enhancing the well-being of orphans and vulnerable children through targeted programs.

1.4 Research Questions

i. What is the current state of well-being among OVC in Chitungwiza Ward 21?
ii. How effective are the existing social welfare interventions in improving the well-being of OVC in Chitungwiza Ward 21?
iii. What recommendations can be made to enhance the well-being of OVC through more effective social welfare interventions in Chitungwiza Ward 21?

1.5 Assumption of the Research

The Social Welfare is committed to enhancing the well-being of orphans and vulnerable children.

To some extent, its programs have proven effective in creating environments that nurture and support these children, laying a foundation for a better quality of life.

1.6 Significance of the Study

By combining quantitative metrics with qualitative insights, this study aims to provide a holistic evaluation of social welfare interventions in Chitungwiza Ward 21. The findings are expected to contribute to the broader understanding of how to effectively support orphans and vulnerable children and inform future interventions and policy decisions. Collected

information will complement available knowledge with the formerly contemporary literature on the impact of the interventions put in place by the SW targeting on improving child weal for orphans and vulnerable children. Therefore, exploration will be pivotal as results gathered will advance data to the available literature.

This examination plays a central role in evaluating social interventions scheduled at enhancing the well-being of OVC. By evaluating their impacts, it provides valuable perceptions into the successes and shortcomings of these interventions. The findings will help social welfare refine its strategies, addressing gaps and improving service delivery to better support OVC.

Furthermore, this research pin-points the connection of various well-being interventions and how ineffectiveness in one can create ripple effects that negatively impact vulnerable children. By understanding how different welfare interventions network, social welfare authorities can strengthen their programs and ensure more comprehensive care.

For OVC, this study is vital as it evaluates the effectiveness of existing social protection services. By finding strengths and weaknesses, the study can lead to better service delivery, directly or indirectly helping children in need. Additionally, it empowers OVC by providing them with information on how, when and whom to approach concerning their challenges, support and resources available through social welfare interventions. Increased awareness of these interventions may inspire more children to seek help, ensuring their access to essential services.

The findings of this research will also benefit guardians and the broader community. Caregivers will gain deeper insights into child welfare issues and the social services available to support children's development. Families are the cornerstone of a child's development, playing a vital role in nurturing child well-being. This research aims at arming them with important information necessary so as to engage efficiently with social welfare programs.

Furthermore, the study aligns with Maslow's hierarchy of needs, demonstrating that neglecting child's fundamental needs ranging from physiological and safety requirements to belonging and self-esteem can have long-term consequences. By examining these dynamics, the research encourages community involvement in child welfare, helping local stakeholders work closely with social welfare authorities to ensure effective service delivery.

1.7 Definition of Terms

In this examination, a child is well-defined as anyone below 18 years. This definition is grounded in African Charter of Rights and Welfare of a child, which states that every human being below 18 is considered child unless stipulated otherwise by the applicable law. This understanding is reinforced in Zimbabwean legal frameworks: The Constitution of Zimbabwe (2013) explicitly describes a child as "every boy and girl under the age of 18 years" (Section 81 (1)) and the Children's Act Chapter 506 (2001), although it also references younger age limits in specific contexts, broadly supports the notion that persons under 18 require special protection. Focusing on this examination, the term "child" unequivocally refer to any person who has not yet reached the age of 18.

Social Welfare Social Welfare is the government department responsible for helping those who cannot meet their basic needs. This support comes in many forms such as financial assistance, access to food, educational aid, shelter and healthcare services aimed at both adults and children.

For this study, an orphan is any child under 18 who falls into one of these categories: maternal orphan: a child who has lost their mother, paternal orphan: A child who has lost their father and double orphan: a child who has lost both parents.

UNICEF (2015) notes that most orphaned children are single orphans having lost either their mother or father. Traditionally, international literature defines an orphan as a child below fifteen who is maternal, paternal or double orphan. However, this definition does not account for vulnerable children aged fifteen to eighteen who face similar hardships.

In Zimbabwe, the National Orphan Care Policy categorizes orphans as those aged 0-18 whose parents are deceased (Zimbabwe National Orphan Care Policy, 1999). Meanwhile, UNAIDS (2022) defines an orphan as a child under fifteen who has lost one or both parents. Some extended definitions also recognize children abandoned by their parents or those whose caregivers are incapable of providing adequate care due to illness or extreme poverty (Smart, 2003). This study, OVC is a child under eighteen who is either single or double orphans or non-orphans experiencing significant deprivation of basic needs for survival.

From an African perspective, the concept of an orphan is less rigid due to the extended family system, which provides communal care (Foster, 2017). Another key issue is that statistical

estimates often fail to consider children who, while not orphaned, are still highly vulnerable because of extreme socio-economic challenges.

The definition extends beyond biological loss to include children who face abandonment, displacement, or separation due to social, economic, or political circumstances. According to UNICEF (2020), orphans are classified into single orphans (children who have lost one parent) and double orphans (children who have lost both parents), recognizing their heightened vulnerability in society.

Vulnerable Children

The Children's Act (Chapter 506) defines them as those requiring care due to their circumstances, including orphanhood, neglect, and other risk factors.

For this study, vulnerable children are defined as children with unfulfilled rights and unmet essential needs, as outlined in the Children's Act (Chapter 506).

1.8 Chapter summary

This section serves as foundational overview of the study, offering a comprehensive evaluation of social welfare interventions and their impact. By addressing key components such as the research's background, problem statement, research objectives, and assumptions it establishes a clear framework for evaluating the effectiveness of these interventions in supporting OVC. Additionally, this chapter defines essential terms and situates the research within a broader academic and policy context, reinforcing its significance in development studies.

CHAPTER 2

2.0 Introduction

This subdivision evaluates the existing literature on the impact of social welfare interventions as far as the issue of the well-being of OVC in Chitungwiza Ward 21 is concerned. It aims to

provide a theoretical framework, discuss relevant studies and highlight key findings and gaps in the current research. This review will help contextualize the study within the broader field and justify the research objectives and methods. Other concepts relating to the well-being of OVC will be more stressed.

2.1 Theoretical Framework

Programs which uphold the basic needs of the well-being of OVC are vital as they help in promoting their well-being by giving them right to food, shelter and health.. Maslow's psychological theory has been placed to elucidate how the significance is offering the needs of an orphan and vulnerable children. It was also put to understand the systems monitoring and operating the programs being engaged by social welfare to enhance the well-being of orphans and vulnerable children and recommend on noted gaps. The theory will contribute in showing what the basic and physiological needs are and how much the interventions engaged by social welfare have achieved in enhancing these needs.

2.1.1 Maslow's Hierarchy of needs

Abraham Maslow's theory (1943) is a psychological viewpoint which seeks to illuminate human drive. There are five sets which form up the theory which include: physiological needs, self-esteem, safety, self-actualization and love. As Huitt (2007), referenced in Tay & Diener (2011), highlighted, Maslow's model offers a holistic perspective on human behavior, synthesizing key elements from psychological theories such as Freud's pessimistic view and Neo-behaviorist relativism (Onah, 2015). Figure 2.1 shows an illustration of Maslow's five-tier hierarchy of needs as originally introduced in 1954.

Figure 2.1 Maslow Hierarchy of Needs (Source: Internet)

Social welfare programs have an important role in enhancing the well-being of OVC by addressing their fundamental needs. The NAP for OVC was developed to provide structured interventions, aligning with international commitments such as the UNGASS goals (Zimbabwe Ministry of Public Service, Labour and Social Welfare, 2008). In addition, community-based responses have been helpful in supporting OVC, mostly in urban areas where traditional support systems and volunteerism contribute significantly to welfare delivery.

Interventions like the BEAM, AMTO, drought relief initiatives, and the HSCT have been executed to alleviate vulnerabilities among OVC. Nevertheless, challenges like funding inconsistencies, bureaucratic delays and limited accessibility hinder their effectiveness (Madziva & Chinouya, 2016).

The examination found that social welfare has applied various interventions designed at boosting the well-being of OVC. These interventions generally fall into several groupings, including food support, health services, educational promotion, financial assistance and case management. Key interventions comprise of BEAM, AMTO, drought relief, CMS, the Disability Revolving Fund and the HSCT.

Initiatives like HSCT and drought relief are designed to support families as a whole. This indirect assistance helps improve the overall well-being of children by easing household burdens. Disability Revolving Fund allows individuals with disabilities to secure funding for

education support and viable income-generating projects. Correspondingly, those in need of AMTO must complete an SS1 form, which is used to determine eligibility for support.

For the drought relief program, local leaders select beneficiaries based on specific categories such as the elderly, disabled, chronically ill, and child-headed households. In the case of HSCT, dedicated committees conduct situational and needs assessments to ensure that only households meeting certain criteria receive benefits. The CMS, on the other hand, automatically enrolls any child identified as being at risk of abuse whether verbal, physical, sexual, or emotional.

AMTO is currently restricted to government hospitals that are facing shortages in medicines and essential resources. This program has an annual cycle, making the renewal process challenging specifically for OVC who stays far from administrative centers. Even though drought relief initiatives have improved food security for various households, they are not without problems. In some circumstances, these problems force children look for hazardous managing strategies including child labor, which in turn disrupts their education which exposes them to possible mistreatment.

The household income of OVC living with disabilities was transformed by the disability revolving fund. It resolved challenges they face, improving access to education, enabled income-generation and advanced food availability. However, problems they face during application process and delays in fund disbursement hinder its full impact. The initiative is good and life transforming but most of them they are unaware of it, leading to lower participation rates among disabled OVC.

HSCT played an important role in transforming the lives of OVC and their household income especially those who are economically disadvantaged. It only boosts food security and also enables the purchase of vital supplies like stationery and medicines and even increases the visibility and support of girl children. There are issues which include inconsistent funding and program discontinuation in certain districts which have weakened the impact of this program. More so, HSCT lean towards individuals rather than addressing family-wide needs, which can sometimes result in increased risk of exploitation among OVC.

To finish, the study acknowledged several common problems faced by social welfare's initiatives. These include financial restraints, a lack of awareness among possible beneficiaries, corruption, in short supply of social work manpower, fragmented program execution and overall limited official support.

2.2 Current state of well-being among orphans and vulnerable children

OVC represent one of the most disadvantaged populations worldwide, struggling with numerous problems which significantly impact their well-being. This group includes children who have lost one or both parents, as well as those living in precarious conditions due to socio-economic factors such as poverty, illness and family instability. This overview seeks to examine the current state of well-being among OVC from global, regional, and local perspectives, highlighting key issues, trends, and potential interventions.

