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**THE POST-INSTITUTIONAL INTEGRATION CHALLENGES FACED BY
ORPHANS AND VULNERABLE CHILDREN: A CASE STUDY OF
HIGHFIELD COMMUNITY IN HARARE, ZIMBABWE.**

BY

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2018

DECLARATION OF ORIGINALITY

I VERA GOTEKA hereby declare that this is a product of my own original work that was built from the literature that has been carefully acknowledged as required in the University's plagiarism policy. I also declare as advised by my supervisor Dr. Lupuwana Vuyokazi Phumza Pearl, the responsibility for referencing correctly is mine. This work has not been submitted elsewhere for the purpose of obtaining a Degree of Master of Social Work.

Signed.....*VERA GOTEKA*.....

Date...*12/09/2018*.....

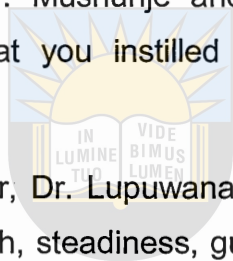


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ABSTRACT

The aim of the study was to explore the post institutional integration challenges faced by Orphans and Vulnerable Children (OVC) in Highfield Community, Harare, Zimbabwe. The outcomes of the study encompassed issues pertaining of psychological, economic and social challenges. The qualitative method was adopted for the study to provide a deep understanding of the phenomenon under study. The data collection instruments used were in-depth interviews and focus groups. The following theories were adopted to guide the study: Maslow's Hierarchy of Needs, the Bidimensional Acculturation Model and the Empowerment Theory. The sample in this study was made up of 21 participants 16 were the discharged children from the institution while 5 participants were the focus group consisting of professionals from the Department of Child Welfare and Protection Services, Department of Social Services and Hupenyu Hutsva Children's Home. This was in line with the nature of the study which was qualitative.

Non- probability sampling was used in the research specifically snowball and purposive sampling method were used to select the participants. Data were analysed using a qualitative approach in a comprehensive thematic way. More, so, the study found out that the OVCs incorporate both adaptive and maladaptive coping mechanisms so as to minimise the post institutional integration challenges. Additionally, the study found out that there are no aftercare services for the discharged OVCs. Therefore, the study recommends that the Government should secure pre-adult life integration support for example furthering education, securing a livelihood through income generating projects. Additionally the Government of Zimbabwe should ensure, employ and implement the National Youth Policy as it advocates the empowerment of youth especially the unemployed.

Key words: Challenges, Institution, Integration, Post-institutional, OVCs.

LIST OF ABBREVIATIONS USED IN THE STUDY

OVC:	ORPHANS AND VULNERABLE CHILDREN
DCWPS:	DEPARTMENT OF CHILD WELFARE AND PROTECTION SERVICES
DSS:	DEPARTMENT OF SOCIAL SERVICES
NAP:	NATIONAL ACTION PLAN FOR ORPHANS AND VULNERABLE CHILDREN
HIV:	HUMAN IMMUNO DEFICIENCY VIRUS
AIDS:	ACQUIRED IMMUNO DEFICIENCY SYNDROME
NYP:	NATIONAL YOUTH POLICY
NAPC:	NATIONAL PROGRAMME OF ACTION FOR CHILDREN
ILS:	INDEPENDENT LIVING SKILLS TRAINING
BEAM:	BASIC EDUCATION ASSISTANCE MODULE
UNCRC:	UNITED NATION CONVENTION ON THE RIGHTS OF THE CHILD
ACRWC:	AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD
PA:	PUBLIC ASSISTANCE
CRC:	CONVENTION OF THE RIGHTS OF THE CHILD

LIST OF APPENDICES

Appendix 1: Ethical Clearance Certificate.....159

Appendix 2: Informed Consent by participants.....161

Appendix 3: Interview schedule for the participants.....162

Appendix 4: Interview schedule for the focus group 164

Appendix 5: letters seeking permission to conduct research.....165

Appendix 6: Letters for permission to conduct research.....167



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LIST OF FIGURES

Figure 1.1: Maslow’s Hierarchy of Needs.....66

Figure 1.2: Gender distributions of the participants 91

Figure 1.3: Socio-economic background of the participants.....92-93

Figure 1.4: Types of housing.....94

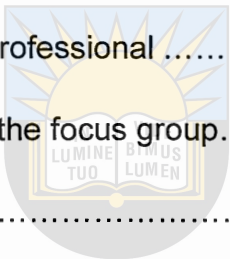
Figure 1.5: Different reasons why the participants were institutionalised.....95

Figure 1.6: Gender distribution of the professionals.....96

Figure 1.7: Marital status of the professional 97

Figure 1.8: Level of education of the focus group.....97

Figure 1.9: Department 98



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Together in Excellence

LIST OF TABLES

Table 1: Congruency table.....12

Table 2: Demographic table of the de-institutionalised children.....89

Table 3: Age of the participants.....90

Table 4: Level of education.....92

Table 5: Demographic table of the focus group.....96

Table 6: Working experience of the focus group.....98

Table 7: Theme2 Challenges faced by OVCs.....101



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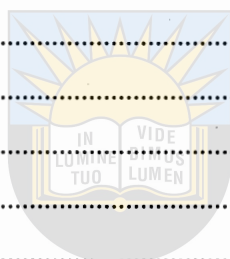
Contents	
DECLARATION OF ORIGINALITY	i
ACKNOWLEDGEMENTS.....	ii
ABSTRACT.....	iii
LIST OF ABBREVIATIONS USED IN THE STUDY	iv
LIST OF APPENDICES	v
LIST OF FIGURES.....	vi
LIST OF TABLES.....	vii
CHAPTER ONE: INTRODUCTION.....	1
1.1 Introduction.....	1
1.2 Background of the study	1
1.3 PRELIMINARY LITERATURE REVIEW	4
1.3.1 Challenges faced by OVCs after leaving the institutional care.....	4
1.3.1.1 Social challenges	4
1.3.1.2 Economic challenges	4
1.3.1.3 Psychological challenges.....	4
1.4 Problem Statement.....	5
1.5 Research Aim.....	6
1.6 Research Objectives.....	6
1.7 Research Questions.....	6
1.8 Theoretical Framework	7
1.8.1 Maslow's hierarchy of needs model.....	7
1.8.2 Bidimensional acculturation model.....	8
1.8.3 Empowerment theory	8
1.9 Research Methodology	9
1.9.1 Research Approach	9
1.9.2 Research Design	9
1.9.3 Data Collection.....	10
1.9.3.1 In- depth interview	10
1.9.3.2 Focus group	10
1.9.4 Research Domain.....	10
1.9.5 Population	11
1.9.6 Sampling Method.....	11
1.9.7 Sample.....	11

1.9.7.1 Sample Criteria	11
1.10 Data Analysis	12
1.11 Congruency Table	12
1.12. Significance of the Study	13
1.13 Ethical Considerations	13
1.13.1 Informed consent	13
1.13.2 Voluntary participation	14
1.13.3 Confidentiality and Anonymity	14
1.13. 4 Avoidance of Harm	14
1.14 Chapter Outline	14
1.14.1 Chapter 1: Introduction and Background	14
1.14.2 Chapter 2: Literature review on the institutionalisation of orphans and vulnerable children.	15
1.14.3 Chapter 3: Literature review on the post- institutional challenges faced by orphans and vulnerable children.	15
1.14.4 Chapter 4: Research design and methodology	15
1.14.5 Chapter 5: Data analysis and interpretation	15
1.14.6 Chapter 6: Summary of findings, conclusions and recommendations	15
CHAPTER TWO: UNDERPINNINGS OF ORPHANS AND VULNERABLE CHILDREN	
INSTITUTIONALIZATION	16
2.1 Introduction	16
2.2 Definition of terms	17
2.2.1 Child	17
2.2.2 Orphan	17
2.2.3 Vulnerable child	18
2.2.4 Orphans and Vulnerable Children	18
2.3 Institutionalization	18
2.3.2 History of institutionalization of OVCs	22
2.4 Factors associated with the placement of children into residential care	23
2.4.1 Poverty	23
2.4.2 Child Abandonment	25
2.4.3 HIV and AIDS	26
2.4.4 Child Abuse and neglect	27
2.4.5 Disability	28
2.5 Legal and policy framework governing institutionalization in Zimbabwe	29

2.5.1 United Nations Convention on the rights of the Child (UNCRC)	29
2.5.1.1 UNCRC Guidelines specific to Zimbabwe	30
2.5.2 The African Charter on Rights and Welfare of Children	30
2.5.3 Zimbabwe Orphan Care Policy	31
2.5.4 National Constitution of Zimbabwe (2013)	32
2.5.5 The Children's Act chapter 5:06 (as amended 2001)	32
2.5.6 The National Youth Policy (2000)	33
2.5.7 Other Policies and Guidelines Relevant To the Study.	34
2.6 Process of institutionalizing children	34
2.7 Process of deinstitutionalising OVCs	36
2.8 Post- institutional integration skills offered to OVCs.	37
2.9 Advantages and disadvantages of institutionalisation	39
2.10 Conclusion	42
CHAPTER THREE: POST-INSTITUTIONAL INTEGRATION CHALLENGES FACED BY ORPHANS AND VULNERABLE CHILDREN	43
3.1 Introduction	43
3.2 Post -institutional integration challenges faced by OVCs after leaving the residential care in developing countries.....	43
3.2.1. Economic challenges	43
3.2.1.1 Unemployment	44
3.2.1.2 Lack of completion of higher education	45
3.2.1.3 Lack of financial aid	46
3.2.1.4 Struggle with financial budgeting	46
3.2.2 Social Challenges	47
3.2.2.1 Social Isolation	47
3.2.2.2 Social exclusion	48
3.2.2.3 Discrimination	48
3.2.2.4 Stigmatization	49
3.2.2.5 Marriage	49
3.2.2.6 Lack of skills	50
3.2.2.7 Cultural challenges	51
3.2.3 Psychological challenges	52
3.2.3.1 Identity crisis	52
3.2.3.2 Lack of parental control	53
3.2.3.3 Abusive life	53

a) Sexual abuse	53
b) Substance abuse	53
3.3 Coping mechanisms that are used by OVCs	54
3.3.1 Begging	54
3.3.2 Vending	54
3.3.3 Early marriage	55
3.3.4 Sex work	55
3.3.5 Consumption of drugs	56
3.4 Role of the Department of Social Services	57
3.5 Solutions suggested by the professionals in addressing the post-institutional integration challenges.	58
3.5.1 The concept of Support	59
3.5.2 International literature on support services for discharged OVCs	59
3.5.3 Sub- Saharan African countries on the provision of support services to the discharged OVCs.	61
3.5.4 Zimbabwe on the provision of services to the discharged OVCs	63
3.6 Theoretical frameworks	65
3.6.1 Maslow's Hierarchy Needs	65
3.6.1.1 Explanation of the diagram and its relevance to the study	66
3.6.2 Bidimensional Acculturation Model	69
3.6.3 Empowerment theory	70
3.6.4 Consolidation of the three theories	73
3.7 Conclusion	74
CHAPTER FOUR: RESEARCH METHODS	76
4.1. Introduction	76
4.2 Research Methodology	76
4.2.1 Research approach	77
4.2.2 Research design	77
4.3 Research domain	78
4.4 Population of the study	78
4.5 Sampling methods and techniques	79
a. Purposive sampling technique	79
b. Snowball sampling technique	79
4.5.1 Sample Criteria	80
4.5.2 Sample size	80

4.6 Methods of data collection	81
4.6.1 In-depth interview	81
4.6.2 Focus group	81
4.7. Data collection process	82
4.7.1 Data capturing	82
4.7.2 Data analysis	83
4.8 Trustworthiness of the study	83
4.8.1 Credibility	83
4.8.2 Transferability	84
4.8.3 Dependability	84
4.8.4 Conformability	85
4.9 Ethical considerations	85
4.9.1 Informed consent	85
4.9.2 Voluntary participation	85
4.9.3 Confidentiality	86
4.9.4 Anonymity	86
4.9.5 Avoidance of harm	86
4.10 Conclusion	87
CHAPTER FIVE: DATA ANALYSIS PRESENTATIONS AND INTERPRETATIONS OF FINDINGS	88
5.1 Introduction	88
5.2 Demographic information of participants	88
5.2.1 Age	90
5.2.2 Gender distributions	91
5.2.3 Level of education	92
5.2.4 Socio economic background	92
5.2.5 Types of housing	94
5.2.6 Reasons why the OVCs were institutionalised	94
5.3 Demographic information of the focus group	95
5.3.1 Gender distribution of the professionals	96
5.3.2 Marital status of the professionals	97
5.3.3 Level of education of the focus group	97
5.3.4 Working experience	98
5.3.5 Department	98
5.4 Presentations of the findings	99



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5.4.1 Theme 1: Post-institutional skills offered.....	99
5.4.1. Skills offered to children in residential care to prepare them for life after institutional care.....	99
5.5 Theme 2: Challenges faced by OVCs	101
5.5.1 Lack of sufficient funds	102
5.5.2 Unemployment.....	103
5.5.3 Lack of completion of higher education	104
5.5.4 Identity crisis	105
5.6.5 Discrimination	106
5.5.6 Limited exposure to cultural values	107
5.6 Theme three: Coping Mechanisms.....	109
5.6.1 Adaptive behaviour.....	109
5.6.1.1 Begging.....	109
5.6.1.2 Vending.....	110
5.6.1.3 Piece jobs.....	111
5.6.2 Maladaptive behaviour.....	112
5.6.2.1 Substance abuse.....	112
5.6.2.2 Sex work.....	112
5.6.2.3 Early marriage	114
5.7.3 Support services	115
5.7.3.1 Lack of social support services from family and community members	115
5.7.3.2 Lack of support services from the professionals	116
5.8 Theme four: suggestions to address post-institutional challenges.....	118
5.9 Conclusion	120
CHAPTER SIX: DISCUSSION OF FINDINGS AND RECOMMENDATIONS OF THE STUDY	121
6.1 Introduction.....	121
6.2 Demographics information of the participants.....	121
6.2.1 Age of participants.....	121
6.2.2 Gender.....	122
6.2.3 Level of education.....	123
6.2.4 Socio-economic background.....	124
6.2.5 Housing type.....	125
6.2.6 Reasons why the OVCs are institutionalised.....	126
6. 3 Summary of findings based on the study objectives	128

6.3.1Type of skills offered.....	128
6.3.2 Post-institutional integration challenges.....	129
6.3.2.1Lack of sufficient funds.....	130
6.3.2.2Unemployment.....	130
6.3.2.3 Lack of completion of higher education.....	131
6.3.2.5 Discrimination.....	133
6.3.2.6 Limited exposure to cultural values.....	134
6.3.2.4Identity crisis.....	135
6.3.3Coping mechanisms.....	136
6.3.3.1Adaptive behaviour.....	136
6.3.3.2Maladaptive behaviours.....	138
6.3.4Support services.....	140
6.3.4.1Lack of support services from family and community members.....	140
6.3.4.2 Lack of support services from the professionals.....	140
6.3.5 Solutions proposed by the professionals in addressing the post-institutional challenges.....	142
6.4 Overall recommendations to the study.....	143
6.5 Limitations to the study.....	144
6.6 Study implications and recommendations to Social Work Profession.....	145
6.7 Recommendations on future studies.....	146
6.8 Conclusion of the chapter.....	146
6.9 Study conclusion.....	146
References.....	148
Appendices:.....	159

CHAPTER ONE: INTRODUCTION

1.1 Introduction

This chapter covers the following sections preliminary literature review, problem statement , research aim, research objectives, research questions , theoretical framework, research methodology, data collection instruments. More, so, it covers the research domain, sampling methods, data analysis and the ethical considerations.

1.2 Background of the study

Globally, the issue of Orphans and Vulnerable Children (OVC) has been recognised as a complex matter as it is increasing to exceptional levels (Mhongera, 2015). Orphans and vulnerable children are more deprived of education, health care and food security. Hence due to this deficiency, these vulnerable children often find themselves placed in institutions such as children's homes (Mhongera, 2015). In countries such as Zimbabwe, there is nearly 1, 6 million OVCs. The majority of orphans and vulnerable children are estimated to be under the care of their families and while, 5000 (0, 3 percent) of them live in institutions (National HIV Estimates Report, 2011). Their stay in the institution normally begins from birth up to 18 years of age. Upon attaining 18years, the orphans are expected to leave the institution and be reintegrated back into the community (Save the Children, 2013). Most of these children who are released to the society have reported to be facing numerous challenges within the communities they are integrated into. This is so because a family set up is non-existent to the majority of the discharged OVCs.

Historically, child protection was secured and preserved in the informal arrangements which were embedded within the community. Raising an African child was viewed as a communal endeavour (Muronda, 2009). The child was viewed as belonging to the entire community with everyone having responsibility for their upbringing. Mavhura (2017) goes on to postulates that in the African context, the community was known to be the foundation of the African life. Thus, within this community there occurred safety needs at community, village and the extended lineage levels.

Traditionally, the first port of call for support in dealing with OVCs was the extended family. Dziro & Rufurwokuda (2013) state that when children become orphans, members of the deceased's family took care of the children and gaps between extended families were overlooked. Much emphasis was put on the similar totem and last name. However, when the first port of call fails to meet the adequate needs, the second call would be the village. When the first and the second port of calls for support was not conducive to the upbringing of the children support was hit by a disaster, the chief and his subjects would then be expected to take the necessary action (Muronda, 2009).

At the chiefs' level, there were a number of social support and social security mechanisms. These mechanisms were used to deal with disasters where other villages came in to support each other. One major example is the chief's granary *Zunderamambo* (Mavhura, 2017). Drawing from the work of Muronda (2009), this mechanism was used to lessen the impact of drought and famine on the vulnerable members of the society and among these were the children especially, the OVCs. The *Zunderamambo* was practised differently in communities. In some areas community members would come to work in the field set aside by the chief and the produce would be kept by the village head. In other communities the village head would collect grain and hold it in trust for the chief and distribute it to the needy as and when the need arose (Muronda, 2009).

However, during the post-independence era, factors such as modernisation, urbanisation, industrialization and the economic crisis in Zimbabwe have disrupted and weakened family structures as well as, the safety nets. Dziro & Rufurwokuda (2013) indicate that, as the economy of Zimbabwe shifted, other orphans were distributed either to other relatives who were either poor to meet the increased load or to old grandparents who did not have any access to any social support. This resulted in the majority of the children of the deceased dropping out of school. National Aids Council (NAC, 2011) goes on to advance that the mechanisms used by the extended families and community members in looking after the orphans have been under extensive financial crisis. Consequently, this has led to children experiencing challenges in obtaining basic facilities such as the right to education.

Meanwhile, HIV and AIDS has also been identified as a major contributory factor that has adversely weakened the family structure. UNICEF (2010) indicated that the pandemic heralded a massive increase of children in need of assistance. Same sentiments were also shared by Mashayahanya (2014) that it is due to HIV/AIDS pandemic that the orphan category is growing fastest. National Aids Council (2011) argues that HIV and AIDS has negatively affected the majority of Zimbabwean families. For instance, families were robbed of the bread winners making them more vulnerable to food insecurity, compromise of their access to basic social services and making them prone to abuse (SOS Children Village 2006). Due to the HIV / AIDS pandemic, by the end of the 1980's children from different socio-economic backgrounds both infected and affected by HIV/AIDS flooded the Department of Social Welfare. Of importance to note was the presence of children in streets particularly in the city centres. The foregoing assertions are buttressed by UNICEF Annual Report for Zimbabwe (2010), that some orphans became needy due to failure of providing the basic needs by the carers.

However, due to financial challenges, job scarcity, high prevalence of HIV & AIDS, there was a high increment population of the OVCs within the institutions in Zimbabwe (Kanjanda, 2014). In order to create space orphans and vulnerable children are now discharged from the institutions at the age of 18 (Chimuka, 2014). In rare cases institutionalized OVCs are reunified with their relatives especially when the circumstances that brought the child to the institution has changed (National Action Plan for Orphans and Vulnerable II, (NAP 2011-2015). Undoubtedly, these factors contribute to the challenges that OVCs encounter when they eventually leave the institutions after turning 18.

The researcher nevertheless, had a one on one experience of working with orphans and vulnerable children that have been weaned from the orphanages. This experience has been gained through the placement that the researcher did at level 4 in Social Work. Therefore, this is important to the study because the researcher has some background of the phenomenon under study. Henceforth, this gave the researcher the urge to dig deep on the post institutional integration of OVCs by conducting this study. This study sought to bring to reveal the post- institutional integration challenges faced by orphans and vulnerable children who grew up in orphanages. It also pursues to convey how institutionalised children adopt cultural

practices which are not dominant in their integrated communities as well as the strategies they use to survive through the challenges they encounter in their day to day lives.

1.3 PRELIMINARY LITERATURE REVIEW

1.3.1 Challenges faced by OVCs after leaving the institutional care

According to Mhongera (2015) young persons who exit institutional care are more likely to find themselves stranded with little or no preparation for life outside institutional care. Accordingly Puras (2011) is of the view that OVCs when discharged from an institution after reaching the age of majority they face numerous economic, social and psychological challenges.

1.3.1.1 Social challenges

Mhongera (2015) has indicated that orphans and vulnerable children face social challenges when weaned from the institutions. In the same line of thought, Dziro & Rufurwokuda (2013) highlight that OVCs who exit the institutions fail to adjust to the society. Unfortunately, it is a girl child who is most affected and as a result may find it a mammoth task to form relationships. Additionally, girls have been observed to face problems with their in-laws as some felt that they do not know the values and norms of the society. Kanjanda (2014) goes on to say that other OVCs lack life-skills such as morals, decision making. As a result, they face problems in planning for their future prospects and may resort to criminal behaviour because they view life after institutional care unbearable and cruel (Kanjanda, 2014).

1.3.1.2 Economic challenges

Drawing from the findings of Dziro & Rufurwokuda (2013), OVCs especially, girls who are discharged from an institution face economic challenges to an extent of resorting to prostitution for a living. For instance, as the OVCs reach the adulthood age, their aptness to government and institutional support ceases and in most cases, the termination is unexpected (Bruce & Hallman, 2008). Hence, this sudden termination of services and support results in economic depravity and exposes young people to poor livelihoods outcome (Fowler, Toro & Miles, 2011).

1.3.1.3 Psychological challenges

Research conducted by Kangete & Makuyana (2014) highlights that due to an individualised setting provided in children's homes, institutionalised OVCs have

limited exposure to familiarize with a normal life resulting into failure in obtaining skills and being equipped with features of trust, love and humanity. This commensurate with the studies done by Morantz & Heymann (2009) that, OVCs in Botswana lacks additional community interaction. Henceforth, orphans and vulnerable children discharged from the institutions are faced with persistent abuse, emotional abuse, and identity crisis as most of them do not have a sense of belonging within the communities they are integrated into.

Barbie (2011) defines preliminary literature review as a transitory account of the major ideas in the research study and clarification of the whole and current state of data on a precise topic or study. Therefore, it is from the preceding preliminary literature review that the researcher has identified gaps on the information of the post institutional integration challenges faced by OVCs. Emerging from these gaps is that literature is replete on the discharged girls unlike boys. These gaps include that there is much information on the girls unlike the boys. Additionally, there is also minimal information on the challenges faced by OVCs beyond institution rather; the extant literature has focused on the challenges encountered by OVCs within the institutions. It is against this milieu that, this study seeks to examine the post institutional integration challenges faced by orphans and vulnerable children for both girls and boys.

1.4 Problem Statement

Zimbabwe, just like any other developing country has the best interest of the child at heart (Children Act 2001 chapter 5:06). Thus, in order to protect the children from further exploitation, the Zimbabwean Government together with the Non state holders came up with the Orphan National Care Policy of 1999. Munyati (2008) is of the opinion that the Orphan National Care Policy of 1999 offers basic care and protection strategies for orphans and embraces an obligation to both nation-wide and communal support. The policy combines institutionalization where children were placed in facilities outside home (Puras, 2011).

When OVCs are discharged from the institutions at the age of 18, government and institutional support is terminated. Due to this, OVCs normally struggle or fail to fit within a family setup whereas; to some of them a family system is non-existent. Unfortunately, this results into some of them choosing to stay in the streets. However

the problem is that when these children reach the age of 18, they suffer an array of problems, one of them is being removed from such institutions without future resources and implementation of exit plan. Thus, concerns have been raised that despite the policy frameworks in place, there are no continuous support services available for the OVCs when they eventually leave the institutional care. In addition, observations have been made that while some of OVC are exposed to vocational training, they are not provided with any funding to put theory into practice. Undoubtedly this might create a huge gap on the already existing detrimental effects faced by OVCs as such their welfare and future of the OVC continues to be faced with on-going challenges.

1.5 Research Aim

The aim of the study was to explore the post institutional integration challenges faced by orphans and vulnerable children in Highfield Community, Harare: Zimbabwe.

1.6 Research Objectives

- To assess skills offered to orphans and vulnerable children in preparation for life after leaving the institution.
- To examine the challenges faced by orphans and vulnerable children after leaving the institution.
- To establish the copying mechanisms that are used by orphans and vulnerable children.
- To come up with suggestions to address post-institutional challenges (based on the participants and the professionals)

1.7 Research Questions

- What skills are offered to orphans and vulnerable children in preparation for life after leaving the institution?
- What are the challenges faced by orphans and vulnerable children after leaving the institution?
- What are the copying mechanisms that are used by the orphans and vulnerable children?

- What strategies can be used to address the post-institutional integration challenges faced by orphans and vulnerable children?

1.8 Theoretical Framework

1.8.1 Maslow's hierarchy of needs model

This study was informed by Maslow's theory of 1943-1954. According to Maslow (1954), there are four types of needs that must be satisfied in order to avoid fixation. These are physiological, safety needs, belongingness and love as well as the esteem need. The theory points out that all human beings require all these needs in order for them to reach self-actualization. In other words, all human beings needs food, water, clothing, safe environment, a sense of belonging and also one's confidence and self-pride. Maslow (1954) was of the thinking that if one has managed to attain all these four types of needs, the individual would reach self-actualization level which is the last stage on the pyramid. According to Maslow (1954) cited in Gross (2010), minority of individuals get to this point in life where they are equipped with everything and struggle for nothing in their lives.

The above theoretical framework was used to explain the post- institutional challenges that are faced by OVCs. In most cases, the OVCs that exit the institutions, regardless of them being discharged rightfully or due to the challenges of the centre, lack basic needs such as, food, health services, education, and shelter. Thus, some of them end up returning into the streets. Mashayahanya (2014) states that orphans and completely abandoned children lack love and a sense of belonging. On the other hand, these children lack sense of belonging because of stigma and discrimination due to the beliefs that their parents have died of HIV/ AIDS. As such, when they are eventually reintegrated back to their relatives they lack a sense of belonging. Therefore this theory aligned with the research under study because one of the objectives of the study was to examine the necessity of belonging and love as a get-up-and-go to self-actualisation. Additionally this theory was utilised in this study as it also sought to elucidate the numerous coping mechanisms utilised by OVCs in order to obtain the basic needs to human life. Furthermore, the study was adopted because having knowledge of the hierarchy of needs can assist institutional care centres to know how to enhance self-esteem, belonging, of the OVC by planning sensitive yet effective sessions on how to assist OVC when they exit the institutions.