Globally, the well-being of OVC is shaped by various interrelated factors, including socio-economic conditions, access to education, healthcare, and social services. According to UNICEF (2021), approximately 140 million children worldwide are orphaned, which is exacerbated by COVID-19 pandemic as an example. The pandemic has intensified existing vulnerabilities, leading to increased poverty rates and reduced access to essential services for OVC. Many children face barriers like stigma, discrimination, and limited opportunities, which hinder their development and overall well-being.

2.2.1 Health and nutrition

Health and nutrition are fundamental components of well-being for OVC. Many children in this demographic suffer from malnutrition and related health issues. The World Health Organization (2020) reports that malnutrition affects nearly one in five children under five years old globally, with OVC being disproportionately impacted. Limited access to healthcare services, particularly in low-income countries, exacerbates these challenges. Inadequate nutrition not only affects physical health but also cognitive development, perpetuating the cycle of poverty.

2.2.2 Education

OVC frequently encounter issues when it comes to accessing quality education, resulting in lower enrolment and retention rates. The Global Partnership for Education (2021) notes that millions of OVC are not going to school, often because of factors such as poverty, lack of transportation, and family responsibilities. The consequences of educational scarcity are profound. Children who do not get adequate education are more expected to remain trapped in poverty and face limited economic chances in adulthood.

In Sub-Saharan Africa, the situation for OVC is particularly alarming due to the high prevalence of HIV/AIDS, poverty, and conflict. An estimated 12 million children in the region have lost one or both parents to HIV/AIDS (UNAIDS, 2021). Community-based programs, such as psychosocial support initiatives, have emerged as effective interventions, providing essential services to OVC. However, challenges such as stigma surrounding HIV/AIDS and ongoing economic instability hinder long-term progress.

In South Asia, OVC face significant barriers to well-being, particularly in rural areas where socio-economic disparities are pronounced. The region has high incidences of child labor and trafficking, further exacerbated by poverty and lack of educational opportunities. Programs aimed at education and vocational training have shown promise; however, access remains limited, and many children continue to miss out on essential services. The COVID-19 pandemic has further highlighted these inequalities, causing many children to fall behind in their education and health needs (UNICEF, 2021).

In Eastern Europe and Central Asia, the transition from institutional care to family-based models has improved the well-being of many OVC. However, societal attitudes and lingering stigma still pose challenges. Many children in institutional settings continue to lack the emotional and social support necessary for healthy development. Efforts to promote family-based care and community support are crucial for enhancing OVC well-being in this region, as highlighted in studies indicating improved outcomes for children placed in family settings (Luntamo et al., 2018).

At the local level, the well-being of OVC is significantly influenced by community resources and support systems. Community-based provision groups play a vital role in offering emotional and practical assistance to families caring for OVC. These groups foster a sense of belonging and help reduce the isolation that many OVC experience (Rosenberg et al., 2016).

Integrated services that combine education, health, and psychosocial support have proven effective in improving the overall well-being of OVC. Programs that address multiple needs simultaneously can lead to better outcomes. For instance, the Family Support Program in Uganda has demonstrated significant improvements in child health and educational attainment through a holistic approach that engages families and communities (Nsubuga et al., 2019).

2.3 Effectiveness of the existing social welfare interventions in place for orphans and vulnerable children.

Globally, OVC has highest percentage of population facing various problems involving poverty, lack of education, and inadequate healthcare. As uttered by UNICEF (2021), approximately 140 million children worldwide are classified as orphans, with many more identified as vulnerable because of socio-economic factors. Social welfare interventions aim to alleviate these issues; however, their effectiveness varies significantly across different contexts. This dissertation provides an overview of existing social welfare interventions for orphans and vulnerable children, evaluating their effectiveness on global, regional, and local scales.

Globally, social welfare interventions for OVC encompass different programs designed to improve their living conditions and future prospects. Among the most common interventions are cash transfer programs, which give direct payments to families to alleviate poverty. Research suggests that these programs notably improve child nutrition and educational outcomes (Baird et al., 2013). For example, Kenya's Cash Transfer for OVC has significantly increased school attendance and health status among beneficiaries (Maluccio & Flores, 2005).

Foster care and adoption services also have a significant role in supporting orphans and vulnerable children. Countries with established legal frameworks, these services provide orphans with stable family environments. Studies indicate that children placed in family-based care demonstrate better emotional and social well-being compared to those in institutional settings (Ainsworth, 2016). For instance, the transition to foster care in South Africa has led to improved psychological outcomes among children (Mathews et al., 2017).

Educational initiatives focusing on enrolling orphans and vulnerable children in schools are crucial for breaking the cycle of poverty. Programs that offer scholarships or school supplies have been shown to increase attendance and enhance academic performance (Baird et al., 2016). In Tanzania, the "Back to School" campaign has significantly boosted enrolment rates among OVC (UNICEF, 2019). Furthermore, access to healthcare is vital for the well-being of OVC, and programs integrating health services with education and nutrition tend to yield better outcomes (Kumar et al., 2018). The Integrated Child Development Services (ICDS) program in India exemplifies successful integration, addressing health, nutrition, and education for children and their families (Bhandari et al., 2018).

In Sub-Saharan Africa, the region with the highest number of orphans, the HIV/AIDS epidemic and ongoing conflicts contribute significantly to the crisis. Community-based care models, such as Child Care Forums in Kenya, have effectively mobilized local resources to support orphans and vulnerable children (Ssewamala et al., 2010). However, challenges such as poverty, stigma, and inadequate infrastructure continue to hinder progress, necessitating ongoing support and adaptation of programs.

In South Asia, interventions often emphasise education and vocational training. Conditional cash transfer programs have successfully increased school attendance (Chaudhury et al., 2006). The "Shiree" program in Bangladesh has lifted many OVC out of extreme poverty through targeted support (Baker et al., 2015).

Eastern Europe and Central Asia have witnessed a shift from institutional care to family-based models. While this transition has been beneficial in some areas, societal attitudes towards OVC can hinder the effectiveness of these interventions (Luntamo et al., 2018). In Romania, despite reforms, many children continue to experience neglect and inadequate support due to lingering stigma (Mărginean et al., 2020).

Locally, impact of social welfare interventions largely depends on community involvement and the ability to tailor programs to specific needs. Successful local initiatives include community-based support groups, which provide emotional support and practical assistance to families and caregivers. These groups foster a sense of belonging, helping to reduce the isolation often felt by OVC (Rosenberg et al., 2016).

Integrated services that combine education, health, and psychosocial support have shown greater success than those operating in isolation (Yoshikawa et al., 2016). For instance, Uganda's "Family Support Program," which integrates various services, has resulted in improved outcomes for OVC (Nsubuga et al., 2019). Additionally, youth empowerment programs that engage older orphans and vulnerable children as mentors or leaders have proven effective in building community support and enhancing self-esteem among younger orphans (Harrison et al., 2015). Initiatives like “Youth for Change” in Malawi empower young people to take leadership roles within their communities, fostering resilience and agency.

2.4 Legislation and policies relating to orphans and vulnerable children

2.4.1 Children's Act (Chapter 5:06)

It establishes legal framework for child welfare, guiding the social welfare in child protection and support. Section 46 mandates the appointment of social workers as Probation Officers, granting them authority to oversee, evaluate, and manage government programs aimed at improving the lives of OVC.

Under its provisions, social welfare is responsible for ensuring that children in need receive essential services such as food, shelter, healthcare, and education. To fulfill this mandate, various programs have been introduced to address the diverse needs of OVC. This study critically evaluates the impacts of these interventions in meeting the Act's objectives and improving the well-being of vulnerable children.

2.4.2 The Zimbabwe National Orphan Care Policy (1999)

After Zimbabwe's independence, an increasing number of children sought assistance from social welfare due to hardships stemming from economic, political, and social challenges. By the early 1990s, institutions caring for these children became overcrowded (Kaseke, 1991). The growing presence of street children led social welfare authorities to organize child-focused groups to form the National Child Welfare Forum in 1993.

Research conducted by the Forum revealed a sharp rise in orphanhood, primarily as a result of devastating effects of HIV/AIDS (Mizeck, 2012; Muronda, 2009). Although legislative frameworks existed to protect children, the need for a policy specifically addressing orphanhood and its associated challenges became apparent. Thus, the Zimbabwe National Orphan Care Policy was introduced to bring structured care and protection for orphaned children, particularly those affected by AIDS-related orphanhood.

Beyond establishing child welfare regulations, the policy emphasizes cost-effective and sustainable programs that ensure long-term support. Subsequently, the National Action Plan for Orphans and Vulnerable Children (NAP for OVC I and II) was introduced, further empowering the Department of Social Welfare to implement programs aligned with policy objectives. One of the policy's key goals is to strengthen OVC's ability to access public and private resources through a structured six-tier safety system.

As Zimbabwe's principal child protection policy framework, this policy sets guidelines for interventions promoting the rights of OVC, including a Case Management System (UNICEF, 2014). Understanding its objectives provides crucial insights into the Government of Zimbabwe's commitment to child welfare. This research aims to evaluate the impact of social welfare interventions in fulfilling these policy goals and enhancing the well-being of OVC.

2.4.3 NAP for OVC 1 (2004-2010)

The Government of Zimbabwe, through the Ministry of Public Service, Labour, and Social Welfare, adopted the National Action Plan (NAP) for OVC to address the rising number of children affected by HIV/AIDS (JIMAT Development Consultants, 2010). The policy intended to offer essential services to enhance the well-being of OVC by guaranteeing access to education, healthcare, food and identification documents. Associated with Zimbabwe's commitment to international and regional frameworks, including the SDGs, this policy played a key role in shaping the country's roadmap for child welfare. As a result, various government-driven social welfare programs were established to fulfill these objectives.

Regardless of the policy's expiration in 2010, the challenges faced by OVC continues. This research seeks to evaluate the impact of these interventions, examining whether they have successfully addressed the needs of OVC. The study will use the NAP for OVC I as a benchmark to evaluate ongoing interventions, identify gaps and recommend solutions that may directly or indirectly benefit vulnerable children, the key stakeholders and government.

2.4.4 National Action Plan for OVC II (2011-2015)

Building on achievements of NAP for OVC I, the Government of Zimbabwe presented NAP for OVC II (2011-2015) to reinforce child welfare initiatives. Closely linked to Zimbabwe's national HIV/AIDS response strategy (National Action Plan for OVC framework, 2011), the policy intended to offer basic child welfare services to all OVC and launch a safe and secure environment for children by 2020. Gustavo et al. (2018) stressed several core mechanisms of NAP II, including: social cash transfer interventions to deliver financial assistance to vulnerable households, enhanced program management and service implementation, enhanced access to child protection services and better educational opportunities for OVC. The number of OVC in Zimbabwe continues to rise, exacerbated by economic problems and rapid inflation. The country's continuing economic crisis has significantly hindered the intended improvement of social welfare programs, raising concerns about their impacts. This study seeks to examine

whether there is a different between the policy's stated successes and the reality on the ground. Additionally, it aims to evaluate whether the goals set for 2020 were realistically accomplished or if challenges have derailed efforts to enhance child welfare in Zimbabwe.

2.5 Related Concepts Associated with OVC

2.5.1 Social Protection

It is a multidimensional idea, designed by diverse scholarly perceptions and evolving policy frameworks. A central challenge in defining it lies in the absence of a universally agreed-upon structure outlining its fundamental components and scope (Mtetwa, 2018). In history, Devereux and Sabates-Wheeler (2004), as cited in Mtetwa (2018) and Slater and McCord (2009), drew the origins of social protection to the "safety nets" discourse of the late 1980s and early 1990s. Over time, organizations have stretched its definition, integrating it into broader plans aimed at addressing economic and social vulnerabilities.

Zimbabwe's National Social Protection Policy Framework (2016) conceptualizes social protection as a system of policies intended to reduce risks and enhance resilience among vulnerable populations. It incorporates social assistance, social insurance, social support and care services, each tailored to safeguard at risk groups from factors that may threaten their well-being. By refining this approach, policymakers strive to create more inclusive mechanisms that not only deliver immediate relief but also nurture long-term socio-economic stability.

These interventions target to lessen vulnerability and deprivation by addressing the risks faced by underprivileged populations. This research will adopt the National Social Protection Policy Framework's definition to examine whether social welfare interventions effectively meet these objectives and give to the overall well-being of OVC.

2.5.2 Child-Headed Family (CHH)

These programs are advancing Sustainable Development Goals and meeting NAP for OVC objectives. The research found that Zimbabwe's social welfare system uses means testing to determine eligibility for OVC programs. However, the study recommended shifting the focus from individual support to household-based assistance, as caregivers often fight to deliver for both OVC and their biological children.

This research will examine the administration and impact of cash transfer programs, examining whether they effectively support OVC amidst worsening economic conditions.

2.5.3 Socio-Economic Impact of HSCT on OVC

Conducting qualitative interviews to evaluate its economic impact on OVC is a necessity. The study found that HSCT has significantly enhanced living conditions by providing financial aid for essential needs, including food, clothing, healthcare, and shelter. However, Siampondo (2015) criticized the bi-monthly disbursement system, noting that beneficiaries face financial strain between payments. The research recommended adopting monthly payments and implementing electronic transfer options to ease logistical challenges.

This study will assess the HSCT program's effectiveness, examining both its contributions and gaps while offering recommendations for improvement.

2.5.4 Evaluation of Social Protection Programs in Zimbabwe

According to Masuka et al. (2012) explored various social protection initiatives, including adoption, BEAM, institutional care, AMTO and the National Action Plan for OVC. Their research accredited the value of these programs but acknowledged key limitations delaying their full impact. Building on their results, this research targets to give a comprehensive evaluation of multiple programs rather than a fragmented examination of individual initiatives. By combining insights from previous studies, the research purposes to streamline assessments and make recommendations more actionable for policy monitors.

2.6 Gaps in the Literature

This segment critically examines the gaps inside the current literature on social welfare interventions for OVC, specifically in Chitungwiza Ward 21. By pinpointing these gaps, the research purposes to highlight parts in of further research to develop understanding and progress the efficiency of these programs in supporting OVC.

2.6.1 Long-term impact studies

The current studies primarily examine short-term and immediate effects. They often overlook whether these interventions offer lasting support and stability. Ensuring sustainability needs of further investigation. As Subbarao et al. (2021) highlight, longitudinal studies play a critical part on evaluating how these interventions influence children's lives over time, helping to evaluate their impact and identify areas for improvement to ensure continued positive outcomes.

2.6.2 Contextual variability

The impact of social welfare interventions can vary importantly based on cultural and regional contexts. Various studies do not necessarily address these differences, leading to gap in understanding how interventions should be tailored to specific environments (Gypen et al., 2017).

2.6.3 Comprehensive evaluation

Many current studies emphasise on a single aspect of well-being such as health or education without providing a comprehensive evaluation that includes physical, emotional, social and psychological proportions. More holistic studies are required to capture the full impact of interventions on orphans and vulnerable children (UNICEF, 2019).

2.6.4 Integration of services

Effective coordination between health, education, and social services is crucial for maximizing the impact of interventions. However, there is limited research on how these services are integrated and coordinated in practice (UNICEF Zimbabwe, 2022).

2.6.5 Economic Analysis

There is a gap in economic evaluations of social welfare interventions. Understanding the cost-effectiveness of these programs is essential for ensuring financial sustainability and making informed policy decisions (UNICEF, 2021).

2.6.6 Resilience and coping mechanisms

Some research addresses resilience, still there a gap in understanding the specific coping mechanisms and protective factors that help orphans and vulnerable children thrive despite adversity. More research is needed to identify and strengthen these factors (Parker, 2013.

2.7 Summary

The whole chapter has critically surveyed literature on the impact of social welfare interventions on the well-being of OVC. By discovering theoretical frameworks, legislative policies and existing programs, it establishes a strong foundation for evaluating how these initiatives shape child welfare. The review of study conducted in Zimbabwe provides essential insights into local interventions, their impacts, and the challenges they face. In addition, key concepts related to child welfare were analyzed, enriching the broader context of this research

and reinforcing the importance of social protection in fostering sustainable support systems for vulnerable children.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

This subdivision under examination reviews a structured technique on study's methodology, the research design, study area, target population, data analysis methods, sample size, data collection techniques and ethical considerations. Giving a clear framework, guarantees methodological rigor and reliability in evaluating the impact of social welfare interventions for OVC. The outlined methodology reinforces the validity of the results, ensuring that the study gives significant awareness on the child welfare programs.

3.1 Research Methodology

This evaluation embraces a qualitative research methodology that allows a wide-ranging analysis of participants' experiences and perceptions (Creswell & Creswell, 2018). As noted by Creswell (2014) and Bryman (2016), qualitative methods including interviews and focus group discussions let student to search insights from key participants, including orphans, caregivers, and social workers. In addition, Creswell & Creswell (2018) highlight the use of structured surveys and questionnaires to gather numerical data on well-being signs such as health, education and social support. Nevertheless, this research prioritizes depth over quantity, making qualitative methodology the most suitable approach for capturing nuanced perspectives on the impact of social welfare interventions.

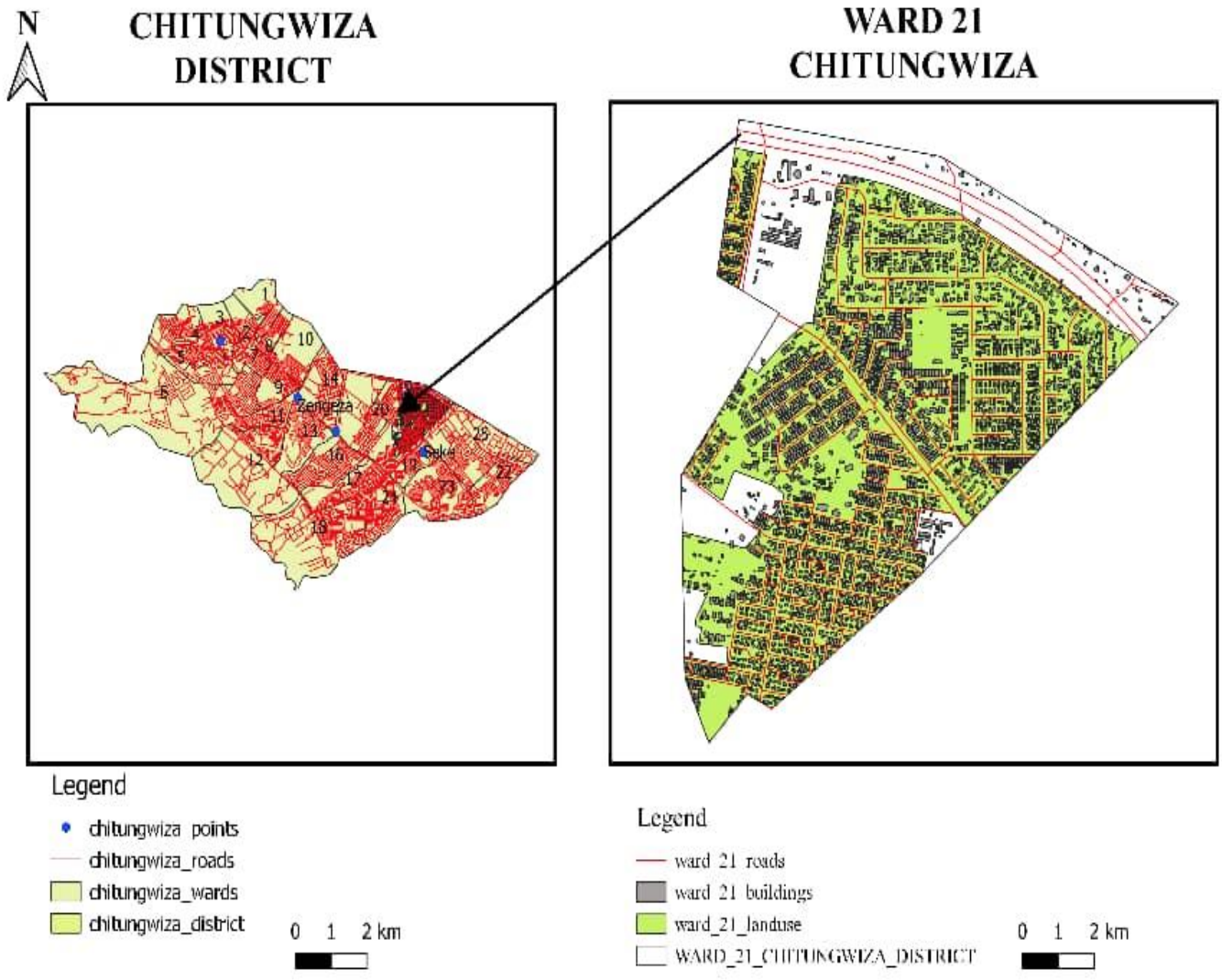
3.2 Research Design

This study depend on detailed data collection and analysis methods tailored to its objectives. It embraces a case study research design. It is highly effective when evaluating the impact of social welfare interventions on the well-being of OVC. From side to side basing on this approach, the student engaged directly with participants in schools, DSW offices and community spaces where these interventions are actively employed. The case study method offers rich contextual insights, allowing an in-depth evaluation of how these interventions purpose in real-life settings and their overall impacts in improving child well-being.