1.8.2 Bidimensional acculturation model

Drawing from the study of Dziro & Rufurwokuda (2013) institutional environment is so rigid and individualised to an extent that children fail to have a chance of experiencing normal life; failure to obtain and be equipped with skills of Ubuntu/Humanness (Kangethe & Makuyana 2013a). Linked with the above, the study used the Bidimensional Acculturation Model whose proponent is John Berry a Canadian Scholar of Cross Cultural psychology in 1980. Gibson, (2001) quoted by Dziro & Rufurwokuda (2013) refers to acculturation as a change that occurs as a consequence of contacting with culturally dissimilar people, groups and social influences. The study utilised this model to ensure that OVCs are offered life skills. This should be done by offering them training to adapt to the culture of the society. Moreover, it is paramount that the care givers in institutions have to know how to train the children their societal believes , norms and values, this may assist abate some of the challenges they face when it comes to human dignity and Ubuntu.

1.8.3 Empowerment theory

Preliminary Literature has highlighted that OVCs who leave the institutional care face post-institutional integrated challenges. In addition, there is minimal information with regard to the empowerment of the OVCs when they are discharged from the institutions. Therefore, this study adopted the empowerment theory to highlight that empowerment of OVCs exiting the institutions in order to integrate into the community smoothly cannot be understated. Drawing from the work of KleteĖki RadoviĖ (2008), in Social Work practice, interest in the empowerment theory began in the 80 and 20th hundred years. Nevertheless, Payne, (2005) argues that though, other authors take empowerment as new, this theory has long been an essential part of the practise in Social Work. This is supported by Parsons (2008) that the goal of Social Work is empowerment. However it should be noted that the basis of the empowerment theory are found in the ideas and work of Paula Friere who had devoted his life and work to the empowerment of the downgraded communities in Brazil (Hipilito-Delgado & Lee, 2007).

According KleteĖki RadoviĖ (2008) empowerment is viewed as the procedures that a person, groups and communities obtain control, access to social resources and power over their lives. Echoing similar sentiments is Morell (2003) who refers empowerment as intensification in the ability to make decisions which promote the

well-being of individuals. Arab (1997b) is of the notion that other researchers define empowerment differently as others regard it as a way to combat social problems such as poverty and lack of access to education. Therefore empowerment theory is geared towards bringing change in the lives of the vulnerable individuals, groups, communities and organisations by managing an individual's skills and one's capacity for independent living. Thus, this theory was applicable to this study in the sense that the majority of the OVCs who leave institutions face numerous challenges when integrated into the community due to the termination of Government grants when they reach 18 (Save the Children, 2013). Henceforth, there is a need to empower the OVCs so that they can be able to function effectively and integrate into communities with less or minimal post-integrated challenges.

1.9 Research Methodology

This can be viewed as a plan which clearly stipulates how the data is to be collected, how respondents will be chosen and even the process of data analysis. Klenke (2008) is of the view that the researcher should be cautious in selecting an approach and should tally with the objectives and purpose of the research.

1.9.1 Research Approach

Qualitative research approach was utilized in this study. "Qualitative research is a method of naturalistic enquiry which is usually less obtrusive than quantitative investigations" (Bowling, 2009: 380). The researcher chose this method because it provides well informed and detailed information from the views of the participants that encompass personal challenges within their natural settings.

1.9.2 Research Design

Research design is defined as a strategy that contains all the characteristics of an anticipated research study from the formulation of the problem statement, throughout to the diffusion of the findings (De Vos, et al 2011). The researcher utilised the phenomenology design which seeks to understand people's discernments, viewpoints and understanding of a certain situation. Therefore, this type of study was used by the researcher so as to obtain an understanding of the post institutional integration challenges faced by OVCs through the eyes of the people that experience it (De Vos et al, 2011).

1.9.3 Data Collection

1.9.3.1 In- depth interview

According to Denscombe (2010), an interview includes a set of presumptions and comprehension about the circumstances which are not ordinarily connected with an unpremeditated discussion. In relation to the researcher's study of addressing the post institutional integration challenges faced by orphans and vulnerable children, the researcher chose to utilize in-depth interview since it provided the researcher with a wealth of information on the challenges faced by orphans and vulnerable children. An audio recorder was used to capture the responses from the respondents and key informants. This allowed a replay of the responses which enabled free-flow of collected data as well as familiarization with the unedited responses (Creswell, 2009). Audio recording also allows the data to be captured in its original and unscripted form which provides rich information like sighing, hesitation and emotions which could be used by the researcher to deduce feelings of the participants.

1.9.3.2 Focus group

According to Neville (2017) focus groups, are obtained from individuals who forms a group and discuss a certain and foreordained topic. The researcher used a focus group in collecting data. The focus group consisted of key informants from the Department of Child Welfare and Protection Services, Department of Social Services and the Superintendent and the Care Giver from the Institution under study. Focus group information was gathered through a discussion done in a joint session including the key informants of the study. This assisted the researcher to gain in-depth and rich information and also promote the legitimacy of the investigation.

1.9.4 Research Domain

Creswell (2009) defines a research domain as a place or site where available people willing to provide different data about a phenomenon being examined are found. The Highfield community, in Zimbabwe was the domain of this research. It is situated in the capital city of Harare. The researcher chose this place because it was convenient more so, within this community there is the Department of Social Services and Child Welfare and Protection Services. This made it easier for the researcher to obtain the focus group participants. Additionally, there is a children's home called Hupenyu Hutsva which made it easier to obtain the discharged OVCs because the home had documents stating the whereabouts of the children that have been discharged from

the children. Henceforth, this made it easier to locate where they are presently staying.

1.9.5 Population

A population in research is any set of individuals from which a sample is chosen and to which the results of the study will sum up and be generalised (Bowling, 2009). The population of this study were both the males and females that were discharged from the children's home aged between 18-25 years. Additionally, the researcher targeted orphans and vulnerable children who were discharged from the institutions from the period of 2012-2017. Representatives from the Social Welfare, Child Welfare and Protection Services as well as the Superintend and Care giver of the Children's homes were also part of the population.

1.9.6 Sampling Method

There are different types of sampling techniques. The study adopted the non-probability sampling. Therefore, in selecting a sample the researcher used both the purposive and snowball technique. According to McBurney & White (2009: 258) purposive technique, "...selects a desirable group of people". This method entirely depends on the researcher's judgement to participants and key informants that will give the relevant and detailed information that answers the outlined research questions. Therefore in this study, the researcher utilized the purposive sampling for the key informants. Additionally, the researcher used the snowball technique on the discharged OVCs, whereby the researcher builds up a sample through informants (Neville, 2007). The researcher has utilized this method because the OVCs that have been discharged from an institution they knew each other and this made it easy for the researcher to get the participants.

1.9.7 Sample

A sample is a representative subgroup of the populace. "Sampling in qualitative research serves to tap into the breadth of variation within a population rather than to focus on the 'average' or 'typical' member of that population" (Babbie, 2012: 230). A sample of 20 orphans and vulnerable children who are discharged from the Children's homes were used (to the point of saturation).

1.9.7.1 Sample Criteria

The sample was chosen based on different ages, sex, and level of education, different socio economic background and different reasons for being institutionalised.

In order to substantiate this research, 5 key informants were selected. The Child Welfare Director, the Probation Officer, the Social Services Officer, the Superintendent and the Care Giver of Hupenyu Hutsva Children's home. Therefore, the overall sample was 21.

1.10 Data Analysis

In analysing the data, the researcher used content thematic analysis and coding "...whereby the data is broken down into their component parts and these parts are given labels" (Bryman, 2012: 13). Data was therefore arranged in themes according to the research questions for thematic interpretations. The researcher triangulated information, similar comments, and points and compared discussions from in-depth interviews and the focus group.

1.11 Congruency Table

Research questions	Data sources and methods	Justification
What are the challenges faced by OVCs after leaving the institution?	OVCs, semi structured interviews.	OVCs have undergone the experience.
What are the post institutional skills offered to OVCs in preparation for life after leaving the institution?	OVCs, semi- structured interviews.	OVCs are the ones that receive the institutional skills.
What are the coping mechanisms that are used by OVCs?	OVCs, semi-structured interviews	OVCs are the ones that put the coping mechanisms into action.
What are the strategies that can be used to address the post institution integration challenges faced by OVCs?	OVCs, semi- structured interviews. Key informants, focus group	OVCs know the strategies that can assist them. The key informants also know of the professional strategies and organisations that can

		offer assistance.
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1.12. Significance of the Study

This study intended to offer suggestions or recommendation on the post institution integration challenges faced by orphans and vulnerable children after they are discharged from the children’s homes. Additionally, the community in which these children are being discharged into is a competitive world that requires them to be fully equipped with strategies and skills in order for them to survive. Along these lines, this investigation hopefully will help policy makers and relevant stakeholders to ensure that child care institutions provide OVCs with long lasting surviving skills and strategies such as, social, moral, psychological and emotional abilities to adapt and cope in their integrated communities following release from their mother institution. Hopefully, this study will help to establish whether the orphans and vulnerable children are provided with exit packages for life after institutionalization. Furthermore, it is anticipated that the findings of the study, will assist the government with planning at national, provincial and local levels in the restructuring and the implementation of effective policies that could ameliorate the lives of the OVCs. Hopefully, the findings of this study will also help policy makers to evaluate and restructure effective intervention policies intended at permitting institutions to provide expected parenting roles and responsibilities that can shape the orphaned and vulnerable children into independent citizens. The findings will also add value to a block of knowledge to which social theory and urban poverty relate.

1.13 Ethical Considerations

Ethical considerations are guidelines that guide the research to promote consistency and furthermore to secure and not abuse participants. This is supported by Babbie (2011) that, ethics are connected with morals as both agree on what is right and wrong. In this research, the following ethical issues were considered:

1.13.1 Informed consent

All participants have the right to be well-versed about the coordination’s of the research in order to make informed decisions (Babbie, 2012). Therefore, informed consent was sought from the participants. Additionally, informed consent was sought

from the Headquarters of the Department of Social Services in order to have a discussion with the professionals from the Hupenyu Hutsva Children's Home, DCWPS and DSS. Additionally, the professionals assisted the researcher in selecting the discharged children from the institutions.

1.13.2 Voluntary participation

Voluntary participation is another ethical consideration that the researcher used in this current study. Drawing from Babbie (2012) voluntary participation is when participants agree willingly to be part of the research. Consequently, the researcher did not force the investigation on participants. Thus, those participants who took part in the study did so at their free will and were also informed that they were free to withdraw from participating in the study at any given time.

1.13.3 Confidentiality and Anonymity

The researcher made instrumental use of confidentiality and anonymity. In applying this, the researcher told the participants that their identity was not be disclosed or discussed with anyone. The researcher also informed the participants that the findings of the study were to be kept anonymous. The publication and analysis was conducted in an anonymous manner and no names are written. The researcher made use of pseudo names.

1.13. 4 Avoidance of Harm

Authors such as Hardwick & Worsley (2011), when discussing harm, refer to psychological distress rather than physical distress. Hardwick & Worsley (2011) go on to mention that it is easy to avoid physical distress as compared to psychological distress. The researcher avoided harm to the participants by informing the participants that no harm will be done to them when the research was conducted and the participant's identity will be safe. Additionally, in avoiding harm to the participants and due to the nature and sensitivity of the study the researcher was accompanied by a social worker who was to assist with psychological in case some participant got emotional during the interviews.

1.14 Chapter Outline

1.14.1 Chapter 1: Introduction and Background

This chapter comprises of the introduction and background of the research. It also has the problem statement, justification of the study and the objectives.

1.14.2 Chapter 2: Literature review on the institutionalisation of orphans and vulnerable children.

This chapter focuses on reviewing literature on the history of institutionalization, legal and policy framework, process of institutionalization, process of deinstitutionalization and post-institutional integration skills offered to orphans and vulnerable children.

1.14.3 Chapter 3: Literature review on the post- institutional challenges faced by orphans and vulnerable children.

This chapter is dedicated to the review of related literature where theoretical frameworks and other related literature will be reviewed in accord with the demands of the research topic.

1.14.4 Chapter 4: Research design and methodology

This entails all the procedure of gathering data as well as the method of analysing and interpretation of the collected data.

1.14.5 Chapter 5: Data analysis and interpretation

This chapter presents a comprehensive discussion and analysis of the findings.

1.14.6 Chapter 6: Summary of findings, conclusions and recommendations

This chapter summarizes the main findings of the study, raises burning issues and suggests ideas for further research. The chapter also provides recommendations on matters that have been raised.

CHAPTER TWO: UNDERPINNINGS OF ORPHANS AND VULNERABLE CHILDREN INSTITUTIONALIZATION

2.1 Introduction

Despite the improvements in addressing or fighting those factors that contribute to the increasing number of orphans mainly HIV and AIDS, the prevalence of orphanhood globally remains high. Nations have tried to combat the crisis through the introduction of Social and Protection Programmes. Zimbabwe and South Africa are not immune to the foregoing assertions. Zimbabwe particularly, as a developing country has the best interest of a child at heart henceforth; it came up with social protection programmes such as institutionalisation of OVCs. However even though such programmes were implemented, observations have been made that OVCs encounter a lot of trajectories as soon as they reintegrated into the community. In this chapter, the researcher focuses on reviewing related literature on the post-institutional integration challenges faced by OVCs. Literature review is viewed by Lupuwana (2016) as a way of building research on the research of others. The function of literature review in research studies is to give an unbiased record of what has been said on a given subject (Creswell & Plano, 2007). In line of this, Sumbulu (2005) posits that literature review assists research beginners to follow steps of expert researchers who have previously studied similar problems by narrowing the focus of the research project. This will assist to direct the research beginners against repeating the findings of previous researchers. In other words, reviewing literature is just a way to show that the researcher is aware of the recent issues related under the current study (De Vos Strydom, Fouche & Delport, 2011).

In reviewing the literature, this study focused on unfolding the major themes, concerns and issues regarding the post-institutional integration challenges faced by orphans and vulnerable children. The first part of the chapter highlights the institutionalisation of children to the de-institutionalisation and brings out the challenges faced by OVCs when re-integrated back into the community. Additionally, this chapter also reviews the legal framework that is utilized when institutionalising OVCs, motives for institutionalisation, advantages and disadvantages of institutionalisation. The researcher has chosen to do this because in order to understand a certain phenomenon, one has to visit its root causes. The

chapter will also give an outline of the relevant theories in order to understand the challenges faced by orphans and vulnerable children in its practicality.

2.2 Definition of terms

2.2.1 Child

According to the Convention of the Rights of the Child (CRC) (1979), a child refers to a person who is below the age of 18. The South African Children's Act No 38 of (2005) defines a child in the same way with the Convention of the Rights of the Child. While in Zimbabwe, the Children's Act No 23 of (2001) regards a child as a human being that is below the age of 16 and this includes infants.

Drawing from the work of Skinner, Tsheko, Metro-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou, Chitiyo (2004), a child is defined by age which most common agreed age is 18. Due to a number of reasons, such as employment, and disability the age has increased to 21. This age has faced much criticism as other researchers has highlighted that it is early adulthood. However, Furlong (2013) has decided to define a child in relation to its dependence on the parents or caregivers. In this case, the dependence is influenced by a multiplicity of reasons for instance unemployment or extending studies. This dependence can be extended as well in a case of particular situations such as physical or mental handicap or severe illness (Skinner et al, 2004). For the purpose of this study, the researcher is going to use the extended age of defining a child and it should be noted that this study is also focusing on post-children.

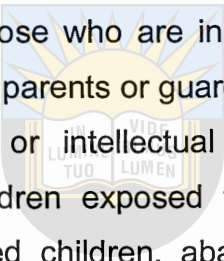
2.2.2 Orphan

UNAIDS (2011) describes an orphan as a child who is below the age of 15 who has lost his or her mother, father or both. UNAIDS (2011) goes on to highlight that, a child who has lost his or her mother is a maternal orphan. While a child, who has lost a father is a paternal orphan. A child who has lost both parents is a double orphan. World Bank OVC Toolkit (2010) states that an orphan is a child aged 0 to 17 years whose mother, father or both have died. It is also important to note that other researchers increase the age to 18 yet other authorities opt for the UNAIDS (2011) definition. This study utilise the increased age to 18.

2.2.3 Vulnerable child

A vulnerable child is someone who has no or very limited access to basic rights (Skinner et al, 2004). Vulnerable children may have both parents but their certain rights may not be fulfilled. Thus, World Bank (2010) states that vulnerability is a high chance of a negative outcome or even an anticipated welfare loss above a socially accepted norm which results from risky or uncertain events and the lack of appropriate means to deal with them. Therefore, vulnerability leaves one at risk of dangerous situations.

According to Smart (2003), the definition of a vulnerable child differs from nation to nation. Additionally, within these nations, communities also have their definitions that differ from their Governments. The Zimbabwean National Orphan Care Policy (1999) defines vulnerable children as those who are in conflict with the law, school drop outs, and children living with poor parents or guardians. In this study vulnerable child includes children with physical or intellectual disabilities, children affected by HIV/AIDS, abused children, children exposed to labour, destitute children, and children living on streets, married children, abandoned children, and children in remote areas.

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2.2.4 Orphans and Vulnerable Children

OVCs are children whose parent or parents have died, neglected, abandoned, disabled, extreme poverty stricken and infected or affected by HIV (Nyamutinga & Kang'ethe, 2015). This current study utilized this definition of orphans and vulnerable children because these children indicate their vulnerability.

2.3 Institutionalization

De Silva & Punchihewa (2011: 15) allude that "institutionalization of children is often delineated as an act of placing children in a facility outside of their home". Therefore, these institutions are mainly used as a substitute care centres for homeless children. Bellany (2001) goes on to state that institutionalization refers to the residential care of children who are under the age of 15, who would have lost either their mother or father and are vulnerable. Institutional care is also characterized by Casky (2009) as care which is given in any non-family based gathering setting, for example, orphanages, children's homes, small groups homes, children's villages and transit care centres. These centres are mainly used for care purposes and as substitute to

the homeless. The institution is devoted to care, fostering or adoption (Buckner, 2004). Accordingly, Zimbabwe, has not been left out in this equation of providing child welfare through the institutionalisation process by providing orphanages, children's homes, rehabilitation centres from as early as 1980s (UNICEF, 2014; Mupedziswa, 2006).

According to Gandure (2009), to ensure adequate and safe keeping of orphans the Government of Zimbabwe is expected to play the role of providing protection for the disabled, homeless and delinquent children through Institutionalisation. This is evidenced by the number of institutions which offer care and support to the OVC. For instance Powell (2006) notes that by 2004, there were 56 housing child care institutions for the OVCs. Out of this total, the Zimbabwean Government governs 8 children's homes, 3 Rehabilitation Centres and 1 Repatriation Centre for the destitute. However, due to the increment of OVCs the number of registered residential care centres has risen to 76, (Government of Zimbabwe, 2012). The Government through the Department of Social Services offers monetary provisions to children in registered institutions in accordance with the Part V of the Children's Act (Save the Children, 2013).

Furthermore, because the institutions provide protection and financial support to OVCs, it was then viewed as a better alternative to protect children. In line with this argument, Puras (2011) argues that there is little uncertainty that the establishment of the child care facilities for OVCs in the nineteenth and twentieth hundreds of years was guided by great intentions. This is so because it played a role of fighting orphan crisis. Additionally, institutionalization of children ensures access to services and strengthening government's role in protecting children and raising awareness in the development of children. This is true because within the institutions children are provided with basic needs such as food, clothing, water and shelter. As such when children are neglected, the state has the responsibility to step in and provide the children's upkeep. Thus, institutionalisation ensures that the government takes full responsibility of the upkeep of orphans and vulnerable children.

Institutionalization of children has become a socializing mediator that is important in child development. Lindgren, (2001) posits that OVCs appear to have a superseding need to connect with others and this need can be met most efficiently inside the

setting of institutionalising these orphans. This can certainly improve their performance in scholarly accomplishment since they can distinguish certain patterns of behaviour that allows them to maintain themselves and gratify their need for educational accomplishment. At the same time, institutions allow the satisfaction of the needs of its members. Additionally, institutions provide social or physical settings that perform certain tasks deemed necessary in our society. Undoubtedly, these assist in the integration of people in the dominant culture of the group of people who are housed especially the orphans (Minnet, 2005). Mhongera (2015) argued that within the institution, conformity to the institution norms is the price that institutionalized orphaned children must pay in order to enjoy the advantages of institutionalization. Because of this set up, institutions becomes stiff and depersonalised to an extent that socialization of children becomes limited. Additionally, decision, making is also minimum because children are expected to conform to the rules and regulations even if the rules affect their development. Such an environment has made OVCs to be unable to make proper decisions about their lives should they live institutionalised care giving.

However, even though institutions have good intentions, there are number of arguments surrounding the institutionalization of children. Institutionalisation is perceived as anti-African since it undermines the traditional modes of care simply because it alienates children from their families, communities and culture (CASS & GoZ, 2010). In line of this argument, Powell (2004) argues that institutionalizing children is culturally unaccepted as it deracinates children from the normal communities. Kangethe & Makuyana (2014) are of the view that, the placement of OVCs in care institutions attracts a baggage of disparagements from both international and national children's rights group as they argue that institutional care compromises the future of the children and defraud children of the future they deserve. Largely this is true because when children are institutionalised they lose contact with their relatives and communities. This on its own affects the children because mostly children will be attached to their relatives and friends and a change of environment results into losing that attachment. The situation is worsened because decision-making is limited among these children thus affecting them in making future plans for themselves (Powell et al, 2004)

Researchers such as Casky (2009) argues that there is an array of evidence that has emerged on the damaging effects of early institutional care which is linked with psychological, social and emotional development of children. Additionally, other studies have also indicated that orphans and vulnerable children in institutions do not receive adequate personal care, attention, affection and stimulation. Hence, UNICEF and Innocent Research Centre (2006) highlight that child neglect, harsh and rigid discipline, maltreatment and abuse exist in most institutions, whether resource in constrained or in developed countries. In most cases these institutions are under staffed and issues pertaining to child neglect are high because caregivers have limited face to face interaction with the institutionalised children because of high population versus the number of care givers. Such circumstances lead to harsh conditions within institutions which unfortunately cascade to the OVCs. Additionally the researcher is of the opinion that abuse in institutions occurs because most caregivers view the job for financial gains forgetting that it needs passion as well.

Additionally, there is an inadequate financial assistance within institutions. Most institutions are donor funded which makes predictability of services a challenge whilst government institutions suffer from chronic underfunding (Mushunje & Muriel 2010). For instance, the Zimbabwe currently the institutional grant is meagre US \$15 per child per month (Ncube, 2016). Despite this meagre amount, the Zimbabwean government is failing to provide for such an amount to every OVC because of the economic meltdown. This is supported by the study that was conducted by the Thematic Committee in 2016 on the children's home. According to their findings, most children's homes were last funded in 2012-2013 and this is straining the institutions financially.

In support of the above, Mushunje (2006) argues that there are a host of factors that negatively affect the predictability, consistency, transparency, sustainability and quality of institutional care for OVC in Zimbabwe. However, it is also vital to highlight that while in many countries; institutional care has been found by an array of researchers to be undesirable and the least option on the continuum of care. They however remain in use and therefore constituting a second best alternative to children in need of care as they seemingly enhance the best quality life and experience (Kangethe & Makuyana, 2014). This is true because institutions though they have negative effects that are apportioned to them , on the other hand, credit

should also be given to them as they serve as a remedy to the failure of the upkeep of OVCs in the communities.

2.3.2 History of institutionalization of OVCs

It is imperative to acknowledge that the existence of orphans and vulnerable children has always been there. Moyo, Gadyanga and Susa (2015) highlight that even in biblical times and in the Quran, orphans and vulnerable children were there. Factors such as wars and great pandemics for instance HIV and AIDS, poverty among others have led to the growth of OVCs. Smart (2003) alludes that the World War Two, with its massive numbers of deaths and population movements left many children orphaned and vulnerable as many of them were left with either one or no parent to look after them and others were left homeless.

Therefore, the coming of institutional provision throughout the entire world started throughout the nineteenth century and in some area, it occurred before. Estimates for Europe went from one million to thirteen million (European Institutional Provisions 2015). Michel Foucault cited in Scanlon (1998) recognized the nineteenth century as the time of where immense institutionalization occurred. The primary goal was to control, contain and caring for both grown -ups and children who were presently destitute, orphan and experiencing some challenges. Thus, placement in institutions played a significant role in this and also the industrial training and education for youths as endeavours to re-establish independent living to children. It is from this scenario that researchers such as Moyo et al, (2015) argue that the driving ethos behind this provision was the ideology of self-help and religious factors. Scanlon (1998) has it that, an amalgamation of legal independence, religious ethos and philanthropic consciousness contributed to the expansion of institutional environment with diverse objectives. Churches played an important part in the mitigation of poverty in institutions. For instance in Zimbabwe the Chirinda Orphanage was formed by the United Church of Christ in Zimbabwe in 1893 (Thematic Committee on Gender and Development Report, 2016). The assistance given by the churches mainly based on the religious philosophies that they wanted to keep a closer check on orphans until they reach a marriageable age when they have sound judgment over their lives, (De' Paul, 2010).

According to Hampson & Kaseke (1987) when Social Welfare services were introduced in Zimbabwe during the colonial period, they were primarily intended for the white settle community. After the independence in 1980, the government removed the discriminatory practises and decentralised its services in order to improve accessibility. Today these services include promoting the welfare of children through the Children's Protection and Adoption Act (1996) (chapter 5:06) which provides for fostering, adoption and the institutionalisation of children in need of care despite their race.

The increase of orphans due to war, the religious factors, poverty and legislation therefore led to the introduction of institutionalization of children worldwide. Such institutional establishments become a socializing mediator, which is important in child development.

2.4 Factors associated with the placement of children into residential care.

A multiplicity of factors causes a child or children to be placed in an institution. Amongst these reasons, there is poverty, abandonment by parents, abuse, chronic neglect, child marriage, disability and HIV and AIDS plays crucial roles in institutionalizing children. The motives vary from each nation and the placement is done through a legal framework. That is, there is a protocol that has to be followed, for instance in countries such Zimbabwe and South Africa they place children in accordance to its Children's Act. These are discussed in the following section:

2.4.1 Poverty

Amongst the leading factor, contributing to the placement of children in institutions is poverty. UNICEF (2013) notes that poverty is known as the main driver of institutionalisation. This is not only evident in African countries but also in international countries such as Europe and Sierra Leone. In Europe, it has been reported that 75% of children are institutionalised due to poverty. While 52% of children in Sierra Leone are institutionalised because of poverty. According to the World Bank (2000), poverty is a deprivation in terms of lacking key capabilities, inadequate income or education, poor health or insecurity, or low self-confidence, or a sense of powerless or the absence of rights such as freedom of speech. Studies have shown that poverty and not the absence of a family, is the most prominent

factor for placing children at institution. Casky (2009) is of the opinion that most children in institutions come from poor families. These views are supported by an earlier survey conducted in 2005. The findings of the survey illuminated that out of 1,836 children living in institutions in northeast Sri-Lanka, for example found that 40% had been placed into care due to poverty. UNICEF (2014:19) also found that in Zimbabwe “The single and most important factor contributing to the admission of children to orphanages is poverty”. Similarly, MIGEPROF (2012) goes on to note that many families give up their children to institutions because they cannot feed or afford healthcare. This suggest that financial instability pushed families to the edge of finding home for children as an alternative solution. Bilson & Cox (2007) holds that parents and other caregivers struggling to provide for their children may feel compelled to use orphanages to address an immediate problem. This is so because they have an impression that in orphanages children will be provided with all the necessary materials. Institutions do provide OVC with the needed basic amenities especially if it funded by other international donors. However, children during their development they require not only basic amenities but also attachment to their parents and love but this lacks in a majority of institutions.