3.3 Description of Study Area

Chitungwiza Ward 21 is a densely inhabited urban area situated in the urban of Chitungwiza, Zimbabwe. In detail, it is located in Zengeza East, within the Chitungwiza Municipality, this ward faces high population density, extensive poverty and the continuing impact of HIV and

AIDS. According to Zimbabwe National Statistics Agency (2012), these socio-economic problems have contributed to a large number of OVC in the area. Other urban communities in Zimbabwe, Ward 21 continues to fight with economic hardship and social vulnerabilities, underscoring the urgent need for effective social welfare interventions to support its most at-risk populations.



3.4 Target population

This evaluation consist of OVC enrolled in social welfare programs designed at improving their well-being. These include children below 18 who have lost one or both parents or are living in exposed circumstances. In addition, the research focuses on caregivers, social welfare

officers, orphanage staff and school teachers involved in the implementation and oversight of these interventions.

To state meaningful data collection, the examiner will conduct interviews with OVC aged 12–18 years, as they are able to express their needs, experiences and viewpoints regarding the social welfare interventions they engage with. Their insights will provide reliable information about the effectiveness and challenges of these initiatives.

3.5 Sampling Size

According to Creswell and Creswell (2018), a sample comprises of a group of individuals, items, or observations carefully chosen from a larger population to estimate its characteristics. In this research, the sample will include 20 OVC enrolled in social welfare programs introduced at the Chitungwiza Social Welfare Office.

Adding on, another group of key informers will be chosen, comprising two social welfare officers, four caregivers, two school teachers and one orphanage staff member. These informers will offer firsthand insights putting into practice, successes and problems of these programs, providing a well-rounded perspective on their impact. Moreover, their experiences will help illustrate how the broader community indirectly benefits from mentioned interventions.

3.6 Sampling Techniques

Drawing from a qualitative study, sampling does not follow rigid laws but it depends on the purpose of the inquiry, the information required and the need for reliability (Bryman, 2016). Sampling is well-defined as the course of selecting a subset of individuals or elements from a larger population to ensure significant and representative results. This study employed a combination of sampling techniques to identify relevant participants:

- ✓ Snowball sampling was used to locate OVC within the community.
- ✓ Availability sampling was used to select 18 OVC (aged 12-18 years) enrolled in social welfare programs, considering their mobility and the need to access various important facilities.
- ✓ Purposive sampling was employed to select key informants for qualitative interviews, ensuring that participants had direct experience and insights into social welfare programs. The sample included 2 social welfare officers, 4 caregivers, 2 school

teachers, and 1 orphanage staff member, with gender representation considered across categories.

3.7 Data Collection Process

The student obtained official authorization from the University and the Ministry of Public Service, Labour, and social welfare to take on the research. During fieldwork, student personally recorded responses to minimize errors and bias. Various data collection methods were employed: In-depth interviews with OVC, social welfare officers, caregivers, school teachers and orphanage staff. This method allowed participants to provide detailed insights into their experiences, perceptions, and knowledge of social welfare programs. Focus group discussions (FGDs) with OVC and caregivers facilitated shared dialogue, creating a supportive environment for participants to express their perspectives. Structured questionnaires were administered to a larger sample of OVC and caregivers to collect quantitative data on well-being indicators such as health, education, psychological well-being and social support.

An interview guide was set, outlining key questions and discussion points to ensure consistency. Meetings were arranged with social welfare officers, teachers, and community leaders to facilitate participation.

3.8 Data Presentation and Analysis Procedures

This study adopted thematic analysis, a qualitative method used to pinpoint repeated issues and main themes within the gathered data. The process involved:

i. Identifying key themes that capture participants' experiences.
ii. Interpreting findings in relation to research objectives.
iii. The thematic analysis enabled a detailed evaluation of the impact of social welfare interventions on the well-being of OVC.

3.9 Ethical Considerations

Ethical integrity was a key priority in this study:

- ✓ Confidentiality was upheld, ensuring that sensitive information was only used for academic purposes within the University.
- ✓ Anonymity was maintained; no names were recorded.

- ✓ Voluntary participation was emphasized, allowing respondents to withdraw at anytime in the course of interview process.
- ✓ Given that minors were involved, the researcher obtained consent from caregivers or teachers to ensure compliance with ethical standards.

3.10 Feasibility of the Study

The study was considered feasible due to several factors:

- ✓ Minimal transport costs, as the researcher was based in Chitungwiza.
- ✓ Availability of key informants, although some delays were anticipated.
- ✓ Willing participation of OVC, as many saw the research as an opportunity to express their grievances and share their experiences regarding social welfare programs

3.11 Summary

The section has put out the methodology employed in this evaluation to respond to the examination questions so as to achieve the examination. Sampling technique was stressed, data collection tools as well as description of data layout and analysis was also specified in the chapter. Ethical considerations used were also presented.

Chapter 4

4.1 Introduction

This section provides the findings on the impact of social welfare intervention on OVC in Chitungwiza Ward 21, based on qualitative data from interviews, focus group discussions, and observations. Insights were gathered from 18 OVC and 9 key informants, including social welfare officers, caregivers, orphanage staff, and school teachers. Observations provided context on community interactions and support systems, enriching the analysis. The data is structured around the research objectives, ensuring a thematic evaluation of the effectiveness and challenges of these programs in improving child welfare.

4.2 Data Presentation and Analysis

Data collected from participants was systematically arranged and categorized according to the study's objectives. Interview data was interpreted manually to ensure accuracy and depth in capturing participants' perspectives. While the study initially aimed to engage 20 OVC, only 18 participated due to availability constraints. The additional insights from key informants further enriched the data.

4.2.1 Participant Demographics

4.2.1.1 Social Welfare Officers

Demographic information on social welfare officers is presented based on organizational position, gender and years of experience in child welfare programs.

Two social welfare officers participated in this study: 1 female officer with over four years of experience, currently holding a post of DSWO. One male officer with above three years of experience, holding the position of SWO. Both respondents were experienced social workers by occupation. Given the environment of social welfare work, they interact with a big number of individuals which require strict adherence to confidentiality in handling sensitive information.

4.2.1.2 Caregivers

Four caregivers join in this study, three of them were female and only one male. Among them all, one female caregiver had over one year of experience and while the others had more than

three years of participation in social welfare programs. Their diverse expertise delivered valuable insights into the range of interventions employed in supporting OVC. Caregivers were designated using purposive sampling, making sure that participants had direct experience with the interventions and could offer informed assessments of their influence.

4.2.1.3 Teachers

Data collected from the teachers wide-ranging based on gender and years of experience in working with beneficiaries of social welfare programs. Only two proffesional female teachers participated in the examination which presented valuable insights into OVC's academic experiences and problems. One of the key factor when choosing was experience and it developed answers by giving out practical observations on how social welfare initiatives impact OVC's educational development. The research noted that female teachers often shoulder a motherly role in school settings, offering emotional and academic support to OVC. Nevertheless, the absence of male teacher participants was identified as a drawback, raising worries about gender representation in the study.

4.2.1.4 Orphanage staff

For this study, data was collected on 1 male orphanage staff members who was present at the office. This man was one of the most present long serving staff members and this experience helped to provide data with full background and extend of the impact of social welfare interventions on the well-being of OVC.

4.3 Demographics for orphans and vulnerable children

OVC are under different programs and one can be under one or more programs. In every program there were more females than males. Notably, there were no orphans and vulnerable children respondents under HSCT because of the fact that the program has since ended in Chitungwiza District and no orphans and vulnerable children could be tracked down for comment. The study focused on respondents aged 12 to 18 years, ensuring they could provide meaningful answers. The youngest participant was 12 years old, while the oldest was 17 years old. Notably, 15-year-olds comprised the majority of OVC interviewed, reflecting a key demographic within the study's findings.

The below table 4.1 shows response rate percentage of participants

Participants	*Targeted*	*Achieved*	*Response rate%*
Orphans and vulnerable children	20	18	90%
Caregivers	4	4	100%
Orphanage staff	1	1	100%
Teachers	2	2	100%
Social welfare officers	2	2	100%

4.4 Restatement of Research Questions

The research questions are as follows:

i. What is the current state of well-being among orphans and vulnerable children in Chitungwiza Ward 21?
ii. How effective are the existing social welfare interventions in improving the well-being of Orphans and Vulnerable Children in Chitungwiza Ward 21?
iii. What recommendations can be made to enhance the well-being of orphans and vulnerable children through more effective social welfare interventions in Chitungwiza Ward 21?

4.5 Presentation and Discussion of Findings from research questions.

4. 5.1 first Question

What is the current state of well-being among orphans and vulnerable children in Chitungwiza?

Current state of well-being among OVC in Chitungwiza Ward 21 reflects both positive advancements and ongoing challenges. Data collected from two teachers, 1 orphanage staff member, 2 social welfare officers, 4 caregivers and 18 orphans and vulnerable children delivers a comprehensive overlook of the present-day situation. Orphanage staff stated that the beneficial impact of regular check-ups, vaccinations and nutritional support on orphans and vulnerable children's physical health. Their emotional well-being has seen significant improvements due to psychological support and counselling services provided by social

welfare interventions. Many OVC expressed feelings of sadness and loss particularly those who had lost parents or guardians. For instance, one participant shared

..." I often think about my mom. I feel alone without her".

This highlights the emotional scars many orphans and vulnerable children carry. Some of them demonstrated resilience through coping strategies such as engaging in school activities and maintaining friendships. Caregiver one noted,

… *" the children often lean on each other and they form strong bonds that help them cope".*

Several of them reported feelings of anxiety and uncertainty about the future. A repeated theme was the fear of being abandoned again. One orphan and vulnerable children stated,

...." l worry that l will not have someone to take care of me."

They often face stigma and discrimination within their communities, impacting their ability to form friendships. One of them said

…*" Sometimes, other kids do not want to play with me because l live in the orphanage."*
Despite the challenges, many of them found support in their peers and caregivers. A teacher commented,

… *"The children often support each other in school thereby creating a sense of belonging."*
Caregivers emphasized the importance of psychological support and counselling services in helping orphans and vulnerable children cope with trauma, leading to improved mental health and stability. The majority of the OVC reported challenges in accessing nutritious meals. Almost all caregivers noted that they struggle to provide sufficient food, with one caregiver stating,

…*" some days we just have enough for one meal."*

This directly affects the physical well-being of the children. While some of the them have access to health care services, many reported barriers such as transportation costs and long wait times.

One social welfare officer mentioned,

..."many families cannot afford to travel to clinics, which leads to untreated health issues."

Despite these positive developments, several challenges persist. Limited resources including shortages of educational materials and healthcare supplies remain significant issues. Orphans

and vulnerable children also reported experiences of social stigmas and discrimination which negatively impact their self-esteem and mental health. Additionally, environmental factors such as poverty and inadequate housing exacerbate the problems they face and undermine the impact of social welfare programs. These factors highlight the need for more comprehensive and sustainable support programmes to address the ongoing challenges and improve their well-being.

4.5.2 Second Question

How effective are the existing social welfare interventions in improving the well-being of Orphans and Vulnerable Children in Chitungwiza Ward 21?

To achieve this objective, data was collected through various qualitative methods including interviews with teachers, orphanage staff, social welfare officers, caregivers and orphans and vulnerable children themselves. The researcher conducted interviews with two social welfare officers (DSWO and SWO) at Chitungwiza District, who provided valuable insights into the various programs implemented through social welfare. The government has introduced a range of initiatives aimed at improving the well-being of OVC.

However, despite these efforts, many OVC and caregivers expressed uncertainty regarding the availability and accessibility of social welfare services. Their concerns highlight the need for greater awareness, outreach, and transparency to ensure that those in need can fully benefit from these programs. A caregiver states,

... "l often hear about programs from neighbours, but l do not really know what is out there:"
This indicates a significant gap in communication regarding available resources. Several participants reported that educational support programs like the BEAM had a meaningful impact. It offers financial support for school fees letting orphans and vulnerable children to access education without burdens. One receiver mentioned,

…*"thanks to the school support, l can focus on my studies without worrying about fees." Initiatives such as Zimbabwe's School Improvement Program supply uniforms, books and other educational materials. Teachers highlighted the positive impact of educational support programs to the learning process of orphans and vulnerable children. They noted improvements in academic performance and school attendance among orphans and vulnerable children.* One teacher said

…*"The educational support has been instrumental in keeping children in school. We have seen significant improvements in their grades and overall interest in learning. One orphan and vulnerable children stated, "Lam grateful for the scholarship l received. It has allowed me to stay in school and pursue my dreams."*

Social Welfare introduced the Assistance Medical Treatment Order in 2002 as part of the national social assistance program. This initiative emphasizes improving the health of children and adults from financially lacking families who struggle to pay for medical bills. Orphans and vulnerable children are one of the targeted groups under this program. The scheme facilitates their access to free health services, promotes their physical and social well-being, and helps reduce infant mortality and morbidity. One OVC benefiting from this program stated that,

... the program is good but lam facing renewal challenges and the letter is only limited to government hospitals making it hard for us to look for money when reffered to private hospitals" The student further asked SWO and the officer said,

…*" social welfare programmes often collaborate with health departments to run immunisation drives, ensuring orphans and vulnerable children receives necessary vaccinations. While some health initiatives like immunisation campaigns were positively received but there were concerns about lack of ongoing health support. A social welfare officer stated, "We provide vaccinations but regular health check-ups are often overlooked."*

Drought relief program is a national initiative that offers grain to underprivileged families. It targets families that are food insecure. Most OVC could not speak much on the program as it indirectly benefits them. However, of the notable successes, the initiative brought a healthier diet and healthy to the well-being of the OVC. Enhanced food security has added a good health worse when considering child headed families that are already exposed by the on going socio-economic situation. One social welfare office commented saying,

…*"the programme has contributed to a change in standard of life for the OVC who are coming from families ascribed as vulnerable under this program."*

Introduced firstly as a trial research in Umuzingwane Area in 2012 according to (Arruda & Lara, 2018; UNICEF, 2016), National Case Management System program was instituted to curb and reduce the prevalence of all forms of abuse against OVC. findings by Wyatt et al. (2010), who observed that inadequate resources often hinder the effective work of the District Social Welfare (DSW). Case management, when supplemented by external stakeholders, helps

reduce the workload and ensure that even unreported cases receive attention. The program also plays a vital role in empowering families the primary unit responsible for child care. In the words of a social welfare officer:

..."Case management comes in to strengthen the family's coping abilities and reduce child abuse under the pretext of following harmful cultural or religious traditions. It serves as a platform for the family to receive essential information."

The results are consistent with Arruda and Lara's (2018) observation that while many programs focus on child welfare, case management is oriented towards child protection. By strengthening systems and services to combat neglect, abuse, and exploitation, case management complements other interventions (such as BEAM and AMTO, which address education and health, respectively). Mhongera and Lombard (2018) also argue that a comprehensive Case Management System (CMS) can simplify the delivery of integrated, harmonized, and comprehensive services, thereby addressing service delivery gaps in OVC care across institutions. Sustainability remains another concern. When questioned about funding, one DSW officer responded:

…"At the district level, we are not privileged with sufficient budgets and funds. The rate of case reporting is gradually decreasing because we no longer conduct workshops or provide incentives for our CCWs. Most of these incentives are now offered by NGOs that benefit from our training."

He further highlighted a critical issue:

… "When we reach out to our CCWs, many are unavailable, often because they are engaged in National AIDS Council (NAC) programs where they earn between $5 and $10 USD. This leads to reduced case reporting and follow-up."

Another shortcoming pointed out was the lack of a dedicated Case Management Officer (CMO). In districts where a CMO is in place, the workload is more evenly managed, preventing overlap with other duties like probation work or disaster relief, and ensuring prompt handling of child protection cases. The absence of a CMO in some districts seriously undermines the program's efficiency. As Mhongera and Lombard (2018) note, CMOs play a critical role in maintaining relationships with specialist services, managing the network of service providers, and advocating for higher quality service delivery. Arruda and Lara (2018) also highlight that the strength of the referral system hinges on a close relationship between district and ward

levels, a role filled by CMOs and CCWs. One follow-up question sought further insights into the program's effectiveness. The DSW officer stated:

…"In Chitungwiza, a key shortcoming is the absence of a local children's home to place OVC who are victims of abuse, neglect, and exploitation. We currently rely on New Start Children's Home and Hupenyu Hutsva Children's Home, both located in nearby districts."

Such a gap is critical, as case management depends on having local safe spaces where at-risk children can be immediately relocated following identification and assessment. Without a nearby facility, CCWs may end up misreporting or even ignoring cases due to logistical constraints.

The Disability Revolving Fund is a government-led initiative in Zimbabwe designed to help individuals with disabilities manage financial challenges and rising living costs. Instead of providing direct grants, the program operates as a loan facility, allowing applicants to submit income-generating project proposals for review. Once approved, funds are allocated, and when recipients repay their loans, the money is then redistributed to support others in need.

For many people with disabilities, this fund has been life-changing. Families that once struggled to have enough money for basic healthcare and food now have more fixedness and individuals have the opportunity to earn an income through sustainable projects. Beyond financial relief, the program has improved social visibility, helping to reduce stigma and the psychological burden often experienced by marginalized communities. Regarding its successes, accessibility remains a problem with bureaucratic hurdles and a lack of awareness preventing some from benefiting fully.

…"Disability Revolving Fund is a relatively good program. It offers opportunities for people living with disabilities. For example, in our district, we supported a deaf and mute girl to continue her education in computer studies—she's now at Danhiko Vocational Training."

A young beneficiary of the program summed it up well:

…"All thanks to the funds, I wouldn't have been able to continue my education because of the financial hurdles and the stigma I faced."

However, despite these successes, the program faces several challenges. The bureaucratic procedure is quite lengthy applicants are obligatory to complete detailed project proposals, which can be especially difficult for OVC who might not have the support or skills to do so.

This slow process often delays the disbursement of funds, which is critical for families and children who are in urgent need. Funding is another major issue. One social welfare officer explained:

…"The process takes too long, which disadvantages those in urgent need. In the past, beneficiaries received around $1,000 for their projects, but inflation has reduced the value of this amount, and it has not been reviewed yet."

In addition, the program's requirement that loans be repaid poses a significant barrier. For OVC or families living in extended households where resources are already stretched thin the expectation to repay a loan can be overwhelming. This condition, coupled with the need for well-organized project proposals, means that many vulnerable children and their families are inadvertently excluded from the benefits. There is also a gap the community outreach and awareness. Several families are simply not alert of the program or cognize how it could help them. According to research by Zininga (2013), effective awareness campaigns are crucial to educate communities on disability issues and how such funds might develop their lives. Moreover, the absence of local support infrastructure, such as children's homes or safe shelters, further complicates matters. Without a nearby facility to provide immediate support CCWs sometimes struggle to account cases promptly. This occasionally leads to delays and even missed opportunities to assist vulnerable children.

The HSCT is a social protection program aimed to offer cash support to families that are constrained by limited labor capacity. It forms a vital part of the government's plan to enhance the well-being of OVC under the National Action Plan for OVC II (Kang, Fry, Muwoni, & Izumi, 2017). According to a District Social Welfare Officer, the program was launched around January 2012 and has made a significant difference for over 50,000 families across various districts.

For many families troubled by continuing socio-economic and political challenges, this "cash plus" initiative has improved their lives. The program complements other social welfare efforts by providing funds that families can use for a range of needs from covering health bills and improving diet to handling expenses that fall outside of school fees. When a family's financial situation improves, it has a direct and progressive influence on the general well-being of its children. One caregiver summed it up in local terms:

…“Haa programme yekuti tiwane Mari yaive yakanakisa chose iyi nekuti taivetave kukwanisa kutenga muriwo mumba, kubhadhara Mari kuchikoro mauniform uye kutengawo zvimwe kusanganisira mishonga chaiyo mumaphamarcy.”

(Translation: "The program was really good because it improved our cash income, allowing us to buy vegetables, pay for school uniforms, and even buy proper medicine.")