Parents and community members feel that orphanages or institutions are beneficial to a child living under poverty datum line. UNICEF (2013) argues that they do this without realizing the detrimental effects it can have on the child’s social, emotional and cognitive development. Abebe & Aase (2007) further indicate that many people thinks that, this might seem like it is the fastest way to provide a child living in poverty with basic material support. But in the end it affects the child’s development. This is so because children in institutions lack parental love, which results into developing low self-esteem and failure to form relationships. Henceforth this affects their development as they socially exclude themselves in societies. It is critical to highlight that these foregoing views are commensurate with Maslow hierarchy of needs model, which highlights that if the basic human physiological needs of an individual are not met, this may inhibit the learning process because the individual will be focused upon these needs as they are a necessity for survival. Consequently learning and self-development will become a secondary priority.

Drawing from, the work of the Ministry of Gender and Family Promotion, Republic of Rwanda (2012) (MIGEPROF), in many regions where material poverty is

predominant, evidence demonstrates that pull factor of residential care as the means of meeting such basic needs as food, access to education, and other services for children. For example, in the Eastern Europe and Central Asia material poverty at household level is one of the key motives for placing children at orphanages.

2.4.2 Child Abandonment

Due to the existence and effects of high levels of poverty globally, have opened a pathway for child abandonment. According to the South African Children's Act No 38 of (2005), child abandonment means that: a child has been deserted by the parent, guardian or care giver, has no apparent reason and no contact with the parent, guardian or care giver for the period of at least three months. In addition to this Chibwana (2014) brings to the fore that some of the children are abandoned in hospitals, at the entrance of the foster care homes, in the bushes, toilets, dustbins and dumping sites due to poverty. For example, research that was conducted at Queen Elizabeth Children's home in Zimbabwe. Emerging from the findings of the study through the home warden was that in December 2013, the institution received four babies through the Department of Social Services (DSS) and two of the babies were left at the hospital while, the two were dumped in the forest. The same situation is evident in South Africa, in big cities such as Johannesburg children are abandoned in dustbins.

Raising or taking care of a child is regarded as an enormous responsibility and in accordance to the African context; this responsibility requires the entire fraternity to be involved. For instance, if there is an existence of a weak relationship between the father and the mother, chances are that the mother is likely to find another alternative for taking care of the child. This is so especially if the mother does not have any means and the only alternative is child abandonment. One of the major reasons for child abandonment is that, most women are left on their own by their boyfriends to go through pregnancies.

Similarly, Chibwana (2014) postulates that if the family support system is also feeble, the women find the duty of child bearing as colossal, thus resulting into them making room for abandonment. It is also important to note that this decision is normally applicable if the family is not supportive. However, the researcher is of the argument that there are some women even if they have family support they still abandon their

children and this is prominent among the teenage mothers and sex workers. This is so because they fear that infants will hinder either their education as some teenage mothers will be forced to leave school while sex workers feel that children will affect their business which requires the source for clients mostly at night (Hubbard, 2008). This implies that the current economic situation in Zimbabwean has not only worsened but has in the process forced some women to the brink of monetary urgency at the expense of rearing their children.

Meanwhile, research conducted by the University of Nottingham (2012) on Child abandonment found out that in Europe more than 90% of cases, were related to poverty and homelessness and consequently led to child abandonment and placement in institutions. While, in some Africa and Asia countries poverty combined with the accompanying inability to provide education, supplies, transport, clothing and food has led to a number of women abandoning their children. It is from these findings by other researchers such as Carter (2005) that poverty and child abandonment are interlinked when it comes to reasons why children are placed in institutions. Poverty has become the microcosm of the macrocosm. That is, it has opened an avenue for other factors to play a role in placing children in the institutions.

2.4.3 HIV and AIDS

Another prominent factor contributing to the institutionalization of children in Zimbabwe and other developing countries like South Africa is HIV/AIDS. Drawing from UNAIDS (2005) as the disease spreads unabatedly in many countries especially parts of Sub-Saharan Africa, it has negatively impinged on family structures. Botswana plays as a good example; she has been rated as one of the countries that have the highest prevalence of HIV/AIDS and this has resulted into the institutionalisation of children (Ministry of Local Government, 2008). AIDS is well known for devastating families, drains assets, plays havoc with education, escalates domestic violence and pushes families into a downward spiral towards greater poverty (Urdang, 2006). Similar studies conducted by Lungu, Newsranky & Sinha (2017) highlighted that in Zambia HIV & AIDS has severely strained and challenged the African philosophy of Ubuntu and this has resulted into an increase of OVCs.

National Aids Council (2011) argues that HIV and AIDS have babbled a significant number of families in Zimbabwe; families robbed of their breadwinners leaving children orphaned. These orphaned children are then dispersed among various relations after the death of their parents, breadwinner guardian. Therefore, in most cases these remaining relatives could be either poor to cope with the increased load of looking after more children. In some cases, these children left in the care of old parents who cannot be able to acquire enough resources to meet the needs of the additional number of children (Dziro and Rufurwokuda, 2013). Henceforth, as a result, these factors enhance the possibilities of OVCs to drop out of school or end up in institutions. Unfortunately, this can expose them to numerous challenges (Wakatama, 2000). More, so it might happen that some children are institutionalised because HIV/AIDS is connoted as a stigma and people in societies do not want to associate themselves with those that are either infected or affected by the pandemic. It is therefore clear that majority of community members have not yet accepted the pandemic as such the level of discrimination is still rife.

2.4.4 Child Abuse and neglect

Child abuse and neglect also play a crucial role as one of the reasons why children are institutionalized. According to the WHO Consultation on Child Abuse Prevention (1999), child abuse is maltreatment that causes potential harm to the child's health, development or that affects the child's dignity in the context of a relationship of responsibility, trust or power. Drawing from the literature of David, Lurigio & Herman (2013) these scholars define Child Sexual Abuse as the sexual activity performed by an adult with a child who is from zero to 14 years. This is whereby the sexual act has not been agreed to by the child and usually, the offender turns to be years older than the child.

Gwenzi (2015) have notes that girls who have suffered from abuse by either family members or community members often cannot return to their homes. Even though efforts are made to reconcile through family reconstruction they would opt to go in the streets unlike going back in the same situation. Because Zimbabwe has the best interest of the child, steps have to be taken to ensure that if a child has undergone abuse, the child is removed from the area to avoid further exploitation of the abuse physical, sexual or emotional. The same situation is also evident in Europe where

14% of the children were abused (Browne, 2009) Thus, institutionalisation becomes the only viable option for protecting the child to avoid recapitulation of the abuse.

2.4.5 Disability

Another reason that plays a pivotal role in institutionalizing children is disability. Disabled children worldwide live under difficult circumstances and not only are they vulnerable, they are also surrounded with negative attitudes, beliefs, labelling and stigma that affects them profoundly. Children with disabilities face challenges and problems that other able-bodied children do not experience and in most cases, they have limited access to the facilities as well as resources (Save the Children, 2013). UNICEF (2013) notes that disabled children are often regarded to as inferior; hence, they are prone to high chances of being vulnerable. Abebe and Asase (2007) indicated that in Central and Eastern Europe and Commonwealth of independent States, one-third of children in residential care have disabilities. UNICEF (2010) goes to note that disabled children are institutionalised so that they can have access to appropriate support services. The fact that they are prone to vulnerability, they therefore fall under the OVCs. Since Zimbabwe has the best interest of the child at heart, it also institutionalizes children with disabilities for instance at Jairo Jiri Children's Centre, King George IV Children's Centre in Bulawayo and Kapota School for the Blind in Masvingo (Jackson, 1981).

However, after having discussed the reasons for institutionalizing children, it is also vital to pin point that not every child who has undergone the above-mentioned reasons can be institutionalized. In some cases, children who are found to be abused or neglected may remain in their own home. However, children happen to be assessed and results shows that they are not safe in staying at such a place are placed in an institution (ACF, 2007). This is so because institutionalization is viewed as a last resort therefore; it is considered as a temporary place that provides an opportunity for change in the behaviour (National Action Plan, 1999). Additionally, it provides social supports and living environment of the parents, health status that is safe for reintegration into the society. Institutionalizing children requires legal and policy framework and this is done in various African countries Like Zimbabwe, Botswana, Ethiopia and South Africa.

In support of the above argument UNICEF (2010) argues that Zimbabwe has a dual structure where children with disabilities are not mainstreamed into conservative childcare facilities. This is so because most structures in schools are not user friendly to children with disabilities. Due to this, numerous children with disabilities, remain at their homes due to lack of mainstreaming. However, the challenge has been noted and there have been many exertions to foyer the Government of Zimbabwe to assimilate children with disabilities into the conventional childcare facilities.

2.5 Legal and policy framework governing institutionalization in Zimbabwe

Zimbabwe as a developing country is viewed as having a sound legal regime because of the significant strides in endorsing most conventions and international legal obligations that guarantee fundamental human rights as well as protection of children (Gandure, 2006). In support of this, Chibwana and Gumbo (2014) allude that the Government of Zimbabwe has broadcasted numerous legal and policy frameworks that are meant to create an enabling environment for the existence and development of children in nontoxic environment that guarantee them to reach their maximum potential. It is important to note that these legal frameworks are based primarily on the United Nations Convention on the Rights of the Child, which Zimbabwe endorsed in 1990, and the African Charter on the Rights and Welfare of Children, which was validated in 1999.

Additionally, Zimbabwean Government has passed several pieces of legislation such as the Social Welfare Assistance Act, the Children's Act and the new publicized Constitution of 2013. These legislations are further strengthened by social policies such as the National Action Plan for OVC both phase one and phase two covering a period of 2005 until 2015. It is due to these legislations that Zimbabwe has been well known for having numerous protection frameworks in Africa and it has acted as an exemplary figure to other countries (Save the Children, 2013). The following section discusses the legal and policy frameworks utilized in Zimbabwe.

2.5.1 United Nations Convention on the rights of the Child (UNCRC)

Zimbabwe endorsed the United Nations Convention on the Rights of the Child (UNCRC) in 1990 and was one of only a handful of African nations to sign on ahead

of schedule (Powell et al., 2004). The UNCRC has arrangements, that address, children' rights to survival, rights to a family life and security and development. These rights are applicable to this study.

2.5.1.1 UNCRC Guidelines specific to Zimbabwe

Article 6 in the UNCRC states that children have the right to survive and develop healthy. Whereas Article 7 highlights that a child has a privilege to a legitimately enrolled name, authoritatively perceived by the administrator. In addition, in article 7, the Zimbabwe Births and Registration Act ensures that a child has an identity, makes it an offense if a birth or death happens in the nation, and is not enrolled. The way of life is guaranteed through grants given by the legislature through the Department of Social Services in the Ministry of Labour and Social Services (MoLSS, 2011).

Article 12 emphasises that a child should be involved in decision-making and Article 13 stipulates that a child must have flexibility of articulation in any way they feel comfortable through writing, either talking or drawing. Additionally, all types of abuse and ill-treatment are made provisions for in the Zimbabwean Children's Act (MoLSS & UNICEF 2011).

Appropriate to family life as per the UNCRC, perceives that for proper development each child needs to experience childhood in a family situation where there is satisfaction, love and comprehension (MoLSS & UNICEF 2011). Thus for those individuals who cannot be with their families, the UNCRC proscribes that arrangements should be made for their welfare. Article 20 expresses that a child without parental care has rights to care and support (MoLSS et al 2011).

2.5.2 The African Charter on Rights and Welfare of Children

Zimbabwe endorsed the African Charter on the Rights and Welfare of the Child (ACRWC) (1990) in 1995. The Organization of African Unity (OAU) embraced this Charter with an indistinguishable arrangement from the ones in the UNCRC, with one expansion particular to African children, which is the duties of the child (MoLSS et al, 2011). This arrangement recognizes that children have rights, yet they are likewise capable to their families, groups, the state and other lawfully perceived establishments.

2.5.3 Zimbabwe Orphan Care Policy

With a directive from the World Summit for Children that occurred in 1990, Zimbabwe started having talks to address issues of children on the national plan. Zimbabwe concurred amid the Summit to have a National Program of Action for Children (NPAC). The NPAC was completed in 1992 and its fundamental point was to solidify and fortify the dedication and preparation of assets for offspring of Zimbabwe (MoLSS et al, 2010).

In 1999 after discussion with common society, non-legislative associations and other obligation bearers, the administration of Zimbabwe received the Zimbabwean National Orphan Care Policy (MoLSS, 2008). Some of these partners incorporated the Social Services Action Committee in the Cabinet (SSACC) and United Nations offices (Saito, Monasch, Keogh, Dhlembeu, Bergua & Marfico, 2007). The National Action for OVCs (NAP for OVC) which was built up in 2005 heightened the execution of both the National Orphan Care Policy of 1999 and Children's Act of 2001. The NAP for OVCs intended to extent social service assistance to all OVCs in different areas by 2020 (UNICEF, 2014).

As indicated by MoLSS (2011), the reason for the Zimbabwe Orphan Care Policy was to coordinate the concentration of the courts and advancement operators to the particular needs of orphans. Additionally, it was to encourage and support present family and community arrangements on orphan care. In addition, the country was expected to assemble, encourage and teach all groups in the nation to help orphans to access open and private assets as well as to advance research on issues influencing orphans, just to give some examples. A six-level security net framework was set up through this strategy which saw institutional care as a last and impermanent resort after natural family, more distant family, group members, child care and appropriation endeavours had failed (MoLSS, 2011). This approach is in accordance with the arrangements made in the UNCRC and the African Charter on the Rights and Welfare of the Child. It set government position on family and group choices with the perception that children are imperative to both their close families and to the group (Powell et al, 2004).

Sadly, the NAP for OVC has not possessed the capacity to reach all orphans and vulnerable children and the official statistical population of all the OVCs who have

limited access to social services is not available (UNICEF, 2014). This is because Zimbabwe does not have sufficient resources that can facilitate the provision of such services. As highlighted by Chibwana, et al, (2012) Zimbabwe lack instruments to make a follow up on the disadvantaged especially, the discharged OVCs from the institutional care.

2.5.4 National Constitution of Zimbabwe (2013)

In 2013, the Government of Zimbabwe thought of another National Constitution, which is extremely dynamic in ensuring the privileges of children contrasted with the old Constitution. The new Constitution has accomplished turning points in ensuring the rights and insurance of children. Besides, the new Constitution obtains a considerable measure of its arrangements from the UNCRC and ACRWC. Children are particularly stated under section 19 of the National Objectives set in the Constitution as imperative members of the public. The Constitution specifically states that, the nation must set up strategies and measures to guarantee that in issues identifying with children must be dealt within the best interest of the child. Additionally, it is explicitly stated that the state must utilize sensible policies and legislations that ensure that children adopt their rights. Section 81 of the Constitution outlines the rights of children in alignment with the Bill of Rights (Chibwana et al, 2014).

2.5.5 The Children's Act chapter 5:06 (as amended 2001)

The Child Protection Act chapter 5:06 (as amended 2001) administers the state conditions of care for OVCs in institutional care under the Constitution of Zimbabwe 2013. This lawful act accommodates the welfare, assurance and administration of children in Zimbabwe. The Department of Social Services under the Ministry of Public Service Labour and Social Welfare is in charge of its usage (Powell et al, 2004). The act advocate for the "best interests of the child" objective while the state upholds the regulation that encourages children's rights and the Children's Act is the highest principle regarding children(MoLSS et al , 2011 & Nature ,2014).

According to Masuka, Banda , Mabvurira & Frank (2012), the Children's Act (2001) (chapter 5:06) consists of groups of children who are in need of care and protection and these include those that are abandoned or underprivileged , children who are deprived of proper health care. Additionally it consists of orphaned children or with

parents that cannot be traced , whose parents do not or are weak to exercise proper care over them, whose parents or guardians give them up in settlements such as child marriages or for cultural beliefs. It goes on to further stipulate what needs to be done to these children in order to avoid further exploitation. Additionally, the Act is viewed as wide-ranging as it clearly stipulates the rights of children, the indispensable institutional frameworks, the administrative arrangements, adoption frameworks and others (Chibwana et al, 2014).

According to the African Child Forum (2008), the Children's Act has paved way for the institutionalization of children reason being it has made the process of placement clear and understandable. Drawing from the Zimbabwean Children's Act (2001), Section 14 explains the process that must be followed when removing a child to a place of safety. The act states that the probation, police, health or education officer has a right to remove and place a child in a protective area after proper assessments have been done to show that the child is in need of care.

Drawing from the above literature, the researcher is of the opinion that credit should be given to the Government of Zimbabwe because of its efforts to fight against the orphan and vulnerable crisis. However, lack of resources has made other OVCs to remain living under detrimental, unsafe and unhealthy conditions. This is due to the inadequacy of institutions in Zimbabwe. Additionally, lack of competence among the probation, police and health officers in exercising their authority as stipulated in Section 14 of the Children's Act (2001) has led to a number of orphaned and vulnerable children within communities (Linsk et al 2010). At the same time, the aforementioned professionals cannot be completely held responsible for weakening the childcare protection system but on the Zimbabwean economy as highlighted in Chapter 1.

2.5.6 The National Youth Policy (2000)

The policy was espoused in 2000; it was established in partnership with the government, non-governmental organisations, and community and private shareholders. The NYP is mainly centred on the empowerment of the youth (National Youth Policy, 2000). The policy entails to do this through the production of an empowering environment through the delivery of resources for running projects that build up youth's mental, moral, social, financial, political, and physical potential

(National Youth Policy , 2000). Given that in Zimbabwe, there is high rate of unemployment and poverty as highlighted in Chapter 1. It is therefore, essential to have some strategies to accommodate youth in the nation because unemployment and poverty go about as hindrances to youth advancement. Additionally, these conditions unfavourably influence the discharged OVCs.

Interestingly, the NYP has one strategy, which is applicable to this study, which is the establishment of education and vocational training skill. National Youth Policy (2000) argues that Zimbabwe has given much attention on the academic training not including the vocational training, which may upsurge independent movement by the youth. Including vocational training may profit the discharged OVCs, who might not have future training prospects. This is because most of the OVCs their education is disrupted or even postponed due to conditions such as, absence of cash for school expenses, can profit by this arrangement (Gwenzi, 2015)

Discharged OVCs when integrated into their communities they are confronted with similar conditions being faced by the country's youth over their own particular circumstances. Euphemistically, the researcher contends that OVCs when discharged they are exposed to further vulnerability and horrendous circumstances. The establishment of this policy by the Government and its stakeholders shows societal compliances in trying to fight the problems faced by the youth including the discharged OVCs but due to the economy of Zimbabwe, this policy becomes difficult to apply.

2.5.7 Other Policies and Guidelines Relevant To the Study.

The National Child Participation and Protection Guidelines (2010) give direction to organisations working with children and to the children themselves, setting accentuation on their interest and security. The Ministry of Labour and Social Welfare defined these rules with the assistance of UNICEF (MoLSS, 2010). They work in a joint effort with the National Action Plan for Orphans and Vulnerable Children (NAP for OVCs).

2.6 Process of institutionalizing children

It is of paramount significance to highlight that the process of institutionalizing children follows a protocol or a procedure. This protocol commences from the

identification of a child in need of care to placement and discharge of a child. Chibwana & Gumbo (2014:39) are of the notion that the procedure is based on the concept that "...all children belong to the state". Therefore, any harm or abuse done to a child, the state has authorities through its officers to confiscate the child and place the child in a place of safety.

The first step taken in Zimbabwe when a child is abandoned, abused or neglected is to notify the Department of Child Welfare and Protection Services (DCWPS). The second step will be starting the assessment process whereby the local police conduct investigations that include who found the child, the area and the condition on which the child was found. An assessment report is taken to the Department of CWPS and the probation officer will place the child in a place of safety for 14 days waiting for any parent or guardian to claim the child (Chibwana & Gumbo, 2014). This is supported by Save the children (2013) that places of safety they provide the officers with an opportunity to determine whether the child has a known relative or not. The child will then be placed in an institution after the probation officer has done an assessment to check if the child is in need of care (Ministry of Public Service, Labour and Social Welfare and UNICEF, 2004).

In placing OVCs in institutions, it is mandatory for the probation officer to, follow a sound legal framework. Thus drawing from the literature of Museka (2011), children are placed in places of safety on court orders or committal orders in accordance with the Children's Act (2001). Museka (2011) goes on to state that a court order is usually utilized to permit the continual stay of children in institutions after the probation officers detect such need and when they need to investigate further about what will happen to the placed children. Additionally, there is also a placement or committal order. These orders are usually effective for three years and until children are released on license. This is a different case in South Africa where court orders are renewed after two years (Children's Act 38 of 2005) Committal or placement orders are done after the probation officer has established whether the child should continue to receive care at a particular institution or should be referred back to the Children's court. These orders they expire as such, they are deferred and renewed if there is need for another placement order to be administered (Museka, 2011).

2.7 Process of deinstitutionalising OVCs

Muguwe, Taruvinga, and Shoko (2011:144) in their study captured verbatim one of the administration in care facility in Zimbabwe who said “we constantly tell the children that the home is a station not a destination”. The above statement indicates that, when children are institutionalized there is a time that they have to be deinstitutionalised and reintegrated into the community. The Government of Zimbabwe passed a policy, which states that when the child reaches 18, that particular child must be discharged from the childcare institution (Save the Children, 2013). The Government passed this policy because it views the OVCs who have reached 18 as assertive individuals that are able to provide for themselves. This is evident with the section 38 of the Children Act (2001) (chapter 5:06) which proposes that a discharge plan has to be prepared when a child has reached 18. The discharge plan must be drafted with the residential care facilitator in partnership with the Department of Social Services. While Zimbabwe has a discharge policy, research shows that Ethiopia, does not have a policy that emancipates the children from care. Rather it bases its discharge from the countless factors such as institutional capacity, resources, norms as well as the individual circumstance (Pryce, 2015). To some extent, this criterion adopted by Ethiopia fights against homelessness to those discharged OVCs but to some extent, it creates dependency syndrome on the OVCs. Additionally, it strains the institutions financially as they will be catering for out aged OVCs who have reached the majority age. In South Africa, the discharged age is 18 years.

According to Chibwana and Gumbo (2014), the discharge plan was adopted from the UN Guidelines, which highlighted that children in institutions should be prepared for life after care; there should be continuity of educational and vocational training opportunities so that the OVCs can be financially stable when integrated back into the community. Additionally, be provided with information when it comes to social, legal and health services. However, the Government of Zimbabwe has come up with its discharge plan but due to lack of monitoring and evaluation of the discharged children to see how they have been faring since leaving the institutionalised care. Additionally, the Government fails to offer the after care services for the discharged OVCs.

In relation to the above policy, other researchers have observed that other institutions are not following the policy. Save the Children (2013) indicates that weaned OVCs are finding it difficult out there and hence they return to the institution in need of assistance. Henceforth other institutions have taken it upon themselves to keep some discharged OVCs in order to avoid post-institutional challenges. However not every institution is able to perform such responsibilities as others are facing financial challenges. The Thematic Committee (2016) that most institutions were last funded between 2012-2013 supports the aforementioned. Henceforth they are failing to create room for the weaned OVCs. Thus, resulting into a catastrophe when the OVCs are reintegrated into the community.

2.8 Post- institutional integration skills offered to OVCs.

Cameron (2016) noted that a life of freedom is a thrilling and worrying time for young persons. This is more evident among the OVCs when leaving institutions as they are anticipated to attain a certain level of maturity and autonomy in a short space of time in order for them to leave an independent life. Stein (2005:9) describes discharged OVCs as “instant adults” due to the speed and unexpectedness with which they have to become adults. In practise, this means that they need to have skills that could allow them to compete with the outside world. Therefore, this study will explore the post-institutional integration skills offered to OVCs in both international and sub Saharan African countries.

In Zimbabwe, there has been minimal information on the post-institutional integration skills offered to OVCs. A research conducted by Muguwe et al, (2011) found out that OVCs that have not been discharged at the age of 18 were placed in transitional homes where they attain life-skills training. Nevertheless, there is limited information about the availability and quantity of such transitional homes in Zimbabwe. However, the Zimbabwe Education System incorporates Vocational Educational and Training. This education is referred to as formal and informal learning experience. That is, informally, enrolled schoolchildren are exposed to practical subjects (informal learning) such as Agriculture, Fashion and Fabrics, Food and Nutrition, Metal Work and Building. Therefore, OVCs that are enrolled to school are exposed to such skills training.

Even though they acquire these skills through the Zimbabwean Educational skills, they however do not get to obtain all the skills because one child is required to register one practical subject (researcher's experiential knowledge). This act as a disadvantage to the OVCs because there have limited expose to other skills unlike family based children who are exposed to all the skills through household chores. Moreover, other OVCs fail to continue with their education thus failing to acquire the educational qualification that they can use in order to be enrolled in a vocational training school. Based on the sentiments, this study that it will examine the post-institutional integration skills offered to OVCs since there is limited literature on this area.

South Africa has managed to provide the OVCs with post-institutional skills. Dickens (2016) posits that in South Africa OVCs at Girls and Boys Town (GBT) undergo Independent Living Skills (ILS) Training. The purpose of this training is to prepare the OVCs to leave an independent life when integrated into the communities. However, taking such a stance has been possible for South Africa because of its economic muscle (Kang'ethe, Mundau & Manomano, 2010).

These ILS are also evident in international countries for instance in United States. In United States, it is developed to help the care leavers in their transition of leaving care. The government sponsors the program and it offers educational chances, counselling, support services and other amenities for instance living abilities, parenting skills and birth control (Foster and Gifford, 2005). Youth can stay inside the care until the age of 21, this actually diminishes the sudden requirement for OVCs to become prompt adults Dicken (2016). The training enables the care leavers in the USA to face minimal post-institutional integration challenges as they are provided with certain skills that promote independent life. The situation is different when compared to Zimbabwe, as these services are minimal because of lack of resources unlike in US, which is one of the most developed countries worldwide.

Montgomery, Donkoh & Underhill (2006) in relation to the aforementioned programmes, argue that these programmes play a pivotal role in calming problems associated with employment , education and housing. However, researchers such as Foster & Gifford (2005) argue that there is limited information on the success of the aforementioned programmes and that they are hindered by organisational problems.

Moreover, one of the disadvantages is that focus of the ILS is on the applied skills such as cooking, cleaning and budgeting rather than on the social skills (Van Breda, 2013). There is need for the ILS to incorporate skills such as social skills as the OVCs are reported to be lacking such skills (see discussion in chapter 3). Thus, it may be suggested that, Zimbabwe through assistance of non-governmental organisations should collaborate and be able to provide the OVCs with such training to avoid post-institutional integration challenges.

Internationally, Australia has managed to provide its care leavers on how to overcome post-institutional integration challenges. According to Commonwealth of Australia (2012), life skills are important for care leavers so that they can integrate successfully in communities. Australia is among the international countries that recognise OVCs as marginalised group who needs to be targeted for service provision (Gwenzi, 2015) In South Australia, OVCs leaving care who are aged up to 25 years are provided with driving skills. That is, they are supported to obtain driver's license because it is viewed as an integral skill that is a requirement in the transition to adulthood. Additionally they make use of the Government vehicles to assist the OVCs. This act as an advantage to the discharged OVCs because most jobs require driver's license. International countries have developed their institutionalised care centres through injection of adequate resources, unlike in African countries. Zimbabwe for instance, lacks resources and it is suffering economically, therefore it becomes difficult to implement or to adopt what other international countries are doing. Nevertheless, it could be an advantage to provide OVCs in Zimbabwe with driving skills as this would make them marketable in job hunting.