Cash transfers have demonstrated that they are a critical lifeline of families, empowering them to better meet their basic needs. These transfers do not only help improve household income, but they also offer a much-needed boost in social and economic status changes that greatly benefit their well-being. For instance, Kavishe (2007) noted that even elderly caregivers benefit because the additional cash makes it easier for them to manage household necessities.

However, challenges persist. When families were asked why they were not receiving grain—a key component of the drought relief program—one caregiver observed:

…“Tiri kungonzwa kuti zvekugovewa chibage zvinogona kutangawo muno mutown mnje but kubvira ndizvinzwe zvechibage ndoziva vachinyanyaopa kumamisha.”

(Translation: "We are just hearing that grain distribution in urban areas might start soon, but as far as I know, it only covers rural areas.")

This response has raised new concerns about the need for drought relief efforts to cover both rural and urban areas, especially as urban families with OVC continue to struggle.

Even more troubling, the District Social Welfare Officer explained that—even though HSCT was once a robust program—the initiative effectively ceased in January 2018 in his district. Families that once received between $10 and $25 per household are now left without this important support. The cessation of regular cash transfers not only disrupts the flow of services but also halts ongoing monitoring and evaluation, making it difficult to know how much the situation has worsened over time.

The consequences of these gaps are severe. As economic hardships intensify—aggravated by external sanctions and internal challenges—the lack of reliable cash transfers puts the welfare of OVC at even greater risk. In situations where families, or even the extended family system, are unable to fully support the child, the burden often falls on the child, especially in child-headed households (CHH). Facing these challenges alone or with stepparents or extended relatives who have their own financial burdens may force OVC to adopt risky coping strategies.

For instance, a 17-year-old former beneficiary, who now lives with her elder sister after losing their parents, shared:

…“Ini ndogara with my elder sister as our parents passed away. Taimbopiwa Mari kare but payakangomirawo zvinenge zvakavharana hatina kuzombowana fut vachiuya vachovaitipa Mari. That time I was fifteen but now nda18 ndakuona life nesister yangu. Kutaura sure Mari yekuti tirarame ameno sisi vaiiwanepi but ndakunzwisisa manje kuti totsvakasei Mari.”

(Translation: "I live with my elder sister since our parents passed away. We used to receive money, but when it stopped, we rarely saw any follow-up from the officers. I was fifteen when it ceased, but now at eighteen I see life very differently. Back then, I didn't know how my sister would get money for us to survive, but now I know how to resource it.")

Although she chose not to elaborate further on her survival strategies, her story highlights the harsh reality that many OVC face in the absence of consistent support. Observations during field visits even suggested that some children might be turning to drugs or alcohol as a means to cope—an observation echoed by studies from Jakaza (2017) and Mhizha (2010).

4.5.3 Third Question

What recommendations can be made to enhance the well-being of orphans and vulnerable children through more effective social welfare interventions in Chitungwiza Ward 21?

Orphaned and Vulnerable Children face numerous challenges that affect their well-being and long-term prospects. They lack of access to education, healthcare, emotional and psychological struggles. Recommendations for enhancing the well-being of OVC based on the insights gained from the examination will be discussed.

This study has shown that community-based care is one of the effective ways to bring strong support to OVC as it permits them to remain in their communities and uphold strong connections with their families and peers according to Delfabbro & Kelly (2016). The following strategies can be put in place to strengthen community-based care. By partnering with local communities and involve them in the planning and implementation of care programs, develop and implement community-based care models that involve local leaders and caregivers in the care and support of OVC is vital when it comes to increase attentiveness about the needs of OVC. Allocating training and capacity-building initiatives for caregivers and community leaders enhances their skills and knowledge in caring for OVC. One OVC aged 12 said

… “I have a feeling that l don’t belong anywhere. I'm always stressed about my next meal where it will come from.”

Another OVC aged 13 said:

…“I have passion with school and l want to go to school, but I don't have anyone to help me with my homework. I have a strong feeling that Iam failing."

OVC aged 15 mentioned that:

… "I'm so afraid and scared of being alone and l feel like iam alone in this world. I wish I had someone to talk to."

Access to education and healthcare is important for the well-being of OVC. This study has shown that OVC are at big risk of poor educational and health outcomes as a result of their involvements in trauma, neglected and abandonment (Milne & Mather, 2012). To improve access to education and healthcare, the following strategies can be implemented. Building partnerships with schools and healthcare workers to raise access to education and healthcare services for OVC is among the recommendations that can be placed on the table to enhance their well-being. A caregiver aged 35 noted,

… "I wish there were more resources available to help us."

Caregiver aged 40 noted that:

...“I feel like I'm doing everything I can, but it's not enough. The children need more support. I'm worried about the children's future. They deserve better than what we can provide."

Also economic empowerment is essential for longstanding well-being of OVC. The study has shown that OVC are more affected by poverty and economic marginalization as a result of their experiences with trauma, neglect and abandonment (Bryceson & Potts, 2017). To enhance economic empowerment, the following strategies can be implemented. Providing vocational training and entrepreneurship skills to OVC to help them acquire employable skills and start their own businesses is essential for them especially those who are mature like the 18 years and above. Orphanage staff commented,

…"I wish people would understand that these children are not just statistics. They are also human beings who deserve our love and support. Putting them aside affects them all"

Protective factors such as social support and positive relationships are essential for the well-being of OVC. The study has shown that OVC have poor mental health effects as a result of their involvement in trauma, neglect and abandonment (Wu et al., 2018). Providing OVC with opportunities to develop positive relationships with caregivers, peers, and community members is crucial to enhance their well-being. A caregiver commented,

… "Iam happy and proud of what we are doing, but we need more resources to make a real difference. We need to come on the same page so as to build a community that supports these children. We can't do it alone, never."

4.6 Chapter Summary

The results from this section show a multidimensional interplay of emotional, physical and social factors troubling the well-being of OVC in Chitungwiza ward 21. It gives an emphasis to the present state of well-being of OVC, the current interventions and recommendations which can be put in place to improve the well-being of OVC. on the other side, many gaps continues which requires a close look so as to increase overall well-being of OVC.

CHAPTER 5: SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

5.0 Introduction

This segment combines key results of the research, giving conclusions and giving practical recommendations to address gaps in social welfare interventions targeting OVC. Taking it from interviews, focus group discussions and observations, it evaluates the impact of existing programs, stressing their achievements and ongoing challenges. The insights derived target to upkeep policy enhancements and inform future initiatives as well as ensuring a more holistic approach to improving the well-being of OVC.

5.1 Summary of the major findings

This research intended to evaluate how social welfare interventions impact the well-being of OVC in Chitungwiza Ward 21.

5.1.1 The first objective

To assess the current state of well-being among orphans and vulnerable children in Chitungwiza Ward 21.

The current state of well-being for OVC exposes numerous critical areas that necessitate attention. Various OVC face significant educational challenges due to inadequate support at home, resulting in poor performance in main subjects and hampering their future opportunities. In addition, access to regular health check-ups and preventive care is often inadequate, leading to undiagnosed health complications that can harmfully affect their overall well-being. Nutritional deficiencies are also predominant, caregivers normally lack knowledge about affordable and nutritious meal preparation, resulting in poor dietary practices that impact the physical health and development of OVC. Emotional and psychosocial support is often missing and numerous OVC experience trauma, loss without adequate access to counselling and mental health services, which can lead to long-term emotional challenges. Finally, inadequate community awareness regarding the exact needs of OVC disturbs the mobilization of resources and support which leaves them vulnerable and isolated. Generally, these findings show that OVC are in a risky state of well-being facing many challenges across educational, health, nutritional and emotional domains which demands comprehensive support and intervention efforts.

5.1.2 Second objective

To evaluate the effectiveness of the existing social welfare interventions in the place for orphans and vulnerable children in Chitungwiza Ward 21.

Examination found that social welfare has applied various programs targeted at enhancing the well-being of OVC. These interventions typically fall into several categories, including food support, health services, educational promotion, financial assistance and case management. Major programs include BEAM, AMTO, drought relief, the National Case Management System, the Disability Revolving Fund and the Harmonized Social cash transfer.

Some initiatives, like HSCT and drought relief, are designed to support families as a whole. This indirect assistance helps improve the overall welfare of children by easing household burdens. The Disability Revolving Fund permits individuals with disabilities to secure funding for education support or viable income-generating projects. Correspondingly, those in need of AMTO, it's a necessity to complete an SS1 form which is used to determine eligibility for support. On the issue of drought relief program, resident leaders select beneficiaries based on specific categories such as the elderly, disabled, chronically ill and child-headed households. In the event of HSCT, devoted committees conduct situational and needs assessments to ensure that only households meeting certain criteria receive benefits. The CMS, on the other hand automatically enrolls any child known as being at risk of abuse whether verbal, physical, sexual or emotional. AMTO presently accepted at government hospitals and they are facing shortages in medicines and essential resources. It also has an annual cycle which makes the renewal process challenging especially for OVC who live far from administrative centers. Although drought relief initiatives have improved food security for many households, they are not without problems. Distribution delays and scheduling conflicts with school days often leave OVC vulnerable to hunger and malnutrition. These hardships force children to opt for dangerous coping strategies such as child labor, which in turn disrupts their education and disclosing them to possible abuse.

The case management systems seen helpful outcome by focusing strongly on child protection. It has empowered families to fight different types of abuse. Nevertheless, its overall impact is affected by inadequate funding. In some districts, the absence of a dedicated Child Management Office has also affected the well-being of OVC.

The Disability Revolving Fund has notably improved the well-being of OVC with disabilities, lifting the social and psychological problems they face. It has improved better access to education, enabled income-generation and improved food accessibility. The complicated application process and delays in fund disbursement obstruct its full impact. Many families are either uninformed of the program or struggle to meet the requirements, leading to lower impact rates among disabled OVC.

HSCT has played a great part in raising household income for families that are economically underprivileged. This initiative does not only increases food security but also supports the purchase of important necessities like stationery, medicines and even advances the visibility and support of girl children. On the other hand, matters such as changeable funding and program discontinuation in different districts have weakened its impact. One more disadvantage is that HSCT tends to target individuals rather than addressing family-wide needs which can occasionally result in enlarged risk of exploitation among OVC.

As a final point, the examination identified several common problems faced by the social welfare's programs. It includes financial restraints, a shortage of awareness among potential beneficiaries, corruption, insufficient social work manpower, fragmented program execution, and overall limited official support.