2.9 Advantages and disadvantages of institutionalisation

Drawing from the work of Dziro and Rufurwokuda (2013) being in an institution has advantages and disadvantages. One of the advantages is that majority of the OVCs when institutionalised they are exposed to new behaviours. For instance those that come from rural areas or from streets. Additionally, they are taught how to communicate in English so that they can be able to fit globally. Furthermore, they receive basic needs such as clothing, education and shelter (Dziro and Rufurwokuda, 2013).

Even though institutionalisation has its advantages, it also has some disadvantages. According to Murray (2009), some caregivers are inexperienced therefore; their methods of care are harmful. In most cases, these methods result into low self-esteem, lack of confidence and encourage fear in children. Penglase (2007) also highlighted that untrained carers often remind institutionalised children about their reasons of placement in that particular institution. Psychologically this affects the children as they are continuously reminded of their background in their day-to-day lives.

Another disadvantage of institutionalisation is that of staying in dormitory styles. Dormitories separate OVCs in terms of their sex and age. Chibwana et al (2014) and Gumbo (2014) regards this type of style as conceding the quality of care that is provided the carers. Powell et al (2004) highlighted that about 50% of institutions in Zimbabwe where dormitories due to limited attachment. Dziro and Rufurwokuda (2013) further buttress that dormitory institutional style denies OVCs of attention and emotional support from the caregivers. These researchers go on to highlight that there is minimal face-to-face interaction between the OVCs and the caregivers. Hence, this deprives the OVCs to learn and air out their concerns to the caregivers. In most cases, the OVCs will not be able to relate well with other opposite sex just like in family setting whereby both males and females stay under one roof. Thus, resulting into the OVCs feeling lonely and helpless on their part (Chernet, 2001). Studies conducted by Gwenzi (2015) found that there are policies and legislation being implemented that advocate for family based styles of institutionalisation. This was done as a way of combating the psychological challenges faced by institutionalised children with dormitories.

Community Affairs References Committee (2004) found that institutions are emotionally frost in upkeep children and this has created an emotional detachment on the institutionalised children. Echoing the same sentiments is Zastrow & Kirst-Ashman (2013) that emotional development is one human developmental feature that cannot be underrated. Emotional development creates room for forming relationships and the foundation of African humanity (Kang'ethe & Makuyana, 2014). In most cases, this is due to lack of child- caregiver bonding which results into emotionally detachment by the child. This emotional coldness of the institutions often results into the child facing emotional problems such as failing to form relationships

either sexual or social when integrated into the community (discussion in chapter 3). Therefore, this is another disadvantage of institutionalization causing post-institutional integration challenges faced by OVCs when discharged. Hence, there is a need for change by the institutions coordinators in order to fight this emotional coldness to institutionalised children.

Another disadvantage of institutionalisation is limited involvement of OVCs in decision making about their future (Chernet, 2001). That is institutionalisation limit the OVCs to exercise their rights, as they are not allowed to go out of the institution on their own. On the same notion, Dziro and Rufurwokuda (2013) highlighted that OVCs living in an institution felt as if they were staying in a cage as they did everything according to a timetable and no inventiveness or creativity allowed. Thurston (1999) also highlighted that this is true of China where institutionalised OVCs not allowed to interact with the external world. As a result, the confined OVCs fail to develop the necessary social skills, thus creating problem for the future. Therefore, it is from this that the institutions deprive OVCs to go extra miles and learn about the outside world which would make them to have challenges when integrated back into the communities as they face stigmatization and ostracism by community members (Casky, 2009). Similarly, Tolfree (2003) postulate that socialization is a very essential component for one to have a quality life but institutions detach the OVCs from bonding with their communities. Henceforth, OVCs when integrated they fail to form social networks and this creates challenges when discharged back into the communities.

According to Chernet (2001), staying in an institution creates room for dependency syndrome and inadequate skills. Majority of OVCs have a dependency syndrome and this has resulted into lack of skills among them. Save the Children (2013) indicated that a number of institutions generate false lifestyles as other OVCs do not perform household chores, hence in future they will always be expecting to receive and not to give. In line of this, Browne (2009) eludes that childcare facilities usually create a fabricated sense of being among the children. He goes to note that OVCs in most institutions prioritize clothing more than anything else. It is from this that the researcher observed that when OVCs are integrated into the community they face challenges, as they are not exposed to being independent whilst they were in the walls of institutions.

Regardless of the disadvantages stated above, the role of institutions should not be discarded because it is a cure-all concept which provides substitute shelter. Additionally, institutions are play the role of mothers to the motherless and provide an environment where OVCs can develop to become better citizens just like any other children living within the confinements of their families. Nyamutinga & Kang'ethe (2015) are of the arguments that although the institutions have weakness, it is best to discuss and debate upon them in order to improve their care on OVCs. As a result, it will help in avoiding the post-institutional integration challenges faced by OVCs when discharged.

2.10 Conclusion

The chapter has brought to light the concept of institutionalisation and its historical development in Zimbabwe. As noted, institutionalisation has faced many critics as it ill-prepares the child for the life after care, it however remains the second home alternative. Additionally, the chapter looked at the policies and legislation utilized in Zimbabwe in combating orphan and vulnerable crisis. Zimbabwe is equipped with a sound legal system on the protection of children but the harsh economic climate has failed sound legal system which unfortunately means that policy is failing to meet practise. Nevertheless, since the country is still developing therefore there is a need to create a room for the successes of these policies and legislation. The following chapter will be a continuation on the literature review of the post institutional integration challenges faced by OVCs.

CHAPTER THREE: POST-INSTITUTIONAL INTEGRATION CHALLENGES FACED BY ORPHANS AND VULNERABLE CHILDREN.

3.1 Introduction

This chapter is a continuation of the literature review on the post-institutional integration challenges both internationally and locally. Universally, the integration of OVCs is broadly perceived as an intricate matter. Due to numerous challenges they encounter when integrated back into the communities. Deficiencies of adequate resources and support for successful integration into their communities have resulted into post-institutional integration challenges. This chapter reviewed related literature on the challenges, copying mechanisms utilized by OVCs in fighting against the challenges. Additionally the chapter also focused on the roles done by the Department of Social Services as well as the strategies implemented by the professionals in assisting the weaned OVCs. Lastly, the chapter discusses the theoretical frameworks guiding this current study.

3.2 Post -institutional integration challenges faced by OVCs after leaving the residential care in developing countries.

According to the research conducted by Dziro & Rufurwokuda, (2013), OVCs seem to be facing a number of challenges when weaned from the mother institution. Drawing from the work of Puras (2011), discharged OVCs face numerous economic, social and psychological challenges. Pryce, Jones, Thomas, Okrzesik, Klufka-Walts (2015) also elude that these challenges are mostly aggravated by a lack of informal social support systems, limited access to educational opportunities, financial and social skill arrears, discrimination experiences and increased risk of violent victimization This is true, because majority of these OVCs are abandoned children whose parents or relatives are untraceable which leaves the abandons with no one to turn to in times of troubles.

3.2.1. Economic challenges

A research conducted by Bruce & Hallman (2008) indicated that when OVCs are weaned from the institutions, their suitability to government and institutional support is terminated and in most scenarios, the termination is unexpected. In other words, other OVCs will be unaware of the discharge and ill prepared for life after institution.

This therefore means that OVCs are discharged from the institution without being prepared for leaving the institution. Mhongera (2014) posits that weaned OVCs who are exiting institutional care are more probable to find themselves stranded especially economically. Below is the discussion of the economic challenges faced by OVCs.

3.2.1.1 Unemployment

Discharged OVCs in most cases face economic challenges because majority of them are unemployed. Drawing from the research done by Pryce et al (2015) employment related obstacles seemed to be the primary challenges faced by weaned OVCs. Furthermore, these scholars state that their findings showed how discharged OVCs felt finding employment, sufficient or satisfying paying jobs was either difficult or impossible for some of them (Pryce et al, 2015). The same challenge of unemployment among the discharged OVCs is also evident in South Africa (Tunur, 2012). This is disappointing news given the fact that South Africa has an economic muscle unlike Zimbabwe, which is undergoing economic meltdown.

A study conducted in Ethiopia highlighted that the reasons behind unemployed are social and educational obstacles. Reilly (2003) states that in Ethiopia factors such as skills and education were less recognised assets in finding employment because much emphasis bases on social connections. Job openings usually informed through friends or relatives, who are able to introduce them, support and even give assurance of getting the job (Pryce et al, 2015). This becomes a challenge to the OVCs because they do not have families or friends outside the institutions hence resulting into limited references to recommend and link them to possible jobs. The researcher is of the opinion that, to avoid unemployment, the Government as the mother of the OVCs, should be able to link the discharged OVCs with other government groups as well as, various corporate entities.

In Zimbabwean context, children from institutions have limited chance in the scramble for the few jobs on the market especially now that the country is going under serious economic challenges (Dziro &Rufurwokuda, 2013). Due to this, discharged OVCs resort to petty crimes and prostitution. For instance, one participant from the study done by Dziro& Rufurwokuda (2013:277) highlighted that she earns a living through prostitution and referred it as “cleaning carpet”. In line of this, Horton & Hunt (1984) study though dated posits that children with disturbed

backgrounds committed a vast number of petty crimes in the United States of America and Britain. While in areas such as South Africa particularly in Pretoria, OVCs have resorted to beg at the street corners, traffic lights, intersections and along the streets. Others have become criminals and snatch bags, cell phones and groceries to sell as quickly as they can to get money to buy food (UNICEF, 2013). Orphans and vulnerable children engage into such acts because majority of these children have no relatives to run to. The researcher has noted that, this has become a cycle and to some extent, the social protection programmes in Zimbabwe needs a revisit on these problems because the discharged OVCs face challenges they were facing before institutionalisation.

3.2.1.2 Lack of completion of higher education

Lack of completion of higher education studies is also another post-institutional integration challenge faced by OVCs. Drawing from the literature of Gwenzi (2015), discharged OVCs suffer from lack of completion of higher education studies. This is because OVCs experience multiple placements and in most cases, this disturbs the child's schooling. This challenge is also evident in international countries such as Australia with 65% of OVCs not finishing year 12 (Beauchamp, 2014). Similarly, in Zimbabwe a majority of OVCs have failed to complete education to higher levels.

In Zimbabwe, the issue lands back to harsh economic conditions. From the researcher's experiential knowledge, efforts have been made to assist these children through the Basic Education Assistance Module (BEAM). BEAM act as one of the social protection programmes for the orphans and vulnerable children. The module provides education interventions such as educational support, school fees and levy waivers to OVCs (Yeboah, 2018). However, drawing again from the findings by Taurai & Hlatywayo (2014) BEAM limits subjects to be written at Ordinary level. The limit is six subjects and these subjects are compulsory irrespective of whether the child is good or bad on the subjects.

Additionally, BEAM excludes Life skills and Vocational Training for children under the programme. The limit of subjects and exclusion of Life skills and Vocational Training further worsens the situation of OVCs because these skills are limited in their institutions. Yet, these are the very same skills that are bound to make the OVCs earn a living outside institutional care. As a result orphans and vulnerable children lacks both educational and life skills thus leading to post-institutional integration

challenges. The limitation of subjects is unfair on the part of the child because the child is made to write subjects, which might produce poor results. Sadly, the researcher is of the view that, post-institutional integration challenges will continue to occur especially if there is limited consideration paid to the educational and vocational training on the OVCs. Chances are that, if the situation remains, OVCs are bound to eventually swim and sink in poverty because finding a stable job in these circumstances is minimized.

3.2.1.3 Lack of financial aid

Additionally, another economic post-institutional integration challenge faced by OVCs is lack of financial aid. This is so because once an institutionalised child has reached 18, in most countries, there is a sudden discontinuation of services and support. Henceforth, it results into economic depravity and this exposes young people to poor livelihood outcomes (Serrey et al, 2011). Thus, discharged OVCs due to unemployment they are prone to lack of finance, which would result into them not being able to acquire basic commodities. Others OVCs are not able to pay rentals hence they resort to street life. Similar studies that were done in Nigeria by Connolly & Ikaahindi (2017) also discovered that financial support is lacking in deinstitutionalisation of OVCs. Child Protection Society (2014) further stresses that the discharge policy does not take into consideration the girls who needs sanitary wear and in most cases the girls when discharged they are not aware of how they are going to meet their physical and reproductive health needs. This is all as a results of lack of financial aid when they are deinstitutionalised from the child care institution. As noted by Collins (2001) to other OVCs, the family safety net may be non-existent, problematic or may lack capacity to provide support for young people leaving child care facilities. Families play a crucial role in the life of every human being and if the family structure is non-existent chances are that, an individual is bound to feel helpless.

3.2.1.4 Struggle with financial budgeting

In addition to the above, discharged OVCs are reported to be struggling when it comes to financial budgeting. Scannapieco, Connell-Carnick & Painter (2007) highlighted that OVCs lack preparation in performing everyday duty and attributed this largely to the absenteeism of exposure to these activities. Institutionalised OVCs

lack exposure to budgeting their incomes, shopping, cooking like most children living with their parents (Pryce et al, 2015). Children who grow up with parents tend to witness their parents working, budgeting their earning, shopping, and cleaning only but to mention a few. In most cases, OVCs lack contact with such basics which unfortunately are learnt through seeing.

As supported by Bandura's Social Learning Theory (1977) that behaviour occurs through observing. Thus, children observe the people around them and refer them as models. These models they offer illustrations of behaviour to which they can observe and imitate. In this scenario, most institutionalised OVCs lack such opportunities of observing and imitating the caregivers when doing financial budgets. A research conducted by Pryce et al, (2015) pointed out that weaned OVCs living in a family set up have never witnessed their care mother doing financial budgeting. Hence, this lack of exposure results into the discharged OVCs to face financial problems. This is true because when discharged the majority of OVCs do not have role models to imitate the expected and acceptable behaviours at societal level.

3.2.2 Social Challenges

Drawing from other literature, the researcher has identified that the OVCs face social challenges. Therefore, the discussion below unfolds the social challenges faced by OVCs.

3.2.2.1 Social Isolation

Researchers such as Cole & Bynner (2008) indicated that institutionalization upsurges social isolation and marginalization resulting into poor opportunities in life. This shows that OVCs face a challenge of social isolation especially when integrated into the society. Beihal et al (1995) shares the same sentiments while, Reilly (2003) eludes that in Ethiopia weaned OVCs face a challenge of integrating into the communities because of the isolation they experienced while in the institutions. The researcher goes on to note that OVCs in Ethiopia have limited access to the outside world and they find it difficult to interact with the non- OVCs. The same situation is evident in China where OVCs fail to interact with the outside world thus lacking social skills necessary to help them copy after institutionalization (Thurston, 1996). Moreover, social connections in countries like Zimbabwe and Ethiopia play significant roles for navigating passages to employment (Pryce et al, 2015). Linked with the, that the researcher noted that, with this contemporary world of networking,

preserving relationships with others is of paramount importance as it provides chances for self-sufficiency. Lacking these connections results into the OVCs facing challenges when integrated into the society. Henceforth, the researcher is agreeing to what other researchers have highlighted that discharged OVCs face social isolation because majority of the OVCs have minimal exposure to the outside life.

3.2.2.2 Social exclusion

A research conducted internationally has also indicated that weaned OVCs face social exclusion (Stein 2006). The researcher understands social exclusion as a state in which a person is unable to fully participate in areas such as social, economic, political and cultural life (Stein 2006). This is supported by a story in the Russian media whereby one painted a picture of discharged OVCs with a comment showing how high social exclusion is among the discharged OVCs in countries. The comment stated that, "for a child leaving a home is like landing on the moon, where nobody knows them. And this is how they spend the rest of their life, in a spacesuit since nobody takes any interest in them" Russia beyond the headlines (2014) quoted by Gwenzi (2015: 49:50). This indicates how despairing the condition of the OVCs in their post-institutional life can be in some circumstances mostly when they feel they do not belong in their integrated communities. Therefore, the researcher argues there is a need of providing OVCs with opportunities to participate fully in all areas of their lives for instance economic, political, social and cultural areas. This will minimise the higher chances of facing social exclusion.

3.2.2.3 Discrimination

Another psychological post-institutional integration challenge is discrimination. According to Chikwaiwa, Nyikahadzoi, Matsika & Dziri (2013) discharged OVCs face discrimination because of their background. In Ethiopia, OVCs have reported that they do not talk about their backgrounds because they are afraid of what the community would say. In some cases, the discharged OVCs are the ones arrested first when a crime is committed. In most cases, the community members especially the elders, they do not want them to play with their children because they believe that they are wild.

Additionally, Yeboah (2018) observed that OVCs face discrimination because of HIV/AIDS pandemic. This observation commensurate with that by SAFAIDS (2011) that, some OVCs whose parents had died of the pandemic were treated and

despised by their own family and schoolmates. One of the OVCs echoed that her grandmother after her discharge went around telling people in the community about her status. This is to some extent is heart aching to the child and it will be more difficult to the child especially if the discrimination is coming from the family members. Therefore, this indicates that the society hasn't accepted the pandemic as a result other OVCs that have been reunified by their relatives they tend to run away if such challenges escalates.

3.2.2.4 Stigmatization

A research conducted by Powell (1994) has unveiled that weaned OVCs face stigmatization when they search for jobs, find and generate networks and make contacts with others in the mainstream society. From this stigmatization, OVCs they fail to get jobs and as a result, they develop low self-esteem. Additionally, a study conducted by Muzingili & Ganha (2017) has indicated that OVCs face stigmatization from the community members who call them '*Nherera*' (orphans). To add on, Muzingili & Ganha (2017) noted that OVCs who are fostered are not treated the same with the biological children of that particular family. This might be because of their background and also their institutional history. Hence, this indicates that community members as well as families have not yet accepted the plight of the OVCs.

There is limited information on the stigmatization of OVCs but previous international studies have shown that due to stigmatization perpetrated by the community the OVCs experience psychological distress (Buys et al, 2011). The researcher supports this argument because discharged OVCs with relatives or not they are all vulnerable to stigma. This is because the relatives or community members may view these children as deviant because they do not have parental guidance. Which may not be the case, as some institutions have adopted family set ups for instance SOS Children's Home in Zimbabwe Save the Children (2013).

3.2.2.5 Marriage

Furthermore, another social challenge that OVCs face when integrated into the community is marriage. A research conducted by Dziro & Rufurwokuda (2013) unveils that marriage is one of the major social challenge that discharged OVCs face. This challenge emanates from the concept that institutionalised children are unable to make relationships with the opposite. To relate this, Mavhaire (2000) asserts that psychological and emotional training for OVCs in institutions are critical

reagents for setting up associations, contacts and supportive connections that are helpful for the individuals who leave institutional care Pryce et al (2015) noted that in Ethiopia OVCs from institutions find it difficult to have intimate relationships. Failure to form these relationships makes them to be prone to marital break ups. Dziro &Rufurwokuda (2013) however argues that it does not mean that those children leaving within the family setup are insusceptible to marital break ups.

However, it does not necessarily imply to say that those children that grew up within family setups are immune to marital break ups. Nevertheless, in the Zimbabwean context relatives initiate marriages (Dube, 2013). In cases of marital fights, relatives need consultation and in most scenarios, marriages will not break up through the interventions done by the extended relatives Bourdillion (1987). The absence of such extended family members opens room for OVCs especially girls to use their emotions in solving issues thus resulting into marriage break ups. The researcher therefore, strongly supports the scenario that children who were never loved at the beginning, finds it difficult to love back their own children as well their partners.

3.2.2.6 Lack of skills

Another post-institutional integration challenge faced by OVCs is lack of life skills. Institutions provides rigid and depersonalised surroundings, due to this, weaned OVCs often fail to acquire skills, ability and a drive for autonomous thinking and living (Collins, 2001). In line of this argument, Dziro & Rufurwokuda (2013) point out that critical decision making has confirmed to be elusive on the OVCs. Majority of the weaned OVCs find it difficult to make sound decisions about their future. Echoing the same sentiments, Pryce et al, (2015) mentioned that discharged OVCs reported that they are failing to distinguish between bad and good people.

Due to this, the OVCs are prone to dangers such as abuse especially girls. Additionally, lacking skills, have made the OVCs to experience faster depletion of income as some buy fast foods at restaurant and from vendors. This challenge has emanated from the dependency syndrome that the OVCs have adopted during their stay in the institution. Thus Powel et al, (1994) is of the opinion that depending on the care givers debilitates their capacity to think fundamentally and to make imperative choices or decisions concerning their lives or connections. This is true because in most cases, the caregivers decide for the institutionalized without taking

into consideration that life after institutionalization may bring out challenges that the OVCs will need to solve on their own.

3.2.2.7 Cultural challenges

Another post-institutional social integration challenge is culture. Drawing from the literature of Mallmann (2003) culture is a crucial point for inspiring the child's identity. Sharing the same notion is Kayombo, Mbwanbo & Massila (2005) who postulated that culture serves as a stock of knowledge, values, connectedness and belongingness on the part of the child. Lacking cultural practises or knowledge results into one failing to fit among others. This is true of the discharged OVCs; they face cultural challenges when integrated into the community (researcher's experiential knowledge). A qualitative research conducted by Dziro & Rufurwokuda (2013) highlighted that discharged OVCs find it difficult to fit culturally in their community. For instance, girls who are married, they fail to perform the cultural daughter-in-law duties henceforth creating conflicts with their in-laws. Muzingili & Gunha (2017) discovered that OVCs fail to adjust to the traditional culture such as '*kubika doro*' (brewing beer to appease ancestors) ceremonies. This is so because these activities are unusual to the institutionalised children. To add on the aforementioned researchers found out that OVCs in institutions are brought up in a Christian based home and due to that, they perceive some of the traditional cultures as demonic. Hence, the researcher is of the opinion that lack of exposure to some cultural activities and ceremonies in the institutions alienates the child when integrated into the community. To some extent it results into the child facing discrimination from the community members as some OVCs would withdraw themselves from participating in these activities.

Additionally, the culture that they have learned within institutions might crash with the culture of their communities. In most cases, this is evident when they misbehave that the unhu/Ubuntu (humanness) that the OVCs taught within institutions is contrary to the universe culture. Normally, this result into the OVCs being labelled as deviants and lazy children because they were culturally ill prepared. In most cases, this is true because whites facilitate some childcare facilities and their culture differs from the blacks thus creating a clash of cultures on a child when weaned.

However, the researcher has noted that there is limited information concerning the cultural challenges faced by OVCs when integrated into the community. From the

Zimbabwean culture Dube (2013) highlighted that when it comes to marriage, those who are about to marry are commenced into marriage life by the relatives. In a case of completely abandons OVCs or with untraceable relatives, one would wonder on how will the marriage proceedings are performed. Additionally, who would receive the dowry? Definitely, this would become major cultural challenge experienced by the OVCs. This does not only imply on the girls but also on the boys, as they also need relatives that would accompany them to the marriage proceedings. Therefore, it is from this gap that the researcher embarked on this study.

3.2.3 Psychological challenges

Furthermore, other post-institutional integration challenges that are faced by OVCs are psychological. These psychological challenges are identity crisis, lack of parental control, abusive life only but to just mention a few. All these challenges will be discussed below.

3.2.3.1 Identity crisis

First, OVCs who are discharged experience identity crisis. According to Giddens (2009), discharged OVCs fail to explain who they are, who their relatives are and where they come from. Similarly, Ministry of Public Service, Labour and Social Welfare and UNICEF (2004) echoes that institutionalisation leaved OVCs as insignificant members of a large institutional group without an individual identity. Additionally, they fail to even to define their totems, tribes or family clan. This is despite the fact that the Zimbabwean culture states that totem and ancestral lineage identifies a child with his relatives (Kanjanda, 2014). Most of institutionalised OVCs, know their caregivers but when discharged they face a challenge especially on their identity when it comes to their totem. As well as the culture of the community they are integrated into.

In line of this, Mupedziswa (1998) is of the notion that because of ill preparation for life after institutionalisation the result is that they end up feeling like foreigners in their motherland. The situation is worse especially when the OVCs does not have traceable relatives and does not have a place to stay. Dziro & Rufurwokuda (2013) view this scenario as unbearable and that it should not be like this because the Zimbabwean culture states that every child belongs to every parent. Henceforth, when the child does not have traceable relatives her life becomes alien within the society in which they reside in.

3.2.3.2 Lack of parental control

Additionally, the OVCs are viewed as deviant and they lack parental control. In relation to this, in Zimbabwe, the OVCs are referred to as “Vana Vekunherera” (children from the orphanages) (Dickens, 2012). Buys, Tilbury, Creed & Crawford, (2011) pointed out that for those who are fortunate enough to find jobs or teachers for those still at school due to these reasons they are treated differently. As such, because of discrimination levelled against them, the OVCs find it much easier to either leave their relatives and community members to stay in the streets (Dziro& Rufurwokuda, 2013). These views are an implication that the community has not yet accepted the fact that OVCs are just like any other children who live with their parents and that they need protection and care.

3.2.3.3 Abusive life

a) Sexual abuse

Discharged OVCs are faced with different types of abuse when integrated back into the community. Drawing from the work of Greeson (2013), discharged OVCs when integrated into the independence life, majority of them do not have a starting point. Some do not have places to stay and because of this, they become vulnerable to dangers especially for the girls. Girls become vulnerable to sexual abuse because of lack of proper places to stay where there is protection. Some discharged girls engage in sex work because they fail to feed themselves. Moreover, concerns have been raised by these girls that though there are forced to engage in sexual work, there are some customers that force themselves on them and do not pay for their services.

b) Substance abuse

Additionally, the OVCs indulge into substance abuse. Drawing from the work of Pryce et al (2015) within the Ethiopian context, it was highlighted that discharged OVCs become dependent to alcohol and munching a leaf called “Khat” that has “amphetamine-like effects”. The same situation is also evident in Zimbabwe, where the OVCs involved in drug use (Pufall et al, 2014). This tendency assists OVCs to cope with life stressors presented when integrated into the community. Linked with the above, the researcher noted that lack of preparation for life after

institutionalisation results into the OVCs resorting into undesirable behaviours thus affecting further development.

3.3 Coping mechanisms that are used by OVCs

Surviving strategies utilized by discharged OVCs differ with the availability of resources and their different geographical set up. Thus, though, these coping mechanisms may differ, Mashayahanya (2014) argues that these mechanisms are used universally. Orphans and Vulnerable children use a variety of strategies and these can either be positive or negatives activities. Additionally, it should be noted that coping mechanisms also differ based on gender of the OVC.

3.3.1 Begging

According to Mashayahanya (2014), begging is when one asks for help in various ways either in streets or in houses. In most cases, begging is done in streets usually at intersections or at traffics lights. Child begging has proven to be more susceptible to OVCs because they lack the necessities such as food, clothes, health, education and shelter. Drawing from the work of Save the Children (2013) it emerged that some of OVCs who had left institutional care were failing to have a meal per day. Therefore, in order to meet the required basic needs they resort to begging. On begging, Nampanya (1998) states that boys are at a higher risk of begging unlike girls who resort to making meals and cultivation. However, basing on the researcher's knowledge, the tables have turned as girls are also participating in begging in the streets and this is true particularly in the capital city of Zimbabwe, Harare. Therefore, it is because of these challenges faced by weaned OVCs that they end up resorting to begging as a coping mechanism.

3.3.2 Vending

Vending entails selling different types of goods mostly in the streets. Chase, Wood Aggleton, (2006) are of the view that majority of discharged OVCs are involved in this type of business where they sell a variety of different goods in streets. The goods include vegetables, fruits, freezits, tomatoes, sweets and other light goods such as airtime, batteries, threads and knives to mention a few. These small businesses do not provide much but at least they assist the OVCs in putting food on the table. Additionally, it should be noted that other OVCs in addressing their

challenges they implement positive ways of dealing with them while other use negative ways. A study conducted by Chase et al, (2006) indicated that boys and girls from Chegutu's Children home utilized selling vegetables as a coping mechanisms. Other children's homes have incorporated gardening on the children's timetable so that the skills acquired there can assist them after leaving care (Save the Children, 2013). It should be noted that vending is a positive coping mechanism and the discharged OVCs need to be encouraged to venture into vending. The researcher is of the opinion that vending is much relevant especially with the Zimbabwean economy where almost every citizen is a vendor.

3.3.3 Early marriage

Getting married at a young age is also another coping mechanism implemented by weaned OVCs. Chase et al (2006) indicates that OVCs specifically girls are at higher risk getting married sometimes within a short period of knowing their partner. They indulge into early marriage as an alternative solution to the post-institutional integration challenges. It is in this respect that these children will marry without the knowledge of the dilemmas surrounding the issues of marriage.

Mashayahanya (2014) further contends that children who marry under such circumstances lack genuine feelings for their partners but they are just using the marriage as a copying mechanism towards the post-institutional integration challenges. To this end, issues such as domestic violence are evident in such marriages. Since, the majority of these OVCs do not have places to go, they end up staying in environments where they experience domestic abuse. To strengthen this, Beihai & Wade (1999) postulates that, the choice of beginning a family is derived from the need for security and a sense of belonging. Largely this is valid because in most cases deinstitutionalised OVCs lack a sense of belonging within their families, either relatives or community. Therefore, the researcher is of the notion that OVCs are left with an option to marry at a younger age and start their own families where they can belong without facing discrimination.

3.3.4 Sex work

According to Overs (2002), sex work is the exchange of sexual services for money or goods. Discharged OVCs have taken upon themselves to utilize sex as a coping mechanism to solve their post-institutional integration challenges. In one of the studies conducted by Dziro & Rufurwokuda (2013:272), other participants shared that

they earn a living through prostitution and they call it “carpet cleaning”. Echoing the same sentiments is Mabvurira et al, (2017) who noted that discharged girls use sex as a survival strategy. To add on, other girls use sex work as a way of getting a job, given that some lack the required skills and experience on a job. In such a scenario, they use this strategy as a way of getting into the work place. In Zimbabwe, this strategy has become common among the OVCs and this has been aggravated by the economic meltdown as well as, the freezing of companies in Zimbabwe, which has resulted into high unemployment (Zimbabwe Sex Worker’s Formative Research, 2013)

3.3.5 Consumption of drugs

Consumption of drugs is also another coping mechanism that is used by the post-institutional orphans and vulnerable children. Nugent & Masuku (2007) found out that there is high prevalence of drug use among the institution graduates. The study indicated that this strategy works as a way of dealing with stress, low self-esteem and as a way of avoiding extreme feelings of poverty by the OVCs. As has been noted above that in Ethiopia discharged OVCs once discharged they become addicted to alcohol and chewing a leaf called “khat” Pryce et al (2015). Similar studies conducted in India by Saraswati & Unisa (2017) also highlighted that OVCs chewed and smoked tobacco to avoid tension and be carefree. Orphans and vulnerable children have been exposed to so much hardship in their lives; others have lost their parents in tragic incidents. While others have lost their parents due to a sudden death, others abused sexually and emotionally. Majority of them will not have healed by the time they are discharged neither will they receive further psychosocial counselling. Hence, they are bound to resort to drugs as a way of suppressing the challenges they are facing.

Through literature review, the researcher has noted that there is limited information on the coping mechanisms done by other OVCs that have received adequate education or skills. Furthermore, other studies have highlighted that the discharged OVCs engage into criminal behaviours but there is limited information on the exact criminal behaviours. Thus, in a bid to close these gaps, the research under study chose a sample based on different categories so that all employed and unemployed, educated and non-educated can be part of the research. This allowed the researcher to engage with different views on the post-institutional integration challenges.

3.4 Role of the Department of Social Services

According to Gwenzi (2015) The Department of Social Services (DSS) in the Ministry of Labour and Social Welfare has the duty of delivering or facilitating social welfare services in Zimbabwe. This current study also observed that the Department of Social Services plays a major role in the institutionalisation of OVCs. The department employs probation officers who are responsible for the overall case management. The situation is different in South Africa, whereby, probation officers deal with children in conflict with the law (Nature, 2014). While social workers deal with the residential care of OVCs.

Probation officers are the pioneers of the process of institutionalizing OVCs. The Children's Act of Zimbabwe (2001) indicates that no placement that would be done in any private or public institution without consulting the probation officer of the particular district. Chibwana, Musavengana & Gumbo (2014) highlight that the probation officer identifies and places OVCs in relevant institutions that provides the care of the child's needs. More so, the probation officer develops a childcare plan, facilitates the attainment of the child's committal documents for instance, birth certificate. Additionally, probation officers conduct follow ups regularly on the child particularly, on the matters noticed during placement. Additionally, the probation officer plays the role of being a surrogate parent when the child re-counts with other shareholders like the school and the police (Chibwana et al, 2014).

Research conducted by Gwenzi (2015) also found out that probation officers have the duty of weaning the child from the institution at the age of 18. The caregivers notify the probation officers when the 18th birthday of the child approaches and the probation officers is expected to start to make an exit plan. Furthermore, at this point, the probation officer finds placement options for the child whilst, the child is the institution. In a case that the child does not have an existing family. The probation officer is supposed to find a skill training institutions for the child. In comparison, countries such as Australia, preparation and planning begin when the child reaches 15 years of age (Mendes, Johnson and Moslehuddin, 2011). This is also evident in Ireland where children are prepared at 16 and when they reach 18 a social worker is allocated for them together with an after care plan (HSE Leaving Care Policy and Procedure Documents, 2012). This is a different case altogether when it comes to

Zimbabwe. The probation officer states the plan at placement and at discharge; it becomes a problem in preparing and planning for after care.

Drawing from the research that was done by Save the Children (2013), it emerged that probation officers were not executing their duties when it comes to the placement of OVCs in institutional care. Administrators of other institution during interviews uttered their disappointment at the lack of participation of the probation officers in the nurturing of OVCs in institutions. One of the administrators quoted by Chibwana and Gumbo (2014: 41) expressed that, "We only see the DSS people here when they are bringing children. They only get to the office and the next time we will see them is when they are bringing another child. They let us down a lot!" From this, the researcher is of the argument that OVCs that are institutionalised have different problems. For instance some are victims of rape while others are juvenile delinquency. Undoubtedly, these children need different specialized counselling from trained probation officers as well as social workers. As a result, their absenteeism affects the development of institutionalised children due to lack of counselling. Euphemistically, social workers need to be competent and should be cautious when working with OVCs in order to reduce post-institutional integration challenges.

In line with this argument, Penglase (2007) observed that some caregivers are inexperienced people and they came up with the idea of looking after the needy as source of income. He goes on to stipulate that inexperienced caregivers would always remind children about the reasons why they are in that particular institution and this would result into low self-esteem to the child. As a result, probation officers and social workers are expected to step in and play their roles in nurturing OVCs vis-à-vis the development of these children. Lack of proper care on the institutionalised OVCs leads to post-institutional challenges when integrated into their communities. In line of this argument Dziro & Rufurwokuda (2013) stipulates that challenges stemming from the institutions generate other challenges, which would make it difficult for them to fit into their integrated communities.

3.5 Solutions suggested by the professionals in addressing the post-institutional integration challenges.

This section will review literature on the support services provided by the professionals in addressing the post-institutional integration challenges both

international and Sub Saharan Africa. Particular attention will be on the support services for weaned OVCs. This section focused on the international perspective first and then honed in to the Sub Saharan Africa, lastly looking at the Zimbabwean system since it is the location of the study.

3.5.1 The concept of Support

Drawing from the oxford dictionary support, is defined in terms of two concepts. Firstly, there is financial support, which entails financial aid, contributions and money. The second concept is emotional support, which constitute of reassurance, consolation, protection, comfort and relief. According to Robb (2007), support is a tool utilized by workers to describe and provide senses to interventions. Furthermore, an amalgamation of professional values and purposes, the needs of the children and the regulations of policy shapes working with children (Robb, 2007). Appropriate state organisations, private organisations and others for instance faith-based groups provide support services for discharged OVCs. As such when these support services are provided, Gwenzi (2015) emphasises the fact that laws and regulations should guide the support mechanisms in place.

At the other hand, there is the social support. Drawing from the work of Hiles, Moss, Wright & Dallos (2013:2016) Social support is a “multi-dimensional” notion including emotional support (empathy, trust, love and caring); instrumental support in terms of physical aid and resources, informational support (advice and information) and assessment (feedback for self-evaluation). Therefore, the Department of Social Services has the responsibility to provide such support to the children. As noted by UNCRC Article 20 that when a family is non-existence in the life of the child, automatically, the child belongs to the State. In other words, the child is entitled to special care and support from the state (Gwenzi, 2015). This review will look at the support services provided by the professionals in dealing with the post-institutional integration challenges faced by care leavers.

3.5.2 International literature on support services for discharged OVCs

As noted in this chapter discharged OVCs are bound to face post-institutional integration challenges. In countries such as Ireland, homeless young people have a history of being in the institutions (Kelleher, Kelleher, Corbett & Mcallister, 2000). In most cases this is because a family might be non-existing. Thus, countries such as Sweden, Australia and Romania have recognised the care leavers as marginalised

individuals that deserve after care support services after realising through their research that OVCs were not given any exiting packages (Gwenzi, 2015). Largely this is true in the sense that when OVCs are discharged, majority return to the streets. To some extent, the protection programme of institutionalising orphans and vulnerable children would be unrecognised because they resort back to their way of living before institutionalisation.

An international research has indicated that discharged OVCs experience a high risk of social isolation (Stein, 2006). Additionally, OVCs have low educational fulfilment, involved in unemployment, exposed to young parenthood, criminal behaviours (Biehal, Clayden, Walles & Stein, 1995). Due to this, other international countries have looked into the situation of post-institutional integration challenges faced by OVCs. This is guided by the UNCRC that has mandated that care leavers be provided with support services. According to Munro, Pinkerton, Mendes, Hyde-Dyden, Herczog, Benbenishty, (2011) the guidelines of the UNCRC shows the imperative need of an ongoing preparation and empowerment of orphans and vulnerable children to make decisions about their lives. Given a scenario that countries abide to the laws and regulations of the UNCRC Guidelines and formulate policies and legislations that guarantees the prioritization of the needs of the discharged OVCs. Given the above sentiments it would be expected that there would be less post-institutional integration challenges as all the good features such as stable placement, education, on-going preparation for life after care will be met (Stein et al, (2011).

Internationally, the United Kingdom has made legal provisions for discharged OVCs (Leaving Care Act, 2000 that became effective in 2001). Barnados & Pila (2012) opine that, the main aim of this Act is postponement of the discharge process. This is a strategy to ensure the readiness of the OVCs, prepare them for deinstitutionalisation. Additionally providing ample time for proper investigations, planning and preparing for life after care as well as ensuring that OVCs are financially stable. Other countries such as England Wales and Scotland apply this Act. Rendering of support services to the discharged OVCs is also applicable in the United Kingdom because it is a developed country and has a strong economy unlike in Zimbabwe where serious economic meltdown is known worldwide. Such support services are difficult to render given the fact that the country is currently failing to provide a child grant to institutionalised OVCs, what more to the discharged OVCs.

A research conducted in Australia has found that weaned OVCs are exposed to minimal prospects of developing necessary life skills hence they lack knowledge in steering the adult world. Therefore, Mendes (2009) stems that they deserve after care support services to sustain their independence. In response to this, the Department of Human Services in Australia has funded all the support services in its eight regions. Additionally, the Department of Child Protection Workers also established tools and case practise guidance. This guide focuses on preparing institutionalised children at an early age so as to promote a successful reintegration in the communities. Furthermore, Mendes (2009) states that care leavers have post care assistance and this could be in the form of personal support, employment, further education including housing. Australia has implemented a number of programmes to assist the discharged OVCs to avoid post-institutional integration challenges. As noted above, Australia has noted that OVCs are bound to face challenges when discharged hence it has acted upon the situation through implementing sustaining independence. The factor still goes back to the fact that majority of international countries they have resources both human and financially, and thus, formulation and implementation of such programmes is not a mammoth task. Unlike in other Sub Saharan African countries, which are still developing, and to some institutionalisation is yet to be embraced in such countries.

3.5.3 Sub- Saharan African countries on the provision of support services to the discharged OVCs.

The World Youth Report (2007) argues that Sub Saharan Africa is a county marked by high prevalence of poverty, which comprises of either financial or non-financial characteristics. Within this countries, there is reported lack of provisions of the basic social services, facilities and public services. Due to this, youth development can only be discussed in conjunction within the poverty perspective (World Youth Report 2007). Because of these multiple challenges faced by Sub Saharan Africa, OVCs are found to be in need of care and protection due to the exposure of a deprived situation. Thus being institutionalised in alternative care (Van Breda & Dicken, 2014). There is minimal documentation of after care services in Sub Saharan Africa region because there is limited information on the institutionalisation of OVCs. As a result, it leads to limited information of after care services (Gwenzi, 2015). For instance in

South Africa, Van Breda (2015) highlighted that the situation of institutionalisation seems to be less because the developmental approach to Social Welfare primacies family and community based alternative care to institutionalisation. As a result, South Africa advocates that OVCs enter institutionalisation as a last resort when all other safe nets have failed. However, there has been little research conducted on OVCs as they exit the child care. But it should be noted that in Section 191 (3) (E) of the South African Children's Act 2005 it is stated that Child Care and Youth Centres are to assist with the transition of discharged OVCs. This section has a limitation, as it does not stipulate how the support is regulated to the weaned OVCs and how to prepare them for life after care. Hence, due to such weakness, there remain limited support services to the OVCs as a result facing post-institutional integration challenges.

This is a different scenario in Ethiopia. Drawing from the literature of Pryce et al (2015) Ethiopia has discovered that OVCs face post-institutional integration challenges. Henceforth, the institutions reported to be providing support services for instance education of its OVCs as well as financial support. In terms of financial support, the terminated OVCs receive wages for the first 3 to 6 months. Additionally, other institutions provide vocational skills to the terminated OVCs particularly for those who have failed to acquire employment after 6 months of release (Pryce et al, 2015). Such support services provide the discharged OVCs with a temporary relief and helps them to integrate successfully in the communities. In essence, this pocket of good practises for Ethiopia, taking into consideration that it is one of the poverty-stricken countries but, it has made tremendous efforts to assist its OVCs. This implies that it is important for other countries in the Sub Saharan to tap on these pockets of good practices vis-à-vis providing support services for care leavers.

The study of Ethiopia is important in portraying an image of the post-institutional integration challenges faced by OVCs in another African country different from the one where the current study is conducted. Additionally, the use of these other African countries helps to bring out the fact that the non-existence of policies and more notably laws on aftercare in any state produce challenges to the provisions of services for discharged OVCs. Kelleher et al, (2000) argues that policy offers a podium for tactical planning and combined replies to prevent a reiteration of services and extemporary implementation. However, the problem with a majority of African

countries lack policies and legislation that accommodate the weaned OVCs, it then add to the difficulties faced by OVCs.

Gwenzi (2012) is of the argument that even though other states have retorted to the challenges of discharged children by applying laws, regulations, and aftercare funding support programs. Such provisions do not exist in many African countries. This is because of the economic meltdown. Echoing the same thoughts is Frimpong-Monso (2012) that African countries are themselves struggling to fight poverty among its overall population and this is due to economic poverty. Because of this economic deprivation, other African countries are failing to provide basic services to the non- OVCs. However, this situation is different in Zimbabwe. As noted earlier, Zimbabwe has a sound legal system and its Social Welfare is highly backed up by effective legislation since 2000. Nevertheless, the problem is its economic deficit that has starved the Department of Social Services (DSS) financially for the past 20 years. More so, the DSS has suffered from lack of professionals that have fled for greener pastures in order to beat the economic crisis (Powell, 2011). Zimbabwe suffered a great economic breakdown in 2008-2010 and since then it has not recovered. Save the Children (2013) discovered that the Zimbabwean Government is failing to pay a monthly grant to the institutionalised OVCs. Its failure to cater for the institutionalised OVCs, it already signals the fact there is limited aftercare support services for care leavers.

3.5.4 Zimbabwe on the provision of services to the discharged OVCs

The current study also focuses on the provisions of services to the terminated OVCs on its own since it is one of its purposes to assess the strategies done by the professionals in combating the post-institutional integration challenges. As noted earlier in this chapter that the Government of Zimbabwe terminates OVCs that has reached 18 years as they will no longer be eligible for the government grant. However, other institutions do not follow this policy but rather house the OVCs that are more than 18 years. Others institutions provide further education for instance tertiary education. Muguwe, Taruvinga, Manyumwa & Shoko (2011) are of the notion that other institutions send older OVCs to life skills training. Nevertheless, there is limited information on the availability of these training institutions.

However, Musavengana, et al., (2014) states that the Zimbabwean Government lack mechanisms to do follow-ups on the weaned OVCs. In response to this, the

Government argues that discharged OVCs are adults and hence should fend for themselves. Therefore, the extension of services whilst in the care serves as the after care services. Hence, this is resulting in OVCs facing post-institutional integration challenges. For instance a study done early in the 1990s identified that OVCs leaving care are not a homogenous group (Beihal et al 1995). In this case, OVCs have different backgrounds and their reasons of institutionalisation differ. This is in relation to the deinstitutionalisation of care leavers because once they exit these home cares centre they go different ways. For instance, it has been noted that others go back to their traceable relatives, and others resort to street life. Findings done by Kamete (2006) noted that a third of the discharged OVCs live in streets in the inner city of Harare. Thus, the findings from this study suggest that the lack of after care services leads the OVCs to resort to street life. Therefore, it is because of this, that this current study seeks to assess the strategies implemented by professionals in combating the post-institutional integrated challenges faced by OVCs.

Thus, if one were to make a comparison of the international and Sub Saharan Africa, it can be noted that the subject of OVCs leaving the institution is more dominant in the developed countries. This is evidenced by a wealth of literature on the life after care of the OVCs. Through reviewing the literature on after care support services, gaps have been identified between the International countries and the Sub Saharan Africa. While in international countries such as the United Kingdom has practices and policies that provide aftercare services. In Sub Saharan Africa, these policies are scanty. As seen above the provision of service is still developing for instance in Ethiopia. Economic gaps between the International countries and the Sub Saharan Africa region intensifies the differences on the rendering of the aftercare services. International countries have strong economic structures and adequate resources unlike in Africa particularly for Zimbabwe which has a weak economy and inadequate resources. Majority of the African countries as noted above, fail to provide basic services to the population at large and what more a small population of OVCs. Therefore, based on the foregoing assertions, the study sought to assess the strategies that can be implemented to fight post-institutional integration challenges

3.6 Theoretical frameworks

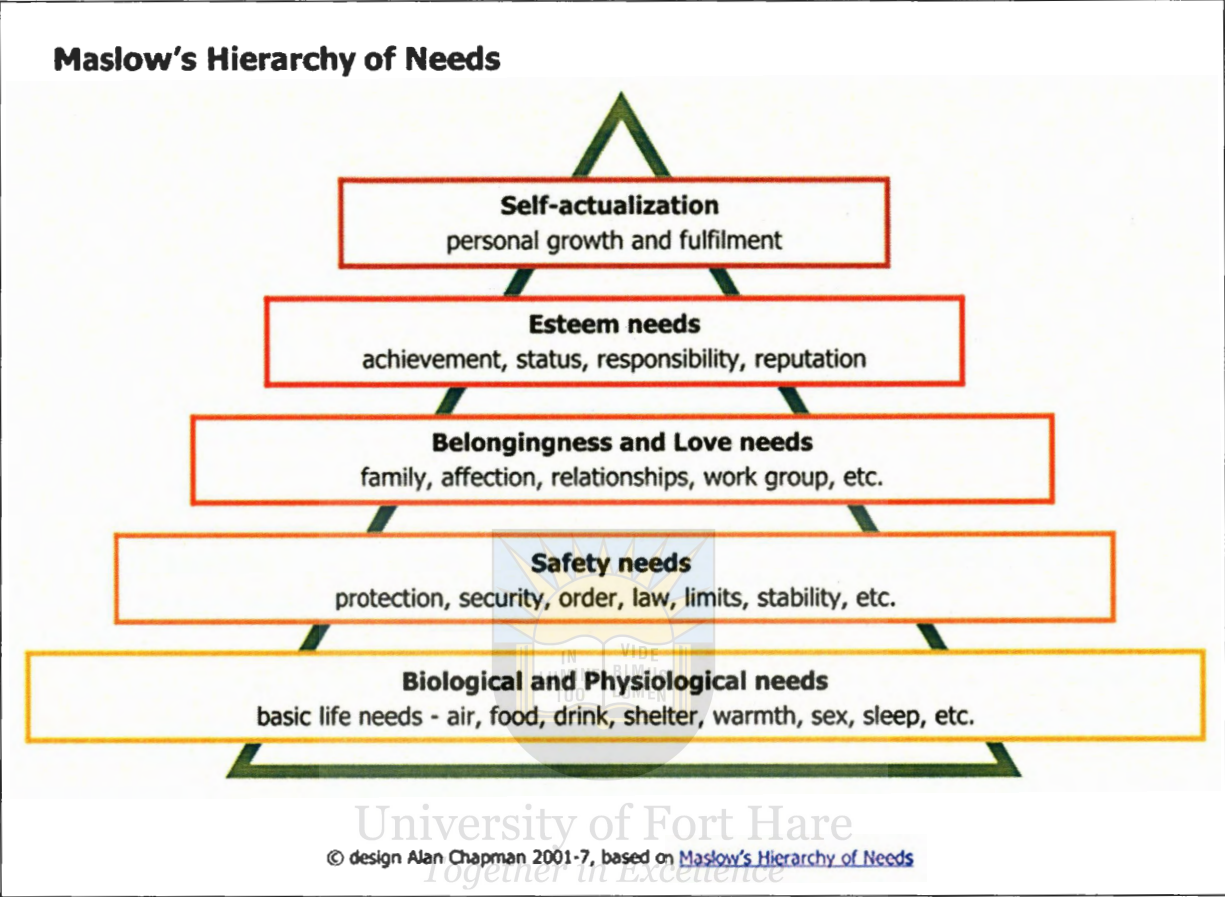
Theoretical framework in simple terms is a theory that serves to show an empirical side of the study through describing the underlying phenomenon under study. Friedman (2003) alludes that a theory is a model that explains how variables interrelate by focusing on its elements in relationship to one another. Therefore, three theories compliment this study and these theories will seek to explain the elements of this study. The theories are Maslow's Hierarchy of Needs, Bidimensional Acculturation Model and Empowerment theory.

3.6.1 Maslow's Hierarchy Needs

This theory unlike other theories, did not examine the mentally ill or neurotic people but rather it focused on the needs that people require in order to succeed in life. Abraham Maslow propounded the Hierarchy Needs theory in 1943. The theory pointed that there are five types of needs that a person has to meet in life to avoid acting egoistically. The five types are biological and physiological, safety, belongings and love, esteem and self-actualization needs. Below is the diagram of the needs in their respective order.

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Figure 1.1: Maslow's Hierarchy Needs



Source Gross (2010)

3.6.1.1 Explanation of the diagram and its relevance to the study

As indicated above, the needs are arranged in a hierarchical manner. According to Griffin (1991), the ascendant climb is made by sufficiently meeting one need at a time. On the very least of the pyramid are the biological and physiological needs. These biological and physiological needs are the basic needs to life. Drawing from the literature of Mashayahanya (2014), Maslow's idea is that when human beings have the biological and physiological needs such as food, water, shelter, and clothing they are driven to accomplish the next need in the hierarchy. Failure to attain these needs Maslow (1943) argues that, it disrupts developmental procedures of getting to the top of the structure. This theory was applicable to the study because it explains the socio-economic challenges that OVCs face when integrated into the community. Discharged OVCs as shown earlier in this chapter, have reported to be having inadequate basic needs. Others are street children; others struggle to feed themselves. The situation is worse especially in the African countries where there is

limited after care services. Thus, because of such challenges, they fail to proceed to the next level and this creates tension within themselves.

The next need on the hierarchy is the safety needs. Safety needs involves the significance of one's protection for instance a safe location. Maslow argued that once the physiological needs are satisfied the individual progresses to the next stage, which is safety needs. These safety needs includes protection from physiological danger for example, fire, accident, economic security and the aspiration to attain some mechanism to deal with uncertainties of life. Once an individual has a safe environment that avoids fear of physical and environmental danger, chances are that the individual will advance to another level.

This level of safety needs was also applicable to the study as it explains the vulnerability of OVCs when they leave care. Discharged OVCs lack security especially to the homeless OVCs whom will be staying in the streets. Girls are exposed to dangers such as sexual abuse. In such a scenario, girls find it difficult to form relationships because of the experiences they would have undergone. Additionally, integrated OVCs lack security in extended families. Most of the orphans, their parents have been victims of HIV/AIDS and because of that , most extended families discriminate them as a result, they feel unsafe. Concerns have also been raised that other extended families they get to the extent of robbing the institutionalised thus OVCs have been known to lose their inheritance thus, lacking resource security. Failure to acquire the safety needs exposes the weaned OVCs to danger and in most cases, they fail to form relationships because they feel unsafe and trusting becomes a major problem. Due to that, they fail to reach the next level of love and belongingness.

According to Mashayahanya (2014), a sense of love and belongingness seems to be the most crucial needs in the life of an individual. Echoing the same sentiments is Theodor (1996) quoted by Venugopalan (2007) who argued that belongingness needs are an image of the point that people are interactive human beings, in need of other's companionship. Thus, people need to fit somewhere, need companion, acceptance from companions, to offer and obtain friendship and love.

This need is aligned with the study with the sole view of explaining the situation that OVCs face. From the onset when orphans lose their parents, they lack the need of belongingness and love. The situation is aggravated when institutionalised as others lose contact with their relatives. Additionally when institutionalised they lack a sense

of belongingness and love as they are constantly reminded that an institution is not their destination but temporary shelter. Additionally, due to high population in institutions chances are that the OVCs are exposed to lack of love because the caregivers would be attending to so many children. As noted earlier Dziro & Rufurwokuda (2013) highlighted that dormitory style denies attention and emotional support from the caregivers. That on its own shows that OVCs lack love and belongingness. The same situation is witnessed when integrated into the community. They fail to form relationships and others fail to love their mothers especially after they have learned that they were abandoned (Pryce 2015). Thus Maslow (1943) is of the opinion that when one fails to love and to belong chances are that, the person develops a low self-esteem thus failing to reach the next level of the hierarchy of needs.