5.1.3 Third objective

To provide recommendations for enhancing the well-being of orphance and vulnerable children through targeted programs

The main results emphasise the need of implementing targeted programs to enhance the well-being of OVC through various dimensions. Initiating after-school tutoring and mentorship initiatives is important for improving academic performance while targeting on core subjects and providing personalized assistance. Scholarships can also reduce financial obstructions to education. Adding on, joining forces with local health clinics, ensure regular health check-ups and vaccinations is necessary. Nutrition workshops for caregivers to educate them on making affordable and nutritious meals also directly impacts the health and development of OVC. Generating counselling services, peer support groups and introducing life skills training programs can equip children with needed skills for navigating life's problems. Opting for local support through volunteer mentorship initiatives and awareness campaigns can mobilize resources can produce a more supportive environment for OVC which strengthens community

ties and enhances the sense of belonging for these children. To finish, developing transport assistance programs can benefit OVC and their familyes to access schools and healthcare services while integrated resource centres can serve as hubs for information, support and streamlining access to important services. Concluding, a comprehensive approach comprising educational, health, mental health, community engagement and accessibility programs is vital for significantly enhancing the well-being of OVC, with effective partnership among local organisations, government agencies and community members being vital for the success and sustainability of these initiatives.

5.2 Conclusions

As a final point, the study has poised and exposed a range of information about the condition of the social welfare's interventions placed to enhance orphans and vulnerable children's well-being. First, the social welfare has implemented a variety of programmes to enhance the well-being of OVC, it can be said. These initiatives can be broadly divided into groups like food mitigation (drought relief (DOUGHT RELIEF PROGRMMES), educational support (BEAM), case management, financial aid (HSCT), health assistance (AMTO), and disability help (DISABILITY REVOVLING FUND). The programmes have improved the well-being of OVC and their families both directly and indirectly. Based on the collected data, it is reasonable to conclude that most programs have more flaws than triumphs given Zimbabwe's ongoing socio-economic and political deterioration and the sanctions imposed by the West. Therefore, social welfare's programs appear to be quite effective on paper, but research indicates that they are not very effective at enhancing the well-being of OVC.

5.3 Recommendations

The results from this study were covered in earlier chapters and acts as a clear testimony that social welfare had implemented social protection initiatives to advance the well-being of OVC. Given Zimbabwe's steadily rising OVC population living in appalling conditions and the program's subpar effectiveness, the study suggests the following to the government, social welfare and other important parties involved in child matters.

5.3.1 BEAM

To prevent school dropouts by OVC who will be unable to pay non-fee charges, BEAM must be comprehensive and move away from concentrating just on tuition and cover other costs like uniforms and stationery. The government and non-governmental organisations must strengthen

their relationship in order to better sponsor and distribute funding for the program in a timely manner, allowing schools to advance and raise the standard of instruction.

5.3.2 DISABILITY REVOLVING FUND

In order to increase community awareness of the program and maximize the use of the monies allocated to it in its efforts to enhance OVC well-being, awareness activities must be stepped up.

5.3.3 Harmonezed Social cash tranfers

Foreign currency is essential to adopt modern electronic payment methods such as Ecocash, Telecash, and OneMoney. These solutions are accessible to beneficiaries and help maintain uninterrupted support.

5.3.4 AMTO

The AMTO program should be re-evaluated to expand its reach beyond government hospitals. Allowing other qualified healthcare providers to participate would involve them obtaining an AMTO number and submitting payment requests directly to the government. This change could improve access to vital medical support for OVC by relieving pressure on public facilities and ensuring care is more widely available.

5.3.5 Drought Relief Program

To prevent overburdening already vulnerable recipients, a closer collaboration between governmental and non-governmental organizations is needed throughout the grain transportation process. The government should review and possibly increase the quantity of grain distributed, especially in light of recent droughts, pandemics, and worsening socio-economic conditions. Fifty kilograms of maize may no longer suffice for ensuring food security among households caring for OVC. With widespread unemployment and food insecurity, relief efforts should prioritize both urban and rural areas to better sustain these families.

5.3.6 Case Management

Case management must be strengthened by organizing regular seminars and training sessions for local volunteers (CCWs) on child protection, thereby enhancing their capacity as key contributors to the program. To reduce the caseload and increase the effectiveness of

interventions aimed at safeguarding OVC from all types of abuse, the government should expedite the deployment of dedicated Case Management Officers (CMOs) across all districts.

5.4 Upcoming Research

While the current study focused on evaluating the impact of social welfare interventions for OVC, further research should explore the coping mechanisms employed by OVC in response to intervention's shortcomings. Such studies would offer a profound understanding of their adaptive strategies and inform the development of enhanced support systems.

5.5 Summary

This chapter has delivered broad summary of the research's key results, highlighted critical conclusions and proposed actionable recommendations. The evaluation of existing social welfare interventions has identified both strengths and areas requiring improvement. While practical solutions have been suggested to bridge existing gaps, advance research is necessary to entirely address the limitations uncovered and strengthen future efforts in supporting OVC.

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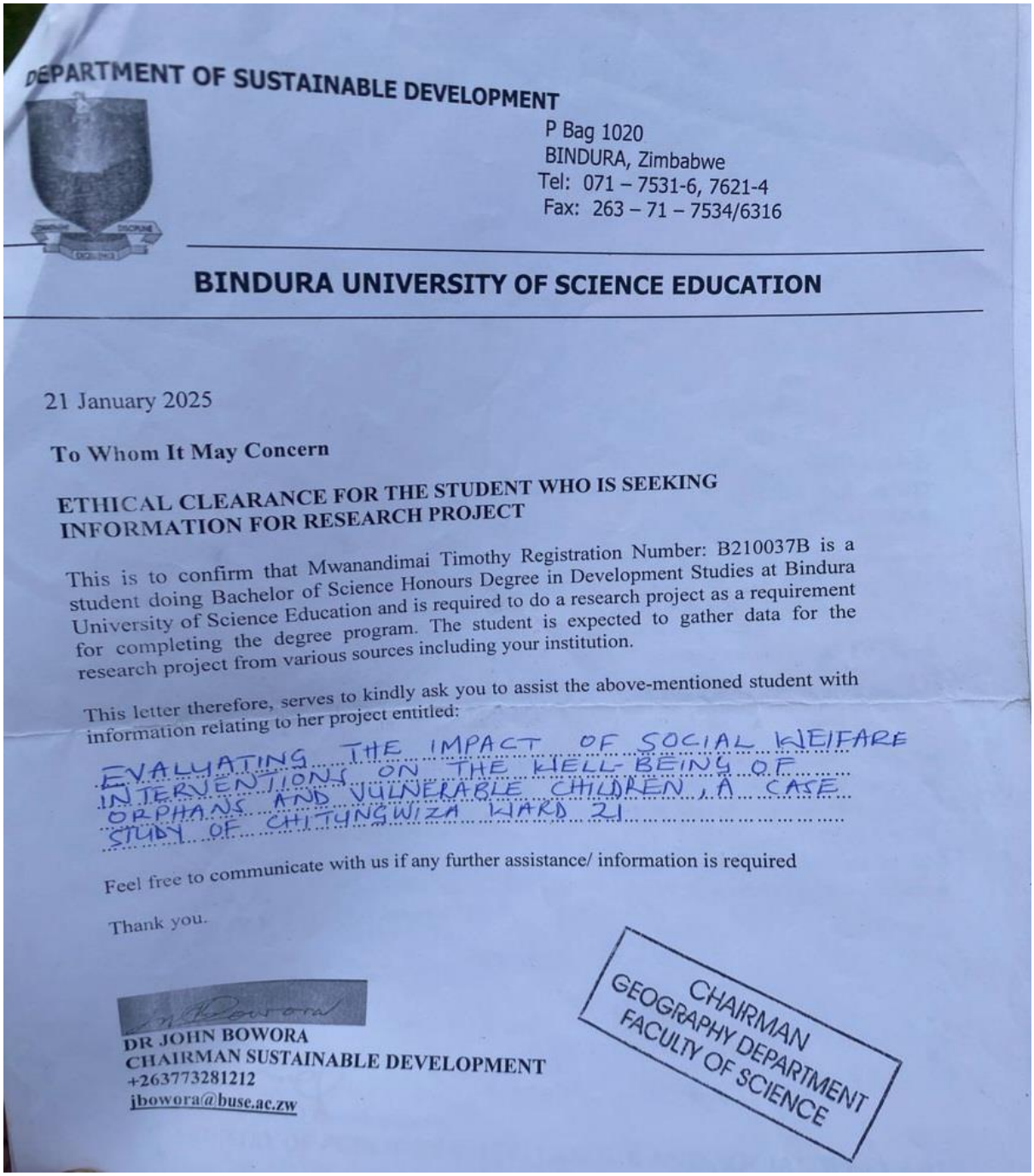
APPENDICES

Appendix 1: Approval Letter from the University



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BINDURA UNIVERSITY OF SCIENCE EDUCATION

21 January 2025

To Whom It May Concern

ETHICAL CLEARANCE FOR THE STUDENT WHO IS SEEKING INFORMATION FOR RESEARCH PROJECT

This is to confirm that Mwanandimai Timothy Registration Number: B210037B is a student doing Bachelor of Science Honours Degree in Development Studies at Bindura University of Science Education and is required to do a research project as a requirement for completing the degree program. The student is expected to gather data for the research project from various sources including your institution.

This letter therefore, serves to kindly ask you to assist the above-mentioned student with information relating to her project entitled:

EVALUATING THE IMPACT OF SOCIAL WELFARE INTERVENTIONS ON THE WELL-BEING OF ORPHANS AND VULNERABLE CHILDREN, A CASE STUDY OF CHITUNGWIZA WARD 21

Feel free to communicate with us if any further assistance/ information is required

Thank you.