According to Maslow (1943) the self-esteem needs is the fourth level on the pyramid of needs. Venugopalan (2007) states that this need comes after one has achieved something and would want appreciation. Keith & New divides this need into two parts internal and external recognition. According to them, internal recognition is the dignity one has and looks for. While external recognition is the community approval ascending out of the appreciation and recognition of the individual's performances. Thus, these scholars argue that esteem needs signifies the sophisticated hierarchy of needs of people. Needs such as authority, success, position, accountability, ability, skills are also components of this need. Henceforth, Maslow (1943) fulfilment of esteem needs yields feelings of self-worth, power, and competence, feelings of useful and essential in the community. However, the originator of this theory argues that very few people reach this level.

This need commensurate with the study because weaned OVCs have been observed to lack self-esteem needs. Discharged OVCs when integrated into the community, others they face discrimination and they are labelled as deviant. Because of that, the OVCs have a low self-esteem and even if they achieve something. Their recognition is low unlike the children in a family set up. Thus due to that, they lack self-esteem resulting into them failing to have feelings of self-worth. Additionally, Mashayahanya (2014) is of the point that orphans have low self-esteem because of the death of their parents, as some do not stop grieving their parents.

The last stage on the hierarchy of needs is self-actualization. This level is recognized as the feeblest because other needs have to be achieved first in order to reach this

level. Maslow (1954) quoted by Gross (2010) indicated that in life, few individuals reach this stage whereby they have reached a point of saturation but still need to strive for more. Self-actualization is the aspiration to develop all the skills one has. In other words, it is a development requirement to reach maximum potential (Wahba and Brickwell, 1974).

The majority of deinstitutionalised OVCs fail to reach the self-actualization need. This is because others fail to meet the other needs and because of that, it becomes difficult for them to reach the last stage of the hierarchy of needs. Discharged OVCs in Zimbabwe are weaned with no packages and when integrated into the community, others fail to meet the needs stipulated above. To make matter worse the Zimbabwean present economic status contributes to this failure as the care leavers are unemployed, other do not live in safe environments, others feel like they don't belong, others have low self-esteem. In such circumstances, they fail to feel fulfilled in life as they lack life skills, education, employment, social networks and no families to assist them. This leads to post-institutional integration challenges. Therefore, this study sought to look at the skills that the OVCs are equipped with in order to meet these needs. Additionally, the study further looked at the strategies implemented by the professionals as a way of dealing with the challenges so that the OVCs can reach their self-actualization.

3.6.2 Bidimensional Acculturation Model

John Berry a Canadian Scholar of Cross Cultural Psychology propounded the Bidimensional Acculturation Model in 1980. This model was proposed in order to comprehend immigrant's capability to adopt and adapt to the culture of the whole country. According to Berry (1997), acculturation is viewed as a process of switching cultural features when people from dissimilar cultures get together. Berry (2006) further states that acculturation is usually studied in persons staying in nations or states other than their birth place that is among immigrants, refugees, asylum seekers and sojourners. This model is of the notion that persons may learn, utilize and implement the linguistic, dressing, values and beliefs of the new host-culture. The model goes to state that individuals who have been exposed to the mainstream they are supposed to assimilate the culture and do away their own heritage culture. This theory has four categories and these are assimilation, separation, integration and marginalization. Assimilation is attaining mainstream and rejects the heritage

culture. This means that an individual adopt the cultures, beliefs of the mainstream and do away with their own culture. Separation is discarding mainstream and preserve heritage culture. In this scenario, individuals maintain their own cultures and reject the values and beliefs of the dissimilar group. Integration refers to attaining mainstream culture and keeps their own. Marginalization refers to discarding the culture of the host nation and rejects the culture of their own.

This model was relevant to this study as it sought to explain situations taking place in children's homes. The weaned OVCs are ill prepared culturally. This is because the institutions as noted by Dziro & Rufurwokuda (2013) fail to take into consideration that OVCs will leave the institution and integrated into the community one day. Drawing from Segall et al (1999) in explaining the categories of Berry's Model, individuals at all the categories, they face problems in order to fit in the mainstream culture. In trying to either, adopt both culture or to shed one culture, individuals have to use problem focused coping in trying to change the problem or in trying to control the emotions involved with the problem. In other words, weaned OVCs are bound to experience such problems when integrated into the communities because institutions have their own way of doing certain things and these may differ from the ways that communities do their own. Thus resulting into a clash of cultures. Dziro & Rufurwokuda (2013) have argued that institutional care is so rigid and depersonalised environment in which children have no opportunity to experience normal life and could not acquire the basic skills of developing Ubuntu/unhu /humanness. Similar research conducted by Powell (2006) has indicated that orphans and vulnerable children face cultural post institutional integration challenges especially girls. Girls, who are married, are failing to perform their daughter in-law cultural duties. This is so because they are ill prepared about the cultures of the mainstream. Therefore, this study will assist in helping the institutionalised children to be able to assimilate to the mainstream culture to avoid cultural post-institutional integration challenges.

3.6.3 Empowerment theory

This theory has been used by many disciplines in advocating and explaining the concept of empowerment. Its foundation has been taken from the ideas and work of Paula Friere who advocated empowerment in Brazil for the marginalised communities (Hipilito-Delgado & Lee, 2007). According to Robbins, Chatterjee &

Canda (1998) empowerment theory is a theory of social action and is practical and socially just. Hence, its purpose is to provide consciousness of the real circumstances, life and the actions that bring about change. Arab (1997b) is of the view that authors use empowerment differently as others regard it as a way to combat social problems such as poverty, problems in accessing education or health facilities. While Hyung Hur (2006) regards that, traditionally more vulnerable groups in the society can obtain an influence when their strengths has been connected to economic development thus resulting into empowerment. In the same argument KleteĖki RadoviĖ (2008) state that linking an individual with economic development is not the only way to empower therefore, poverty should not be seen as a material impediment but also as a social, political and psychological vulnerability. Nevertheless, it should be noted that this study was not mainly interested in the processes of empowerment but much emphasis was placed on the change that is brought by empowerment.

Drawing from the literature of Shultz et al, (1995) quoted by Nachshen (2004), empowerment theory has three important levels and these are individual, community and organisations empowerment level. On the individual level, Shultz et al, (1995) states that a psychological empowerment should be promoted, an individual should understand the social and political environment such as having knowledge of the law, rights and responsibilities. Furthermore, empowerment at an individual level should include confidence in personal abilities and competencies for such action. In relation to the weaned OVCs, the majority have been empowered at an individual level but, there is a lack in terms of social understanding of the environment. This is supported by Dziro & Rufurwokuda (2013) who argues that institutions provide a rigid and individualised environment to an extent that OVCs fail to have a chance of experiencing normal life and fail to obtain and be equipped with skills of Ubuntu/ Humanness (Kangethe & Makuyana, 2013a). Thus indicates that OVCs have minimal contact with the social life. Due to this, post OVCs face social challenges when integrated into the community. Therefore, it is from this study that the researcher is of the opinion that there is a need for OVCs to be empowered in all areas of economic, social, psychological and political factors so as to minimise the post-institutional integration challenges.

Elisheva (2004) highlights that, an individual has the potential of empowering oneself and each individual has the potential to make a change because it is part of human

existence. Giddens (1984) argues that a person stops to be such in the event that he or she loses the capacity to impact the world somehow. In other words, in order for one to be a full human being, one needs to be able to bring change, be able to reach the characterised goals, be able to make an impact in the environment (Elisheva 2004). However, there are a number of impediments that are evident in the life of an individual that hinders an individual empowerment. Elisheva (2004) argues that there are so many boundaries that are put upon a person's capacity to exercise power.

This individual level as explained by Elisheva (2004) is applicable to this study because, discharged OVCs have the potential to empower their lives. However, limitations such as failure to complete education, lack of post-institutional skills, and lack of financial aid to start projects affects OVCs human potential to bring change upon themselves and the communities they are integrated into. Due to such failure, others resort to negative coping mechanisms such as sex work and substance abuse. Therefore, it is from this study that the researcher is of the opinion that there is a need for OVCs to be empowered in all areas so as to minimise the post-institutional integration challenges.

In relation to the above, Breton (1994) states that empowerment involves a strength based approach, viewing individuals as having abilities and the right to function autonomously, yet needing opportunities and resources in the external environment to develop those. Drawing from this argument, the researcher observed that this theory was applicable to this study. Reason being, OVCs have skills but due to lack of resources they fail to utilize and develop their skills. More so, weaned OVCs have the potential to work as seen through the positive coping mechanisms such as vending (Chase et al, 2006). But, due to lack of opportunities in external environment this becomes a challenge to minimise the post-institutional integration challenges. Hence this theory was adopted in this study.

Another important level of empowerment is community level. According to Shultz et al, (1995) quoted by Nachshen, (2004) community level is the widest level of empowerment. This refers to the action done by people in order to improve their community living. This theory is in line with the study because discharged OVCs when integrated into their communities, they face post-institutional integration challenges because majority of the OVCs lack completion of education, lack skills, do not have after care services. As a result, the discharged OVCs fail to improve their living within the communities they are integrated into. The situation is worsened

when there is lack of community member's support. Therefore, this theory aligned with the study because it advocates for empowerment of the OVCs in terms of being provided with the education, resources so as to develop their skills or the projects they have learned from the institutions. Thus, supporting other authors stating that empowerment works as a way to combat social problems such as poverty.

The third level of empowerment theory is the organisational level. Shultz et al, (1995) quoted by Nachshen (2004) states that the organisational level empowers the processes and programs to strengthen the targeted action of the members of the organisation. The third level of empowerment theory was relevant to this study because the organisation refers to the Government and its departments that work with the OVCs. Empowerment of discharged OVCs begins at the organisational level that is; the Government as the policy makers. Henceforth, the Government has the power to bring about change to the lives of the OVCs through revisiting their policies and interventions. This would be achieved by utilizing the fourth objective which is to establish the strategies that professionals use in addressing the post-institutional integration challenges faced by OVCs.

3.6.4 Consolidation of the three theories.

It is imperative to highlight that although the applied theories in this current study differ in application the theories however complement one another. The researcher utilised the Maslow's Hierarchy of needs because it seeks to explain that for one to be self-actualized, one has to meet the physiological, safety, love and belonging, self-esteem needs. From the onset, institutions were introduced to provide the orphans and vulnerable children with the same benefits like any other children living with their families. However, when OVCs are released they lack basic needs which fall under the physiological needs while others lack safety needs. That, itself prevents discharged OVCs to reach self-actualization. The situation is worsened as others lack identity and do not belong in their integrated communities. Therefore, it is from this scenario that the Empowerment theory comes in. As it serves to bring about a change that develops the lives of the OVCs so that self –actualization can be reached.

Given the fact that African countries such as Zimbabwe highly regard identity in terms of totems. According to Clemence & Chimininga (2015:9) a totem "is an animal, plant, or natural object (or representation of object) that serves as the

emblem of a clan or family among a tribal or traditional people". That is, a totem is a belief whereby every person is thought to have a spiritual association or relationship with another physical being such as an animal or plant usually called a spiritual being or totem (Durkheim, 1912). Thus, the totem helps as an emblem of that connection. Completely abandoned children have a high chance of not knowing their totem unless if their parents trace them. Due to this, these children face cultural challenges when integrated into the communities. Therefore, it is because of this current study that it has consolidated these three theories to display that institutionalisation can provide the children with needs but OVCs also need to be culturally prepared. As indicated by Kang'ethe (2009) culture entails the customs, beliefs and traditions that are conceded from one generation to another. Culture determines on the do's and don'ts and on the individual reasoning and dispositions. A good example can be driven from a research conducted by Pryce et al (2015) when the weaned OVCs highlighted that they fail to distinguish between right and wrong. From this, it shows that culture can be a panacea in influencing the individual's direction of life. Unfortunately, OVCs from institutional care are usually culturally ill- prepared and lack the knowledge and aptitudes that empowers them to incorporate self-governing skills in the societies they are integrated into (UNICEF, 2004).

In summation, the researcher has noted that in order for a weaned OVCs to meet Maslow's Hierarchy Needs and be equipped culturally, there is a need for empowerment and this should be done at all levels of empowerment in order to achieve success. Furthermore, the researcher has used three theories because they both complement each other in the sense that when OVCs are equipped culturally, there is need for empowerment so they can be able to meet the needs by Maslow. As a result, the OVCs will have a higher chance of self-actualization thus, minimizing the post-institutional integration challenges.

3.7 Conclusion

Drawing from the reviewed literature, OVCs in Sub Saharan countries face multiple post-integration challenges as compared to International countries. This is because the issue of discharged OVCs is still developing in Africa and more proof of the number of discharged OVCs and practises is still limited. As highlighted in the literature review that in Zimbabwe there are limited mechanisms or devices used

when tracking the discharged OVCs. Therefore, a large number of weaned OVCs remain unknown to the Government. The issue is not only evident in Zimbabwe but to also other African countries. This is mainly because of the economic gaps are evident between International countries and Sub Saharan countries. From the reviewed literature, there is minimal information on the strategies implemented by the professionals in addressing the post- Institutional integration challenges. In other words in African countries mostly, there is limited support services for the discharged OVCs. Comparing International countries and Sub Saharan countries, International countries seem to be moving forward in providing support services to the discharged OVCs unlike in African countries. However in terms of service delivery all nations globally still appear to be working towards realisation of this.

The purpose of this literature review was to look at the studies conducted earlier and the researcher has observed that previous studies in Zimbabwe have mainly focused on discharged girls. Additionally the focus has been on the challenges faced by OVCs within the institutions. Moreso, related literature also indicated various factors that could make OVCs more susceptible to challenges and these are ill –preparation to the life after institutionalisation, inadequate educational and employment chances, lack of independent life skills, ill-preparation on culture. Thus, through the reviewed literature, it can be observed that there is still limited information on the challenges faced by OVCs in both genders. Therefore, this current study anticipated to explore more on the post-institutional integration challenges faced by OVCs, post-institutional skills for OVCs, coping mechanisms used by OVCs, strategies implemented by professionals in Highfield Harare and to add to this knowledge base.

The next chapter that is following is chapter four describing the Research methodology utilized by the researcher during data collection.

CHAPTER FOUR: RESEARCH METHODS

4.1. Introduction

The aim of this study was to explore the post institutional integration challenges faced by children discharged from the residential care homes. This chapter is about the methodology of the study and specifically it addresses the research design, target population, sample and sampling techniques. It also covers data collection methods and illustrates why these methods were implemented as well as approving the relevance of the methods that were used in the study (De Vos, Strydom, Fouche, Delport, 2011). In addition, the chapter demonstrates in detail by first defining a research methodology and explaining a research approach, research design, population, sampling methodologies and techniques and also unit of analysis. More, so it provides details about the data collection instruments, data analysis, discussions of the research methods that were used to investigate the topic under research, a detailed explanation on how the research was carried out and presentation on how participants were selected.

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4.2 Research Methodology

Drawing from the works of Baz and Nicholson (2011), research methodology is a fundamental concept of all the significant features that allows a researcher to obtain well-examined knowledge into the subject under study. This can be viewed as a plan which clearly stipulates how the data is to be collected, how participants will be chosen and even the process of data analysis. Rajasekar, Philomination & Chinnathambi (2013) go on to stipulate that research methodology is principally the processes that researchers go through when explaining, describing and predicting a phenomena.

Methodology, thus, is the basis behind gathering of ideas, thoughts, theories and assumptions and basically a technique of collecting data systematically. Additionally, research methodology mainly refers to the techniques, methods and processes that will be utilized in applying the procedures of the research plan, fundamental principles and assumptions that underlie their use in this current study, (Babbie and Mouton, 2010). Henceforth, Klenke (2008) is of the view that when applying the research methodology careful consideration must be taken in choosing an approach

which is in line with the objectives and purpose of the research. From the researcher's opinion, this is true because objectives and purposes of a research give a foundation to the research methodology. Henceforth, a researcher needs to be careful when applying the research methodology.

4.2.1 Research approach

It is important to note that research has three approaches and these are qualitative, quantitative and mixed method. This study has utilized the qualitative research approach. Babbie & Mouton (2011) define qualitative research method as aiming at in-depth description and understanding of actions and events. Generally, emphasis on using the qualitative approach is on the quality and depth of information and not on the scope or breadth of information provided as in qualitative research (Nieuwenhuis, 2007). This approach was used because it enabled the researcher to explore, examine and analyse the post-institutional integration challenges of the orphans and vulnerable children. The researcher chose this approach because it sought to study participants in their natural setting hence providing well informed and detailed information that encompass the challenges that the OVCs face after being discharged from the institution (De Vos et al, 2011). In addition the selected approach allowed the researcher to gain an insider's view of the phenomenon under study.

4.2.2 Research design

A research design is a systematic outline of how the researcher plans to bring out a possible solution to the identified problem and to expand knowledge levels and understanding with regards to the phenomenon under study (Babbie 2012). In this study, the researcher chose to apply the qualitative method, thus, a phenomenological design was utilized. Omery, (1983) ; Van Manen, (1990) quoted by Pretorius, Chauke and Morgan (2013) posit that a phenomenological research is an inductive and descriptive method used to examine and describe phenomena as they appear in their full depth and breath. Consequently, allows the researcher to explore the participant's view of their world and the implications they append to their world (Langdridge, 2007). More, so, this phenomenological design seeks to comprehend people's discernments, points of view and understanding of a specific situation (De Vos et al, 2011). Henceforth, the researcher made use of this design so as to gain an understanding of the post-institutional integration challenges faced by

orphans and vulnerable children through the eyes of the people that experience it in their day to day lives. The chosen research design assisted the research to engage in rigorous thinking in a bid to come up with sufficient presentation of evidence so as to reach appropriate conclusions on the post-institutional integration challenges faced by orphans and vulnerable children (Yin, 2006).

4.3 Research domain

Creswell (2009) asserts that a domain is a place of site where available people willing to provide different data about a phenomenon being examined are found. In other words, the research domain refers to a place or area where the research will be conducted. In this study, the research domain was Highfield community in Zimbabwe. Highfield community is the second oldest community in Zimbabwe and it is situated in the capital city of Harare. The researcher chose to make use of this domain because it was a strategic focal point since within this community there is the Department of Child Welfare and Protection Services, Social Welfare. To add to the aforementioned, there are also institutions for OVCs which are Hupenyu Hutsva and Chinyaradzo. Hence this made it easier to obtain participants as it was a convenient area.

4.4 Population of the study

Babbie (2012), states that population of the study refers to a group mostly of people about whom we want to draw conclusions. De Vos et al (2011) hypothesise that population is a set of units in which all measurements of interest to the practitioner or researcher is presented. Therefore, population is an assemblage of persons that segment one or more features from which data can be collected and analysed. The researcher agrees with the definitions given by the authors. The population of this study comprised of orphans and vulnerable children that are discharged from the children's homes.

Additionally, representatives from the Department of Social Welfare, Child Welfare as well as the Superintend and the Care Giver of Hupenyu Hutsva were also part and parcel of the population. The researcher used these representatives because the above mentioned professionals have a direct conduct with the orphans and vulnerable children that have been discharged from the institutions.

4.5 Sampling methods and techniques

It is imperative to highlight that there are different kinds of sampling methods namely probability and non-probability sampling (De Vos et al, 2011). Strydom (2011) notes that the important characteristic of non-probability sampling is that each person has a higher possibility of being involved in the sample. While with probability sampling, representative sampling plans are made possible since it includes random selection at some point in the process. Since the researcher selected to use qualitative method. Non-probability sampling was also utilised as it aligned with the research approach adopted for the study. Babbie and Mouton (2010) mention the fact that in social research, the most usually used sampling type is probability sampling where there is no list available for the researcher to choose the participants from.

a. Purposive sampling technique

The researcher integrated two types of non-probability sampling techniques and these are purposive and snowball sampling. According to McBurney and White (2009) purposive technique is a technique that selects a desirable group. In this study the researcher selected the appropriate participants and in this case the participants were the five key informants from DCWPS, DSS and Hupenyu Hutsva Children's Home. In other words, purposive sampling technique it's a technique that entirely depended on the researcher's judgement to respondents and key informants that gave appropriate and comprehensive information that answers the outlined research questions (De Vos et al, 2011).

b. Snowball sampling technique

Another technique that was employed was snowball. Snowball technique includes approaching one individual that experienced or undergone the phenomenon under study. Therefore in order to obtain data on other similar person, the one person refers the researcher to another who has the similar characteristics (De Vos et al, 2011). The researcher chose this technique for this study because the orphans and vulnerable children that were discharged from an institution knew each other and it was easy to get the participants. Henceforth, snowball sampling technique was used on the 16 discharged children from the residential care.

4.5.1 Sample Criteria

A well selected sample, therefore, positively contributes to the credibility of the findings in any research. This is shown by Cohen et al, (2007) who believe that whenever good sampling is done following recommended sampling procedures as highlighted above, it will be possible for the researcher to replicate the results. This is an important aspect of confirming the authenticity of the results especially in a qualitative approach.

Therefore the sample of the study was chosen based on different age groups, sex, and level of education, different socio economic background and different reasons for being institutionalised. In order to substantiate this research, 5 key informants were selected. The Child Welfare Director, the Probation Officer, the Social Services Officer, the Superintendent and the Care Giver of Hupenyu Hutsva Children's home.

4.5.2 Sample size

Babbie (2012) holds that a sample size is a subsection of measurements drawn from a population in which the researcher is interested to carry out the study. In most research conducted, researchers use a sample, which is a minor part of the population with the similar features as those in the entire population. The current study focused on both females and males that are discharged from the children's home aged between 18 and 25. Moreover, this current study targeted orphans and vulnerable children who were discharged from the institutions from the period of 2012-2016.

The researcher chose this particular period because this was the time when the Republic of Zimbabwe was having a serious economic meltdown. Therefore the researcher wanted to know how the discharged OVCs were coping during that period. Henceforth this research utilised (21) participants. That is (16) participants were the orphans and vulnerable children that were discharged from the institutions. The other (5) were the professionals from the Department of Child Welfare and Protection Services, Social Services and from Hupenyu Hutsva Children's Home. The researcher chose a sample of this size because it was suitable to develop insights and in-depth understanding of the phenomenon being studied (Babbie & Mouton, 2010).

4.6 Methods of data collection

Methods of data collection are specific techniques or tools that the researcher used in the process of collecting data. Salkind (2012) referred to data collection method as a systematic tool relevant to the problem being studied which uses interviews and focus group.

4.6.1 In-depth interview

Drawing from the literature of Denscombe (2010) an interview involves an arrangement of presumptions and comprehension about a situation which is not typically connected with a causal conversation. Irvine (2010) goes on to note that a face to face interview has benefits in terms of generating relationship and also permits researchers to observe participants' non-verbal communication, such as their use of gestures. In relation to the researcher's study of addressing the post-institutional integration challenges faced by orphans and vulnerable children, the researcher applied the in-depth interview because the researcher needed to explore in detail the participant's own perceptions and accounts.

In applying the in-depth interview, the researcher gathered the data by means of semi-structured interviews. Semi-structured interviews are based on a sequence of open-ended questions about a sequence of matters the researcher thinks are applicable to the study. The researcher chose open ended questions because open ended questions do not have limitations when questions are being answered. Thus, open ended questions gave room to probe for relevant information and this allowed the researcher to extract more on the challenges that OVCs are facing. In this case when collecting data the topic may not be guided but may just have few questions that needs to be answered in-depth. Additionally, the interviews were conducted in Shona, precisely because it is a language that was largely understood by the participants. This permitted the participants to participate freely, express their feelings and experiences as they understood each and every question being asked to them. The participants were asked parallel questions nevertheless of their ages and genders See Appendix 3 (De Vos et al, 2011).

4.6.2 Focus group

Authors such as De Vos et al (2011) focus groups are discussions among a minor collection of people who share a mutual feature that is essential to the topic of

interest in order to gain a deeper understanding on the research topic and extract significant data from the participants. The focus group was used and composed of Social Workers and Probation Officers from the Department of Social Services, Child Welfare and Protection Services as well as the Superintendent and Care Giver of Hupenyu Hutsva. The researcher chose these professionals because of their daily conduct with the orphans and vulnerable children. Information was gathered from the focus group through a discussion in a once off joint session whereby the focus group participants were sharing some ideas and new information. The researcher used the semi-structured guide when discussing with the focus group participants. During the discussion, the researcher was taking down some notes. The researcher chose the focus group so as to avoid information bias because these key informants had direct conduct with the OVCs and had power to institutionalize as well as deinstitutionalize the OVCs. Additionally, the researcher chose the focus group so as to increase the reliability, credibility and legitimacy of the research. The focus group were asked four questions. See appendix 4

4.7. Data collection process

In this study, in collecting data, the researcher used the cross sectional data collection process. Cross sectional is when data was collected within a short period of time or in a once off collection process. Drawing from the work of Babbie, (2012) a cross- sectional study involves studying a sample of a population in short span of time. This study was a cross-sectional one, with data being collected within weeks and data was ready for analysis. The researcher has chosen cross- sectional over longitudinal because longitudinal takes a long time and it is expensive. While cross-sectional minimises time and costs.

4.7.1 Data capturing

The researcher when capturing data from both the participants and key informants made use of an audio recorder and note taking. Thus, tape recording the interview guarantees totality of the verbal communication and gives material for reliability (De Vos et al, 2011). In this line of thinking, Creswell (2009) alludes that audio recording captures the response from the participants and key informants as it allows a replay which enables a free-flow as well as familiarization with unedited response. The researcher asked for permission from the participants to use an audio recorder.

When using the audio recorder the researcher firstly ensured whether it was working properly and this was done frequently so as to avoid loss of information. The researcher chose this type of capturing data because it captured information in its original and unscripted form which provided wealth of information. Thus promoting credibility, reliability and validity of this study (De Vos et al, 2011).

Additionally, the researcher in capturing data was taking notes during the interview sessions as this allowed the verification of the information provided by the tape recorder.

4.7.2Data analysis

Tesch quoted by Kangete (2011), indicates that the procedure of analysing data is heterogeneous; henceforth there is no method of doing it. In analysing the data, the researcher used the content thematic analysis and coding. Bryman (2012) defines thematic analysis as processes whereby data will be separated into their segments parts and these parts will be given labels. In applying this process, the researcher broke the data into manageable themes, identifies common themes so that the data could be ready for analysis. This was done after the researcher had gone through the data repeatedly to get insight understanding of the data. Additionally, this ensured the credibility, trustworthy, conformity and reliability of the analysed data.

4.8 Trustworthiness of the study

4.8.1 Credibility

According to Lupuwana (2016) credibility is a way to validate the information with the aim of proving that the study is conducted in such a manner that ensures that the theme was correctly acknowledged and defined. Thus, De Vos et al (2011) is of the view that credibility of the study is ought to be done during the process of the research.

In this study, the researcher ensured that credibility was ensured through the utilization of triangulation. Drawing from the work of De Vos et al. (2011), triangulation may include various data sources, investigators and theoretical views in order to increase the accuracy of the findings. Sharing the same sentiments is

Creswell (2009) who acknowledges that triangulation began with the ethical need of wanting to ensure the justification of the procedures in collecting information and in case studies. This justification can be accomplished by using numerous sources of data. Therefore, this study in ensuring credibility used numerous different data collection methods in trying to substantiate the phenomenon under study. The methods used included in depth interviews and focus group discussions in order to get the desired results. This was done through the use of different participants so as to ensure credibility and also strengthen the usefulness of this study. To ensure credibility, the researcher also used member checking. Thus, the participants were given their interview transcripts so that they could confirm whether the researcher captured their responses correctly during face to face interviews and focus group interviews.

4.8.2 Transferability

Creswell (2009) eludes that transferability is attained when the results of the study are appropriate in settings that are outside the study's situation and also when its audiences regards the results appropriate and meaningful in the contexts of their own experiences.

Transferability was ensured by producing an exhaustive and more depiction of contexts with the expectation of giving the readers an unmistakable record of the structures of importance which developed in a particular setting. These implications can be transferred to other settings in other studies. However, generalization of these meanings can be difficult because of a predetermined number of members who took part in this investigation.

4.8.3 Dependability

According to Thyer (2010) dependability is the extent to which the reader can be persuaded that the findings certainly occurred as the researcher claims that they did. This phenomenon of dependability was attained through the use of comprehensive and richer explanations of the data processes and the location selection. The researcher additionally gave statements of the methods used to gather and analyse data as well as recordings and transcripts of basic information.

4.8.4 Conformability

The concept of conformability takes into account the traditional thoughts of objectivity (De Vos et al, 2011). This concept is mainly there to check if the findings of this specific study could be affirmed by another study which is similar to the one under discussion. In other words, the data assists to confirm the general findings and assists in leading the data to the implications. Triangulation in this research assisted the most in reducing the influence of bias.

4.9 Ethical considerations

According to Babbie (2012) ethics are typically connected with morals that agree on what is right and wrong. Therefore, it is from the above notion that ethical considerations are viewed as guidelines that directs the researcher in promoting consistency and also safeguard and not to abuse participants. In applying these ethics, the researcher ensured that the participant's rights to life, dignity, right to self-determination, privacy and confidentiality are preserved. Henceforth, the researcher had a certificate of ethical clearance from the University of Fort Hare's Research Ethical Committee (REC). See appendix 1. The researcher in this study has considered the following ethics:

4.9.1 Informed consent

Informed consent refers to a process guaranteeing that research participants understood what is being done to them, their involvement and are conscious of any risks they can experience Hardwick & Worsely (2011). In applying this ethic, the researcher fully informed the participants about the reasons why the research was being conducted, the aim, purpose as well as what might happen to the information gathered. The researcher is also informed the participants that they had the right to terminate the research interview if they wish to do so. Additionally, forms were distributed to each participant and signed before commencing the interview. See Appendix 2.

4.9.2 Voluntary participation

Babbie (2012), voluntary participation is when participants agree to be part and parcel of the study. The researcher did not enforce the participants to be part of the research under study instead the researcher allowed them to participate willingly on

their own. In implementing this ethic, the researcher explained the important areas of the research and asked if they were interested to take part in the study.

4.9.3 Confidentiality

When dealing with the participants, the researcher ensured confidentiality by informing the participants about the significance of protecting their identity and privacy and to act with the important affectability where the protection of the participants is applicable (Hardwick & Worsley, 2011). Corey and Corey (2011) stressed that the participants should be acknowledged with the concept of confidentiality and be guaranteed that their names will remain confidential. More so, informing them that the results of the study will be used for academic purposes only. The researcher did this through deleting any identifying characteristics before extensive dissemination of the collected data.

4.9.4 Anonymity

According to Lupuwana (2016), it is the duty of the researcher to elucidate to the participants that no names will be published when the results and recommendations were out. Therefore, the researcher made it clear to the participant that names would not be used since the results will be published without writing their real names so as to ensure that their identities are kept private and untraceable. Additionally, information that reveals their identity will not be shared (De Vos et al, 2011). In relation to the idea noted by De Vos (2011), the researcher gave the participants names of fruits for the participants and animals for the key informants. In addition, the researcher requested permission from the Headquarters of the Department of Social Services; this was done to protect the participants' identity to conduct the study. See Appendix 5.

4.9.5 Avoidance of harm

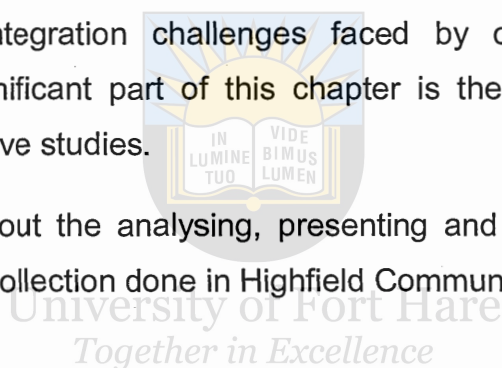
The researcher ensured that identity, emotions, opinions and any sensitive issue was protected so as to avoid harm to the participants. Corey and Corey, (2011) have also indicated that participants need to be protected from harm. In doing this, the researcher ensured that information gathered did not cause any negative impact to the participants. All harm was clearly mentioned and defined prior to interviews conducted for instance if the participants felt uncomfortable to answer the question, the researcher did not force the participants. More so to avoid harm the researcher

was accompanied by a social worker in case other participants might get emotional and start crying due to sensitive issues that were bound to emerge during the interviews considering the essence of the research study. Therefore, the social worker played the role of empathising and providing comfort to the participant as and when needed.

4.10 Conclusion

In a nutshell research methodology plays a fundamental part of the research as it formed the bases on how the research was conducted. Research methodology comprises of the methods that the researcher utilized in this research as well as the sampling techniques and the ethical considerations in researching on the study of the post-institutional integration challenges faced by orphans and vulnerable children. The most significant part of this chapter is the difference between the qualitative and quantitative studies.

The next chapter is about the analysing, presenting and interpreting the findings obtained from the data collection done in Highfield Community in Zimbabwe.



CHAPTER FIVE: DATA ANALYSIS PRESENTATIONS AND INTERPRETATIONS OF FINDINGS

5.1 Introduction

This chapter focuses on analysing, presenting and interpretation of the findings of the study. A qualitative method was utilized to investigate the post-institutional integration challenges faced by orphans and vulnerable children in Highfield Community, Zimbabwe. Firstly, the study sought to establish the skills offered to OVCs in preparation for life after leaving the institution. Secondly to examine the challenges faced by OVCs after leaving the institution. Thirdly, to establish the coping mechanisms used by OVCs. Lastly, to come up with suggestions based on findings from those discharged from institutional care and the professionals. All this was done through the use of in-depth interviews and focus group discussions to explore the participant's experiences after leaving the institution.

Data were collected from a total of 21 participants who comprises of (16) OVCs and (5) focus group members (professionals). The researcher chose the participants based on their different reasons of being institutionalised; level of education, sex, and age only but to mention a few. Therefore it is from this chapter that the researcher is going to break down data collected from the field into constituent parts so as to obtain answers to research questions. The tables below indicate demographic information of the individual responses.

5.2 Demographic information of participants

The following is a demographic profile of the study participants who were discharged from the institution premised in Highfield community. Their profiles will be illustrated in Table 2.

The demographic is summarized according to the participant's pseudonyms, different ages, sex, and level of education, socio-economic background, and type of housing and different reasons for being institutionalized.

The demographic profile for the focus group is summarized according to the professional's pseudonyms, different ages, sex, marital status, level of education, working experience with the orphans and vulnerable children.

The following abbreviations are used in the tables below for the profiles:

F-Female	M-male
U-Unemployed	E-Employed
PJ-Piece Jobs	V-vendor
T-Tertiary	PW-Parent Working
SH- Shacks	RH-Rental House
FPH-Foster Parent House	S-Streets
PRH-Parent Rental House	MRH-Mother Rental House
FD- Father Deceased	O-Orphans
A-Abandoned	AB- Abused
N- Neglected	SO-Single Orphan
T- Truancy	SA- Sexual Abuse
CM- Child Marriage,	M- Married
FRM-Form	GRD-Grade
D-Degree	H- Honours
DP- Diploma	S- Schooling
P1-Participant 1	FGP1- Focus Group Participant 1
DSS-Department of Social Services	
CWPS-Child Welfare and Protection Services	
HH-Hupenyu Hutsva	



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Table 2: The table indicates the participants who were discharged from the institution.

pseudo names	Age	Sex	Level of education	Socio-economic background	Types of housing	Different reasons of being institutionalized
P1	24	M	FRM 4	U	SH	FD
P2	20	M	GRD 7	PJ	SH	O
P3	21	F	FRM 4	V	RH	A
P4	25	M	DP	E	RH	A
P5	22	M	FRM 4	V	RH	A
P6	24	M	FRM 4	E	RH	AB
P7	19	F	FRM 4	E	FPH	A
P8	19	F	FRM 6	S	FPH	A
P9	18	M	FRM 4	V	FPH	A
P10	22	F	FRM 6	T	RH	N
P11	21	M	FRM 6	T	RH	SO
P12	20	F	FRM 4	U	S	T
P13	23	F	GRD 7	U	S	AB
P14	19	F	FRM 5	PW	PRH	SA
P15	21	F	FRM 4	U	MRH	CM
P16	18	F	FRM 4	PJ	RH	O

The researcher has utilized the pseudo names for protecting the participants' identity and integrity as highlighted in the ethical certificate. The participants were informed that the researcher was going to change their names and use P1, P2 in order to protect their identity.

5.2.1Age

Table 3 indicates the ages of the participants

Age	Gender		Total number
	Female	Male	
18	1	1	2
19	3	0	3
20	1	1	2
21	2	1	3

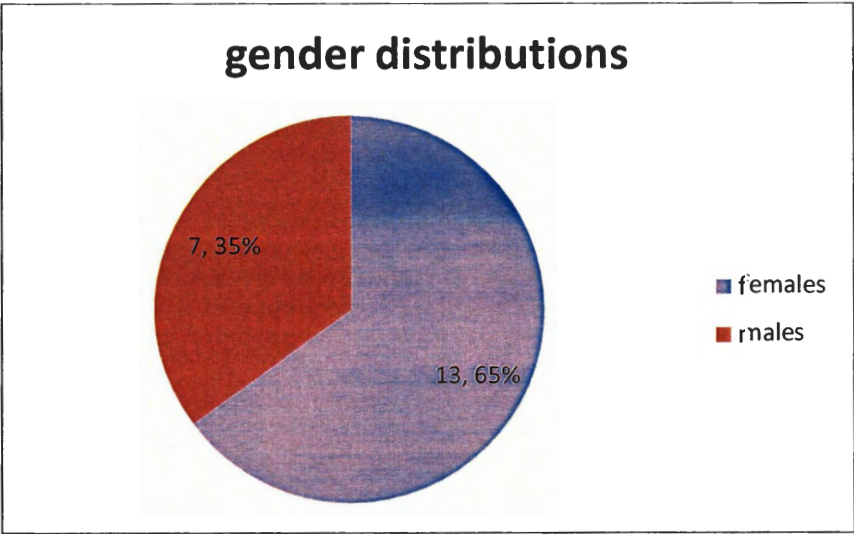
22	1	1	2
23	1	0	1
24	0	2	2
25	0	1	1

Table 3 indicated the ages of the participants. As indicated from the table there were no participants aged below 18 and above 25 years. Most of the participants during the study were between the ages of 19 and 21 each with (18, 75%) or 3; (12, 5%) or 2 are aged 18, 20, 22 and 24 years. There was only 1or (6, 25%) participant aged 23 and only 1or (6, 25%) participant aged 25. The table further shows that there was a fair distribution of age differences. These findings add value to the study because the age differences also indicates the different experiences that the participant have when discharged into the community. For instance a 21 year old's experiences are bound to be different from the 18 years old. Hence this brings diversity of the challenges faced by the participant when discharged from the institutions.

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Figure 1.2: Gender distributions



On gender, the study findings shows a skewed phenomenon with majority of the participants (9) were females against only (7) 35% who were males. The results of the study show that there was no gender balanced because there were more females as compared to males. These findings give a picture of the differences

between females and males characteristics. Therefore it may be implied that girls are easy to control and can be placed in institutions as a place of safety rather than a male child. Males tend to run into the streets and other males result into being in conflict with the law. Additionally, the findings are skewed because girls generally they are open unlike the males. This study finding therefore indicates that data consistency maybe highly unpersuasive enough due to lack of male representativeness.

5.2.3 Level of education

Table 4: this table indicates the level of education of the participants.

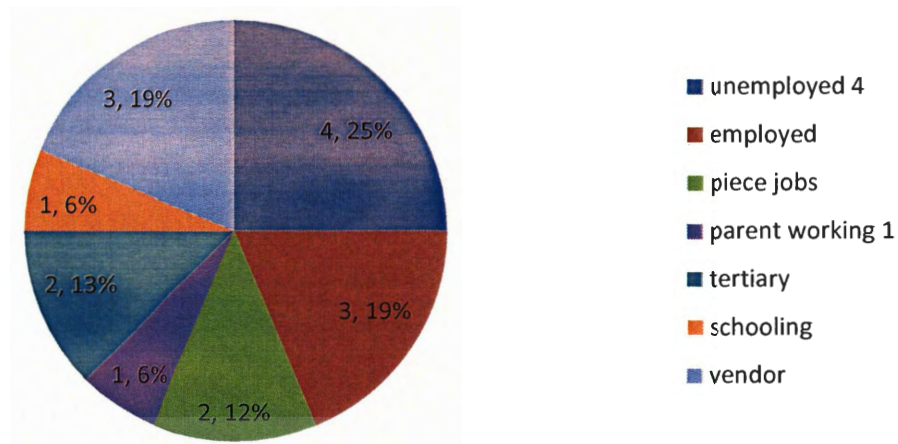
Level of education	Gender		Total number
	Males	Females	
Grade 7	1	1	2
Form 4	4	5	9
Form 5	0	1	1
Form 6	0	1	1
Tertiary level	1	1	2
Diploma	1	0	1

Table 4 highlights that, of the 16 participant, 2 or (12, 5 %) had a primary level qualification while 9 or (56, 25%) had secondary qualifications, 1 or (6, 25%) were still in post-secondary level and also 1 or (6, 25%) was in their final level in post-secondary level. The other majority of the participants (12, 5%) or 2 were at tertiary level and (6, 25%) or 1 had a banking diploma qualification. Results reflect a dominance of those who have secondary education. In most cases because the participant reached 18 and are discharged they would have completed their secondary education. The results of the study suggest that continuation with education depends on the institution one has been placed into. Other institutions are well funded henceforth can extent a child’s stay within the institution whilst other institutions fail to do that.

5.2.4 Socio economic background

Figure 1.3: socio economic status of the discharged children

socio economic status of the participants



As highlighted above figure 1.3 indicates that, majority of the participants that is 4 in total or (25%) were unemployed while, (19%) or 3 participants were employed. For instance, it could be deduced from the collected data that only 1 or (6%) of the participant was dependent on the parent. Meanwhile, only a few participants indicated that they are doing piece jobs 2 or (12, 5%) and 2 or (12, 5%) were at tertiary level while depending on the institution funding. 3 or (19%) of the participants were vendors while, only 1 or (6%) was still schooling and depending on the institution funds. Below are some of the responses made by the participants during the interviews that support the demographic of socio-economic background

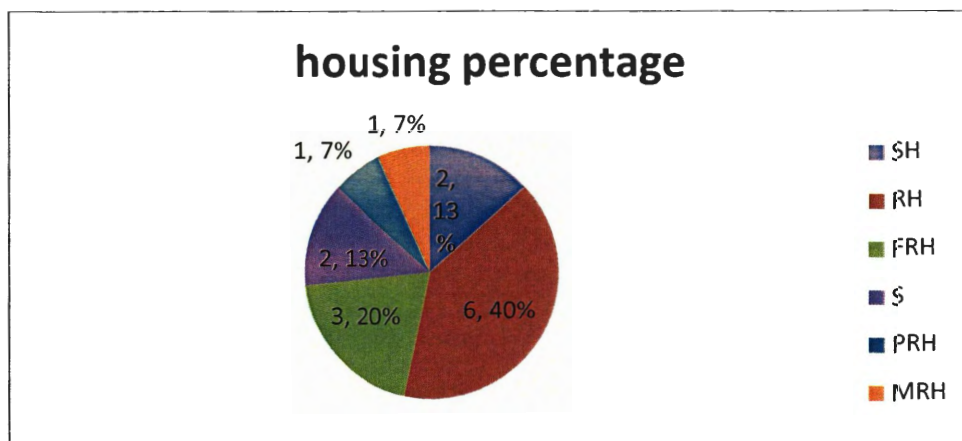
".... I am being supported by the institution. The institution gives us a time frame for instance I passed my form 4 so they are still funding me because I have passed and they have seen that I love school".

"... I got a place at the University of Zimbabwe and the institution will be funding my tertiary level".

The above shows that the majority of the participants are unemployed and their educational qualifications provide them with limited chances of competing in the employment sector. More so, the findings indicated that institutions continue their funding allowances to children who show potential in terms of education as noted above.

5.2.5 Types of housing

Figure 1.4: housing types of the discharged children



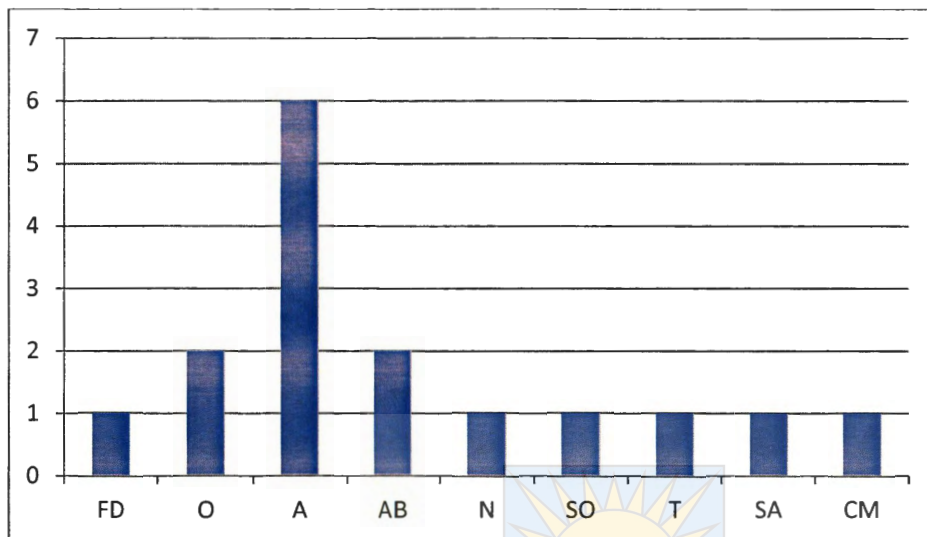
SH- shacks, RH- rental houses, FRH-foster parent house, S-street, PRH-parent rental house, MRH-mother rental house.

According to Figure 1.4 it can be deduced that the participants were staying in different types of houses. Majority of the participants stayed in rental housing (40%) or 6 while, (20%) or 3 were residing with their foster parents who are paying rents. In addition, (7%) or 1 participant was staying with the parents who were paying rents and also 1 or (7%) is staying with the mother who is paying rent. The other remaining participants 2 or (13%) reported that they were staying in informal settlement (shacks). This type of accommodation in Zimbabwe is popularly known for lack of security and crime is ridden. The other remaining participant's (13%) or 2 were staying in the streets and this is the most dangerous area to stay because it's an open area with a high rate of crime as well as lack of security.

5.2.6 Reasons why the OVCs were institutionalised

Below indicates the reasons why children are institutionalised in Children's Homes.

Figure 1.5 indicates the different reasons why the participants were institutionalised



FD- father deceased, O-orphan, A-abandoned, N-neglected, SO-single orphan, T- truancy, SA- sexual abuse, CM-child marriage

The findings show that participants were institutionalised due to different reasons. The majority of the participants 6 or (37, 5%) were institutionalised because they were abandoned by their care givers. While 1 or (6, 25%) was institutionalised due to neglect. This therefore indicates that Zimbabwe is facing economic challenges which have resulted into women abandoning their children. This is supported by Carter (2005) who noted that poverty and child abandonment are interlinked as women are left with no option than to run to the brink of monetary urgency. The findings of the study show that 2 or (12, 5%) have been institutionalised due to abuse; 2 or (12%) were institutionalised because they are orphans. The least participants ranging at 1 or (6, 5%) were institutionalized due to truancy, child marriage, sexual abuse, father deceased.

5.3 Demographic information of the focus group

The researcher also made use of the focus group (professionals) during data collection in order to validate the research findings obtained from the (16) participants who are post discharged OVCs. The focus group has been chosen because of their professional involvement with the institutionalization and the discharge of OVCs. The following is the focus group demographic table.

The focus group were chosen based on different marital status, gender, level of education, working experience and different working agencies.

Table 5: demographic of the focus group participants

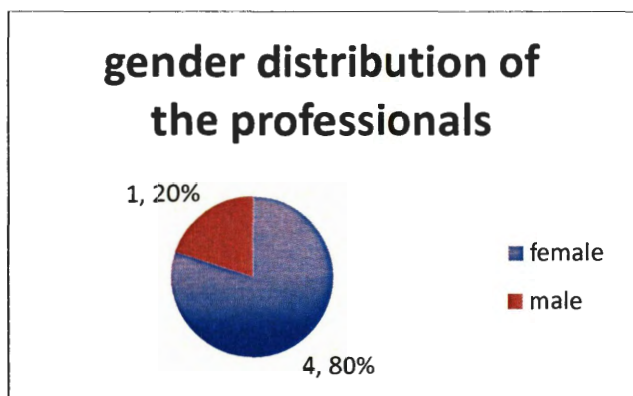
Pseudonyms	Marital status	Gender	Level of education	Working experience	Department
FGP1	M	M	HSW	14	HH
FGP2	M	F	MSW	9	CW
FGP3	M	F	DSW	5	DSS
FGP4	M	F	DSW	5	CW
FGP5	W	F	FRM 4	10	HH

HH- Hupenyu Hutsva , CW- Child Welfare, DSS-Department of Social Services, HSW- Honours in Social Work, MSW-Master of Social Work, DSW-Diploma in Social Work, FRM4- Form 4

Table 5 shows the five (5) different professionals who participated in the phenomenon under the study. The key informants provided their personal information as indicated in Table 5 above. The real names of the key informants have been replaced with pseudo names. This was done to protect their identity, uphold the confidentiality principles and to respect their privacy and anonymity. The demographic profiles will be analysed below.

5.3.1 Gender distribution of the professionals

Figure 1.6

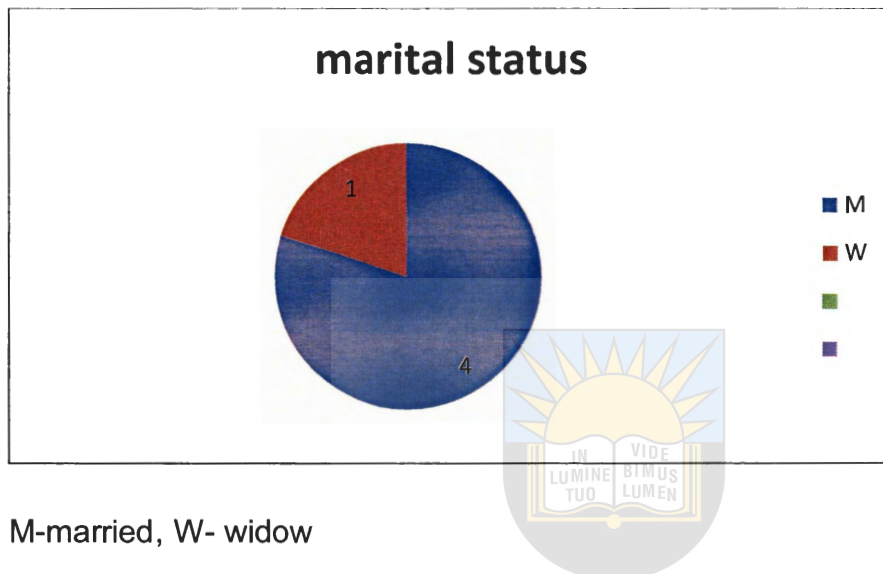


The findings on gender distribution of the key informants show a skewed gender dynamics because there are more females with (80%) than males with (20%). This

shows that most professions that involve children issues are mostly handled by women because of their motherly role and nurturing characteristics.

5.3.2 Marital status of the professionals

Figure 1.7: marital status of the professionals



M-married, W- widow

Research findings also indicate the marital status of the professionals. (80%) or 4 participants were married while, (20%) or 1 was a widow. It is imperative to highlight that the marital status of the professionals is not considered as the important research issue and it does not influence the study. It is only the knowledge and involvement the professionals have with the OVCs. However, marriage would indicate a certain probability that these professionals have some experiences with regard to the upbringing of children.

5.3.3 Level of education of the focus group

Figure 1.8: Educational level of the focus group participants

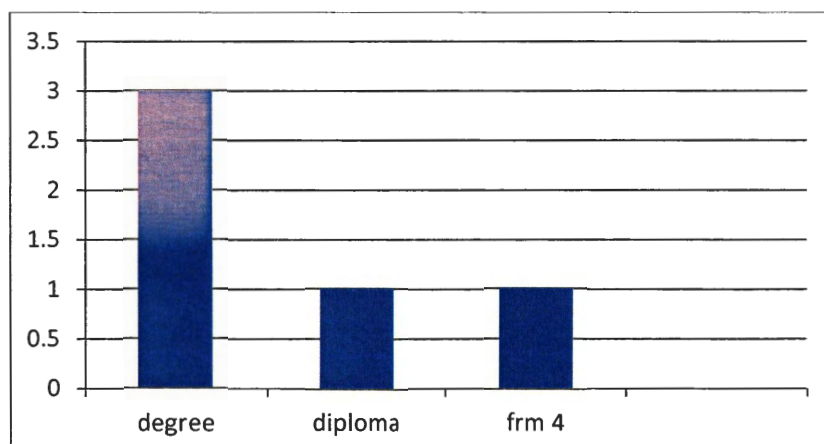


Figure 1.8 Indicates that, the majority of the participants 60% or (3) had university degrees and only 20% (1) of the participants had a diploma qualification. While, only 20% (1) participant reached form 4. This shows that the professionals are adequately and academically educated and they are knowledgeable on the phenomenon under research. This therefore indicates the imperativeness of the focus group level of education as this increases information dependability and reliability as required by the qualitative method of research.

5.3.4 Working experience

Table 6: working experience of the focus group participants

Pseudo names	Working experience	Working with OVCs
FGP1	14	8
FGP2	9	5
FGP3	none	5
FGP4	none	5
FGP5	none	10

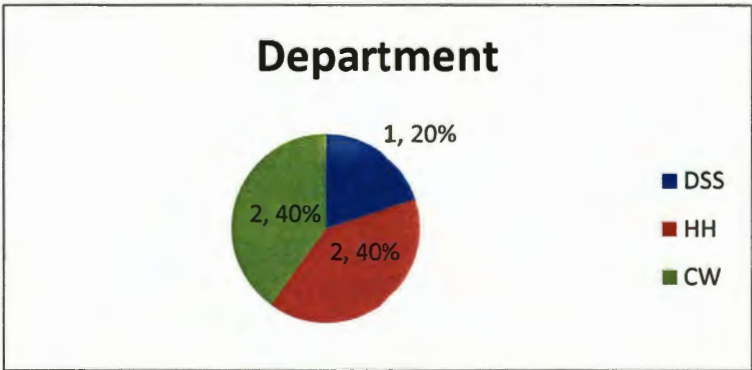


FGP-focus group participant

As depicted in Table 6, all the focus group participants have more than five (5) working experience. This largely echoes a huge possibility they were adequately equipped with the skills and rich knowledge of working with OVCs. Additionally it also indicates that the professionals because of their working experiences they are able to participatory stakeholders when future plans need to be implemented to assist the post care for the discharged OVCs.