DR JOHN BOWORA
CHAIRMAN SUSTAINABLE DEVELOPMENT
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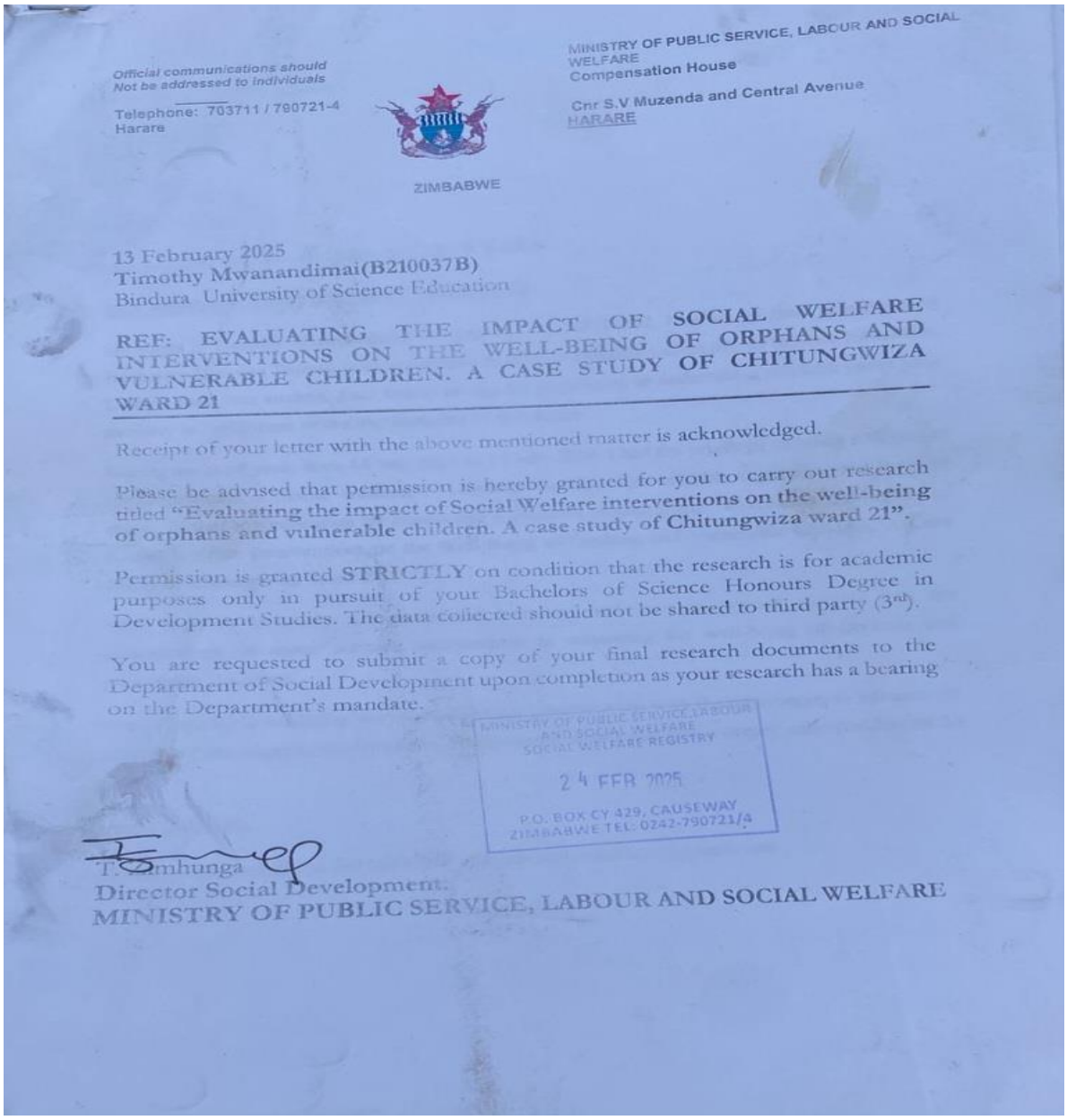
CHAIRMAN
GEOGRAPHY DEPARTMENT
FACULTY OF SCIENCE

Appendix 2: Approval letter from social welfare



Official communications should
Not be addressed to individuals

Telephone: 703711 / 790721-4
Harare

ZIMBABWE

MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE
Compensation House

Cnr S.V Muzenda and Central Avenue
HARARE

13 February 2025
Timothy Mwanandimai(B210037B)
Bindura University of Science Education

REF: EVALUATING THE IMPACT OF SOCIAL WELFARE INTERVENTIONS ON THE WELL-BEING OF ORPHANS AND VULNERABLE CHILDREN. A CASE STUDY OF CHITUNGWIZA WARD 21

Receipt of your letter with the above mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to carry out research titled **"Evaluating the impact of Social Welfare interventions on the well-being of orphans and vulnerable children. A case study of Chitungwiza ward 21".**

Permission is granted **STRICTLY** on condition that the research is for academic purposes only in pursuit of your Bachelors of Science Honours Degree in Development Studies. The data collected should not be shared to third party (3rd).

You are requested to submit a copy of your final research documents to the Department of Social Development upon completion as your research has a bearing on the Department's mandate.

MINISTRY OF PUBLIC SERVICE,LABOUR AND SOCIAL WELFARE
SOCIAL WELFARE REGISTRY
24 FEB 2025
P.O. BOX CY 429, CAUSEWAY
ZIMBABWE TEL: 0242-790721/4

T. Chimhunga
Director Social Development.
MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE

Appendix 3: Interview guide for social welfare officers

Section A: Demographic Information

1. What is your current position within your organization?
2. What is your gender?
3. Experience in Social Welfare Programs: How long have you been involved in managing social welfare programs designed to support the well-being of orphans and vulnerable children (OVC)? (6 months or less, 7–11 months, 1–2 years, More than 2 years)

Section B: Program-Related Questions

4. What is your overall view of the OVC in relation to the current programs? What do you think are their main challenges or strengths?
5. How are OVC typically recruited into the programs that are meant to enhance their well-being? Please describe the process if possible.
6. What methods are used to share information with OVC about these programs during the recruitment process? For example, do you use community meetings, flyers, radio, or other channels?
7. Does the Department of Social Services (DSS) offer any platforms where OVC can provide feedback on the service delivery of these programs?
8. If yes, what are these platforms?
9. In your opinion, are the funds allocated by the ministry sufficient to support these programs and meet the needs of OVC?
10. If not, which policy or legislation guides the ministry in seeking additional support from sister ministries or NGOs?
11. How are these programs evaluated in terms of their impact on improving the well-being of OVC? What methods or criteria are used to assess their success?
12. What do you see as the major strengths and shortcomings of these programs in enhancing the well-being of OVC?
13. Is there a need to improve the current delivery of these services for OVC?
14. If yes, what measures are in place to address these gaps?
15. Finally, what changes or additional strategies would you recommend to improve the effectiveness of these programs in promoting the well-being of OVC?

Appendix 4: Interview Guide for school teachers/ Orphanage staff.

Section A:

1. How old are you?
2. How long have you been teaching or working with orphaned and vulnerable children (OVC) under the Social Welfare programs? (6 months or less, 7 to 11 months, 1 to 2 years, More than 2 years)

Section B: Your Insights on the Programs

3. Are you familiar with the programs that Social Welfare has put in place to support the well-being of OVC?
4. If yes, how did you learn about them? (For example, was it through Social Welfare's awareness campaigns, community meetings, or another way?)
5. Can you share what it has been like for you working or teaching with these children under these programs? (Feel free to include any stories or observations.)
6. Based on your experience, how are the children doing in school under these programs? (What have you noticed about their academic performance?)
7. Do you think there's a relationship between the children's academic performance and the programs provided by Social Welfare? (Please explain your answer and share any reasons or examples you believe are relevant.)
8. In your opinion, can the success—or failure—of these programs influence how well the children do academically? (What are your thoughts on this connection?)
9. How much do the children benefit from these Social Welfare programs in terms of support at school? (Consider aspects like access to learning materials, health support, or other assistance.)
10. Have you noticed any gaps or shortcomings in these programs? (What areas do you believe need improvement?)
11. What would you suggest to improve the effectiveness of the Social Welfare programs in supporting the well-being of OVC? (We'd love to hear your ideas and recommendations.)

Appendix 5: Interview guide for caregivers

Section A: Demographic Data

1. How Long Have You Been Involved? How long have you been working with orphaned and vulnerable children under Social Welfare programs?
2. (Less than 6 months, 7 to 11 months, 1 to 2 years, More than 2 years)

   Section B: Your Thoughts and Experiences
3. Programs Benefiting OVC: Which Social Welfare programs have the children you care for benefited from?
4. How did you first hear about these programs? (Was it through Social Welfare campaigns, community meetings, or another way?)
5. What was your experience with the process of joining these programs?
6. Do you feel the process is fair, reliable, and accessible to all?
7. Any challenges or things that could be improved?
8. Overall Views on the Programs: What do you think about these programs?
9. Are they making a real difference in the lives of OVC?
10. How much have these programs helped you in supporting the well-being of the children?
11. In what ways have they made caregiving easier or more effective?
12. Would you say the successes of these programs outweigh their challenges, or do the shortcomings stand out more?
13. Can you give examples of what has worked well and what has not?
14. Do caregivers like yourself have a platform to share your thoughts, concerns, or suggestions about these programs?
15. If yes, how does that process work?
16. To what extent do these programs provide essential support like food, shelter, education, and healthcare?
17. Are there areas where the programs could do more?
18. What do you think should be done to make these programs more effective in supporting the well-being of OVC?

Appendix 6: Interview Guide for OVC Participants

My name is Timothy Mwanandimai, a Bindura University of Science Education student studying towards a degree in Development. The student is researching the impact of Social Welfare programs on the well-being of orphaned and vulnerable children in Chitungwiza Ward 21.

This interview is free and if you do not want you are free to and you can stop at any time if you feel uncomfortable. Everything you share will be kept private and no names are needed. The interview will take about 30 minutes and I will use a phone recorder to make sure I capture everything correctly.

Section A

1. What is your gender?
2. How old are you?
3. What level of education have you completed? (For example, Primary or Secondary school.)

Section B: Your Life and Experiences

4. What does it mean to be an orphan or vulnerable child?
5. How did you learn about this?
6. Did you know that Social Welfare has programs to help children like you?
7. If yes, how did you find out about them?
8. How long have you been part of these Social Welfare programs?
9. What was the process like when you joined?
10. Do you think it was fair, easy, and accessible to everyone?
11. Access to Basic Needs: Do these programs provide you with enough food, shelter, education, and healthcare?
12. If not, who helps you meet those needs, and what difficulties do you face?
13. How do you manage when things don’t go well?
14. What happens if you can’t find solutions?
15. Do you get the chance to share your thoughts about these programs with those in charge?
16. Can you do this individually or in a group setting?

17. How much do these programs help improve your life, including your experiences at school?
18. What are some positive things you've noticed?
19. Are there areas where things could be better?
20. What do you think should be done to make these programs even more effective for you and other OVC?
21. Your ideas matter, so feel free to share!
22. If you could change one thing about your situation, what would you wish for?
23. Is there anything else you want to tell me about your experience or your hopes for the future?

Mwanandimai Timothy B210037B Disertation. 2025.docx

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