5.3.5 Department

Figure 1.9: The departments that the focus group participants work under



DSS- department of Social Services, HH- Hupenyu Hutsva, CW- Child Welfare

All of the focus group (100%) or 5 participants work in three different departments and these are Child Welfare and Protection Services, Department of Social Services and Hupenyu Hutsva Children's Home.

Section B

5.4 Presentations of the findings

Having discussed the demographics of the participants and the professionals, the following section presents the post-institutional integration challenges faced by OVCs. The researcher utilized the phenomenological design so as to get the information as there is a dearth of information with regards to the challenges faced by discharged OVCs.

The current study was aimed to explore on the post-institutional integration challenges faced by orphans and vulnerable children in Highfield Community, Harare, Zimbabwe. Qualitative methods were utilized to gather data in order to obtain the aim and objectives of the study without preconception. Of importance to note is that, initially the researcher had targeted 20 OVCs participants from Highfield Community but only 16 participated. Having discussed the demographics of both the participants and the focus group, the attention now shifts to the objectives of the study. The researcher has categorized the empirical data into numerous themes through which feelings, opinions and experiences of the study sample were analysed. The themes are supported and narrated through the use of direct and indirect verbatim from both the participants and the focus group.

5.4.1 Theme 1: Post-institutional skills offered.

5.4.1. Skills offered to children in residential care to prepare them for life after institutional care.

The first objective of the study was to assess the skills offered to OVCs in preparation for life after leaving the institution. The research objective was followed by a research question asking what types of skills were offered to orphans and vulnerable children in preparation for life after leaving the institution. From the findings, the majority of the participants have indicated that they managed to get skills even though the participants mentioned the fact that they received different

skills. These skills were formal and informal. The skills provided were based on the curriculum provided by the institution. Below are the sentiments that were discussed by the participants:

".....while at the institution I was taught to do gardening and orchard keeping, this has helped me because now I can do gardening on my own but the only problem I have is lack of materials. I have the knowledge but I do not have the equipment to use"

"I was not offered any skills at the institution except the household chores like (sweeping, washing dishes) being taught by our mothers at the institution. The skills that I have, I got them from the practical subjects done at school for instance me, I did Fashion and Fabrics practical so I learnt sewing from school not from the institution".

The least remaining responses were from the participants who highlighted that the institution did not offer them skills in preparation for life after institution. Below are their responses:

"The institution did not offer me any skills that would assist me after leaving the institution; I was only discharged without any package that would help me in the community".

"There are no specific skills that I was offered at the institution but I only learnt skills from the Agriculture subject that I did at school".

"I was not offered any skills at the institution nor was I given a discharge package".

According to the responses from the focus group, all of them agreed that institutionalised OVCs are offered post-institutional integration skills. Additionally all focus group members highlighted that there is no discharge package given to OVCs. Below are their sentiments:

"While they are in the institution we offer them life skills for instance we teach them to bath, to cook, all manners, to bake and for boys we teach them to play football. We also empower them through education both primary and secondary school. We also provide a spiritual skill that is we force them to go to church. We also have

projects that we do for instance gardening, poultry and they take part in such projects”.

“Basically , the skills that we offer them as an organisation is through sending them to school via BEAM (Basic Education Assistance Module) and it is only then where they can learn some skills through the practical’s they are offered for instance Agriculture and so forth”.

“Sadly we do not offer any discharge package to our discharged OVCs in relation to the legislations of institutionalizing children but however other non-governmental institutions they have the capacity to provide for their discharged OVCs unlike the in government institutions”.

The scenario shows that post-institutional skills differ from institution in which one is placed. As noted above, other participants have highlighted that the institution in which they were placed offered skills for life after institutionalization while others were not offered these skills. Additionally, this scenario corresponds with what was highlighted in the review of related literature that Zimbabwean Education incorporates Vocational Educational and Training. This means that every child is exposed to informal and formal learning experiences thus, school going children are exposed to practical subjects (informal learning) such as Agriculture and Fashion and Fabrics. These practical subjects equip one with skills that would assist in seeking for a job.

5.5 Theme 2: Challenges faced by OVCs

The second objective of the study was to examine the challenges faced by OVCs after leaving the institution in which they are placed. The participants were asked to give an account on the challenges that they are facing. These challenges were therefore categorized in subthemes.

Table 7

Themes	Sub themes
Challenges faced by OVCs	Lack of sufficient funds
	Unemployment
	Lack of completion of higher education

	Identity crisis
	Discrimination
	Limited exposure to cultural values

5.5.1 Lack of sufficient funds

Research findings have indicated that discharged OVCs are prone to economic challenges as noted in the literature review. Majority of the participants had the same sentiments that they lacked sufficient funds. Whereas a few of participants responded that they did not have any financial problems. Below are their sentiments

"I am not employed and my source of income is begging, sometimes I get money to buy food but sometimes I do not get any money for food. I am suffering because I am a girl and I need sanitary pads to use every month but you would find that I might fail to get the money to buy them".

"Yes I sell vegetables and my husband works but the money is still not enough because we both might not get many sales that month which makes it difficult to pay rentals and also look after our child".

"I am employed at a saloon as a barber man but the salary is not enough because I struggle to pay my rentals and even to buy the basic groceries to use".

Below are the responses of the least participants who indicated that they were not facing financial problems at the moment.

"For now I am managing financially as I am working and also doing projects, patents and investments, so I have reached a level where I can take care of myself and meet all my needs".

"I am being supported by the institution financially on a monthly basis. The institution gives me \$45 as a monthly allowance so that my foster parent buys me grocery to use and all the things that I need to use on that month".

From the focus group discussions it emerged that discharged OVCs report that they face financial problems and the focus group suggested that the concept of

empowerment should be implemented among the OVCs whilst they are still young. The sentiments of the group are captured below.

“ ..Yes the discharged OVCs come back and report about financial problems and as institutions in most cases we are helpless in such matters because there is lack of income such that we cannot extend the income to cater for the discharged OVCs. But what can be done it to empower these children by looking at their strength and try to develop that strength especially practicality aspects”.

Findings from the participants show that discharged OVCs face financial problems. This is also similar from extant literature and also an analysis of the data from the focus group discussions shows that the Zimbabwean Government terminates its financial allowances when the child has reached the age of 18. While other institution as noted above that they extend their allowances even though the child has been discharged. These sentiments are also the same as echoed by Muguwe, Taruvinga, and Manyumwa & Shoko (2011).

5.5.2 Unemployment

Emerging from the findings of the study was that, the majority of the participants were unemployed and faced a number of financial challenges. While some of the participants indicated that they are formally employed. Below are their sentiments:

“I am not working but my mother is working and I am depending on her financially”

“I do not go to work; I stay in the streets begging from passer-byes.

..“I am working as an accountant and I am also doing projects, patents and investments”

The results of the study also showed that some of the participants were not formally employed and they were either vendors, doing piece jobs and others are still schooling and being funded by the institution. Below are their responses

“I am surviving through selling fruits on the streets”.

“I do piece jobs here and there for instance when I hear people advertising that they need a gardener I go”.

“..... I am still going to school and I am being funded by the institution”.

Discussions from the focus group indicated that unemployment has been a challenge among the OVCs as quite a number of them return back complaining about unemployment. An analysis of the data from the focus group discussions shows that unemployment at the moment in Zimbabwe is rife therefore, there is nothing they can do but rather enforce empowerment strategies. Below is one of the responses from the focus group

"They do come and complain about not getting jobs, but we should not blame them because unemployment is a national crisis at the moment and it is affecting every citizen".

These findings show that Zimbabwe has a high rate of unemployment due to its economic crisis and because majority of the OVCs have not attained higher education. It might be another reason why they are faced with employment issues.

5.5.3 Lack of completion of higher education

An analysis of data from the participants revealed that most of them did not complete higher level of education. As indicated in table that minority of the participants have managed to reach higher education. Majority of the participants had only reached form four which is the Ordinary level in Zimbabwe. While, one of the participants among the OVCs had a Diploma and one had managed to advance to form five with the assistance of the institution. The results of the study also showed that some of the participants had managed to go beyond ordinary level and advance to form 6. Whereas some were currently waiting to go Tertiary level. Below are some of their responses.

"As I have highlighted before, I am currently waiting to go to the University of Zimbabwe and the institution will be funding me"

Meanwhile the results highlighted that the minority of the participants had only gone up to grade 7.

"I did not complete my education I dropped when I was in grade 7. When I was taken to the institution they did an operation on my leg when I was doing grade 3. I had a problem with my leg so I was in and out of the hospital. The institution officials lied that I had reached 18 yet I was only 15 so I was discharged because I had reached 18 according to them so that is why I did not finish my education".

"I only completed my grade 7 and I never completed my education because I was being placed from one institution to another and due to this, my records were misplaced".

The findings from the focus group were that as key departments that works with children they try to send the institutionalised OVCs to school. The following are their responses:

"We work with the Government policy that states that every child who has reached 18 should be discharged; henceforth we try to send them to school such that by the time they are discharged they have something. But as departments we are lacking in terms of identifying what the child is good at doing thus we want to identify the strength of the child last minute which later makes us fail these children".

We make instrumental use of BEAM to send the OVCs to school every year but due to our economic meltdown it becomes difficult now to send them to extend their education because BEAM programme might work this year and the following year it's not taking or funding children".

"The other thing is we reunify some of the OVCs with their traceable relatives and in return some of the relatives will not assist these children to extend from where we left them".

Institutions play an influential role in the lives of OVCs especially the institutionalised children but, the institutions showed some minimal weakness in terms of sending children to complete higher education. Additionally in Zimbabwe it might be due to harsh economic conditions which leave the government with no choice but to terminate their financial grant to the OVCs at 18. However it should be noted that completion of education also depends on which institution one is placed to. Institutions differ in terms of sponsorships or donors hence others are able to assist the child until he or she is able to stand on his or her feet while others fail to do that due to lack of financial sponsor.

5.5.4 Identity crisis

From the findings the participants have reported that they face identity crisis in the communities they are integrated into. While some participants have responded that

they are not facing any crisis identity. Below are some of the participants responses on challenges faced concerning their identity.

"To be honest, I am not well-versed in matters of culture. I barely know much about totem, beliefs and family relations which makes it more difficult for me to interact with others because I do not know much about my lineage".

"For a person like me with no traceable relatives, it is difficult because I do not know who I am and where I come from even my relatives I do not know them. This becomes more difficult now because I am married and I don't know how to tell my children that I do not know my relatives or my totem. Sometimes I wish if my parents have written my details down, things would have been better....."

"I do not know who I am and where do I belong to because on my records it is said I am from DRC (Democratic Republic of Congo) yet I am in Zimbabwe with no traceable relative expect my aunty whom we were staying with before institutionalised whose whereabouts is unknown".

Discussions from the focus group indicated that the discharged OVCs do face identity crisis. Following sentiments attracted the findings:

"Identity crisis is bound to happen especially when the children are integrated into the community. As departments we have come up with fostering programmes but even within those families' children still face identity crisis mostly when culture is concerned. It is something we cannot ran away from"

Basing on the aforementioned findings, it can be noted that discharged OVCs are most likely to face identity crisis. Majority of the discharged OVCs are abandoned children with high chances of untraceable relatives. This finding is similar to Giddens (2009), who acknowledged that discharged OVCs fail to explain who they are, who their relatives are and where they come from.

5.6.5 Discrimination

Findings from the study reflect that the least of the participants also faced discrimination. The following are their responses.

"I don't know why my neighbours tell their children not to play with me".

"Whenever people see me in the streets some are nice to me when I beg from them but others they shout at me saying I am one of those kids that have run away from the children's home and now I am now becoming a menace to them".

While, a majority of the participants reported that they do not face discrimination.

"I relate very well with my foster family and community members. They take me just like any other young people in the community".

"I stay well with others and some of the community members do not know that I once stayed at the children's home".

"I do not know my family but the community members they relate with me very well and some of them help me when I am in needy".

All focus group participants agreed that discharged OVCs face discrimination especially those complete abandons that don't have traceable relatives. Below is one of the responses that matched with the research findings:

"Staying in dormitories is associated with lack of supervision. Hence that's why majority face such discrimination because they are viewed as children with no morals due to where they are coming from. That is why the Government is trying to abolish dormitories in institution and come up with family set ups to avoid such issues of discrimination".

From the findings it can be evident that discrimination is one of the post-institutional integration challenges faced by OVCs when integrated into the community. This is also similar to what Pryce et al, (2015) has highlighted that OVCs face discrimination because of their background.

5.5.6 Limited exposure to cultural values

An analysis of data from participants reviewed that there were cultural challenges encountered due to limited exposure to cultural values at the institutions. Some of the participant's statements are presented below:

"When I got married and visited my in-laws it was very difficult for me to perform the duties because I was not aware of the practises that were supposed to be performed

by a daughter in-law. Even the way they greet each other using their totems it confuses me”.

“It is difficult for me because I do not know how relations especially know how to call someone an uncle or aunty. At the institution I was only exposed to relations such as father who is the superintend and mother who is the caregiver. Like now my foster parent’s daughter’s children they call me “mother” yet I do not understand why they call me that”.

“To be honest, I am not well-versed in matters of culture. I barely know much about totem, beliefs and family relations.....”

On the other hand some of the discharged OVCs explained that they were not facing any challenges concerning culture activities and below are some of the sentiments that attracted the findings:

“I used to visit my aunt on holidays so I learnt some of the aspects of our culture”.

“I am not facing any cultural challenges”.

Discussions from the focus group showed that all the focus group participants agreed that some of the institutionalised OVCs face the aforementioned challenge due to the fact that other OVCs might not get foster parents or traceable relatives which would make it more difficult to cope with culture when integrated into the community.

From the findings it can be deduced that discharged OVCs face cultural challenges due to limited exposure to cultural values whilst in the institution. Even though education may offer knowledge about relations but with lack of practicality it becomes difficult for the OVCs to understand about relations.

In regard to culture the researcher went on to ask about how marriage proceeding are done. Below are some of the participant’s sentiments emerging from the findings of the study:

“On marriage, the groom can take a token of appreciation and send it to the institution; otherwise there is no ‘roora’ ”.

"The token of appreciation when it is brought forward we can just use it on the institution to look after other OVCs".

"If its male OVCs who want to marry we accompany (institutional officials) him to the family of the bride. This is done to OVCs who have untraceable relatives but to those with traceable relatives we just let the relatives to do the proceedings".

Drawing from the work of Dube (2013) Zimbabwean Culture states that when it comes to marriage, those who are about to marry are commenced into marriage life by the relatives. From the foregoing sentiments, it can be deduced that OVCs have support from the mother institution in terms of marriage proceedings particularly for those who cannot trace their relatives.

5.6 Theme three: Coping Mechanisms.

The third objective was to establish the coping mechanisms that are used by OVCs. The coping mechanisms will be categorized into sub themes of adaptive and maladaptive coping mechanisms.

5.6.1 Adaptive behaviour

5.6.1.1 Begging

The least of the participants unanimously highlighted that leaving without a family is a burden and it is very traumatizing because every day they encounter insults from the community members because of begging. From the findings the participants gave reasons why they used begging as a survival strategy after leaving institutional, care. Their responses are below:

"I survive through begging from the passer byers because I do not have any source of income".

"I am a beggar, I beg from people in order for me to buy food".

The remaining participants indicated that they do not beg in the streets.

Discussions from the focus group showed that some of the discharged post OVCs turns to stay in the streets and beg. Below are the responses from the focus group.

"The problem with institutionalised OVCs is that when they are discharged or fostered they have higher expectations towards the community or their foster parents. It will be difficult for both of them and failure to meet up with their higher expectations they tend to run away and prefer to stay in the streets and beg".

The participants from the focus group further added that:

"...usually discharged OVCs fail to accept the supervision that will be done in families which later makes them to ran away and stay in the streets because they are used to a life with minimal supervision".

"We should bear it in mind that in institutions these children they do no lack as almost everything is provided to them and when integrated back into the community, these children are not familiar to skipping meals or lacking some basic needs. You would find that with our economy this happens in families so due to lack of exposure to such lifestyle they prefer to run to the streets".

Drawing from the above sentiments, it can be noted that OVCs lack basic needs and due to that they resort to begging as a way of surviving in the harsh economy of Zimbabwe. This finding is also echoed by Mashayahanya (2014) who postulated that child begging has proven to be more susceptible among OVCs because they lack basic needs. However the findings have also proved that not only boys are at higher risk of begging but also girls have ventured into the system.

5.6.1.2 Vending

Vending by the discharged OVCs also emerged as one of the strategies that are used. This is supported by their responses below:

"I am surviving through selling fruits on the streets".

"I sell vegetables like tomatoes, onions, potatoes at Machipisa Shopping centre."

"I sell caps with my friends".

Majority of the participants highlighted that they do not use vending as a survival mechanism.

Discussions from the focus group pin pointed that vending is more common among the discharged OVCs especially with our economic where everyone in Zimbabwe is

a vendor. The focus group also showed gratitude to those venturing into vending unlike indulging into maladaptive behaviours.

The findings indicate that discharged OVCs are mostly like to engross themselves into vending in order to survive. Vending does not bring large amount of money but at least it provides money to put food on the table. These findings also tally with Chase, Wood & Aggleton's (2006) literature that post- OVCs are involved into different types of selling variety of goods on the streets for survival.

5.6.1.3 Piece jobs

There was minimal information regarding piece jobs from the previous literature but the findings from this study have identified that some of the participants in order to survive they resort into doing piece jobs. For instance:

"I do piece jobs here and there for instance when I hear people advertising that they need a gardener I go".

The foregoing views were supported by another participant who said:

"Usually I do laundry or clean houses for people and they would pay me for my services".

The results of the study show that only a few of the OVCs do piece jobs but rather some survive through vending, begging and others are surviving through the institutional funds.

On the other hand, the focus group pointed out that some of the discharged OVCs survive through doing piece jobs. The following responses aligned with what the OVCs had highlighted. Below is an extract from the focus group:

"In most cases they come at the institution asking for piece jobs like cutting the grass, sweeping the grounds as a way of survival. It is true because with our high rate of unemployment definitely they are bound to do piece jobs".

From the findings, it shows that discharged OVCs resort to doing piece jobs as a way of surviving. Given that most of them are discharged with no packages they are bound to come up with ways in order to survive in the Zimbabwean economic meltdown.

5.6.2 Maladaptive behaviour

5.6.2.1 Substance abuse

The extant literature shows that most of the OVCs normally use drugs as one of their coping mechanisms and relieving themselves from the everyday life. When this question was posed to the OVCs, they expressed themselves as follows:

"It is not easy to stay away from your family, unemployed having absolutely nothing to hold on. Sometimes I just find myself crying but if I sniff glue I feel much better".

"Sometimes I smoke a lot in order to forget my problems".

Meanwhile, it is important to note that though these children have experienced hardship, the results of the study were indicative that the majority of the participants stated that they did not indulge into substance abuse. Most of the participants indicated that it is harmful to use drugs. Thus these results imply that maybe some of the OVCs have personally experienced how bad the drugs can be or they saw their friends being negatively affected by substance abuse.

Discussions from the focus group has highlighted that all the professionals have not heard the participants opening up about smoking either it is due to the fact that the OVCs see them as their parents. But however the participants in the focus group agreed that the chances were high that the OVCs do utilise drugs as a way of drowning their sorrows.

As noted from the findings of the study, there are high chances that discharged OVCs are at risk of abusing drugs because they view this as a way of dealing with their personal problems that they will be facing or due to failure to adapt to the communities where they reside. Abusing drugs is a maladaptive behaviour which is detrimental to the individual and due to this; it affects one's growth, development and productivity. This is similar to the works of Nugent & Masuku, (2007) that substance abuse is high among the institution graduates.

5.6.2.2 Sex work

The researcher also asked the OVCs if they used sex to survive since they had been discharged. The findings of the study indicated that the minority of the participants

involved into sexual activities in order to earn a living. Below are the responses of the participants:

"If things come to the worst I just go and sell myself at the beer hall. I pay for my services \$3 per night".

"Sometimes I do prostitution in order for me to survive".

The results of the study further indicated that, the majority of the participants have indicated that they do not pander into sexual activities in order to survive.

However, emerging from the discussions with the focus group, it emerged that the OVCs responses were not in line with what they alluded to, they felt prostitution was common among the institution graduates. Below are their sentiments:

"As pin pointed earlier that a discharged child has expectations and if these expectations are not met, they tend to display certain behaviour and it would also affect the family in which the child is reunified with. In most cases this would make the child to run away and 50% of the discharged OVCs end up practising prostitution and getting in contact with beer halls and clubs".

The focus group further added that,

"Cases of prostitution have been reported countless times to the office and the majority are indulging into such behaviours because they are failing to fit in family set ups and where they have to compromise and meet with the country harsh economic conditions".

Discharged OVCs are more likely to pander into prostitution as a way of meeting their financial predicament especially given the scenario that majority lack completion of higher education, lack post-institutional skills and are unemployed. Higher chances are that the OVCs will indulge into maladaptive behaviour such as prostitution. This is also evident in Dziro & Rufurwokuda's (2013) work that deinstitutionalised OVCs engage into prostitution which they call "carpet cleaning".

5.6.2.3 Early marriage

As depicted in table 9 early marriage is also evident among the discharged OVCs. For instance, one of the OVC highlighted that she got married as soon as she was discharged in fear of feeling lonely. Below is the participant's sentiment:

"When I was discharged I had nothing to hold on to because my family is untraceable so in order for me not to feel lonely I had to lie to my boyfriend (the participant laughed) that I am pregnant and he was to marry me. By that time he was not working but he took me to his parents who at first threw tantrums at me. I told myself that I am not going anyway because this was my only way out. Now here we are blessed with our one child and so happy now".

In addition, one participant indicated that he is married but did not marry at an early age; instead he got married because he felt he was ready to do so. Below is the extract from the participant:

"I married my wife because I felt that I am now ready to start a family since I don't have a family that I know of expect the institution family and my neighbours".

Emerging from the results of the study was that the majority of the participants were not married and they also highlighted that they did not see themselves entering into marriage anytime soon.

Findings from the focus group showed that early marriage was also common among the discharged OVCs. This move was linked to their backgrounds that they could be able to start their own lineages and also to have someone to take care of them or take them out of the street. This is also in line with the theory of Maslow's Hierarchy Needs that one needs a sense of belonging and security. Hence it is due to this that these institutional graduates engage into young marriage in search of such needs. These sentiments are also similar to Beihai & Wade (1999) that a choice of starting a family is in search of the aforementioned needs. Additionally young marriage act as a way of surviving especially when they have lack of completion of education and no employment therefore, this result into them depending on their spouses as a way of surviving. This finding is also similar to the literature by Chase et al, (2006).

5.7.3 Support services

5.7.3.1 Lack of social support services from family and community members

Drawing from the findings, of the study, concerning support from family and community members, the responses were varied on how the OVCs got support. For instance, the majority of the participants pointed out that they get social support services from their families and not the community. While, the other participants indicated that they get social support from the community and not from their families. In addition, some of the OVCs showed that they got support from both the community and family. Below are some the responses:

"My aunty, uncle and their children they provide me with so much support and they have offered me a place to stay".

"The community members have been very supportive they provide me with food, clothes, sanitary pads and shoes especially Street Ahead".

"My family supports me socially and emotionally and also the community members that know I am a victim of sexual abuse".

The minority of the remaining participants indicated that they get support services from the institution and neither from the community nor their family. Whereas some of the OVCs highlighted that support services were both from the institution and family. While the least of the participants indicated that they do not receive anything from both the family or community members. Below are their sentiments:

"I do not get any support services from the family or community but I get support from the institution social, financial and emotional support".

"I get emotional, social, financial support from both my foster family and the institution"

"I virtually receive none from either the community or family members"

Findings from the focus group showed that they all agreed that in most cases support services from the community and family always differs. Thus, it was highlighted that some OVCs do get support while, others are not so lucky because reunification or fostering is both a difficult transition for both the child and the foster

parents or the relatives. This makes it difficult to get all the support services and some community members might be unaware of their previous institutionalisation.

5.7.3.2 Lack of support services from the professionals

During the course of the interviews, the OVCs were asked if they receive any support services from the professionals such as social welfare. From the findings, it was clear that the majority of the participants there was no support services that they received from the professionals. While others indicated that professionals especially from the Department of Child Welfare only come when they hear that the child is misbehaving. These are some of their responses:

"Since the day I was discharged I have not received any support services from the professionals".

"I do not receive any services from them".

"I have never seen them coming to see me and I have never received any support service from them but I only heard that they come to visit especially when a foster parent or relative has reported that a child is misbehaving. It is only then when they come to counsel the individual".

"I do not receive any support services from the institution, Child Welfare or Social Welfare but only the institution officers came to see where I stay but since then they have never came back. Of which I need their assistance because I was operated under their care and my leg can be so painful and at the same time I can't afford to go to the hospital".

The remaining minority of the participants indicated that they did not necessarily lack support services because they are still being funded by the institution even though they are discharged. The findings were attracted by the following responses:

"I am still receiving support from the institution. The institution is providing educational, financial services but I have never received any support from the Child Welfare or Social Welfare".

"The institution is still supporting me financially, socially, psychologically basically almost everything because right now the institution is paying my rentals, providing

me with food allowances and also clothing. I have never received any services from Child Welfare and Social Welfare”.

Discussions from the focus group indicated contrasting views concerning the post-institutional services. Below are their responses:

“There is absolutely no after care services for the discharged OVCs because if you look at the policies, they are so clear that when someone reaches 18 he or she should be discharged. The reasons being the OVCs are viewed as grown-ups but we have heard cases where the child has excelled in school but has reached the age of termination. We would ask the Government to continue sponsoring that particular child”.

“At the Department of Social Welfare we do not offer after care services but when the worst comes to the worst we can try to fit them on PA especially those that are married”.

The participants in the focus group further added that,

“As Child Welfare we only intervene when the child who is either fostered or reunified with his or her relatives display misbehaving tendencies. In such scenarios we offer counselling services to the child and the foster parent or relatives. Otherwise we do not have after care services”.

“Initially we are all supposed to do follow up on the discharged individual and either offer emotional support but due to lack of transport and enough funding , it makes us fail to do follow ups. To add on, other discharged individuals do not stay at a one place they move from time to time. So we do not have the adequate resources to do follow ups and offer services like counselling and so on”.

From the findings it shows that there are no services rendered to the orphans and vulnerable children after they are discharged in Zimbabwe. But however having analysed the above sentiments it shows that services are unavailable but continuous services are provided to those that show excelling results academically while the rest of the majority will be terminated from the government allowances following their discharge.

5.8 Theme four: suggestions to address post-institutional challenges.

The fourth objective of the study was to come up with suggestions that are put in place by Child Welfare, Social Welfare and institutions to address the post-institutional integration challenges faced by orphans and vulnerable children. This objective was directed to the focus group participants which consisted of five key informants. See section 5.3.

From the discussions as noted above, all the focus group participants agreed that discharged OVCs face challenges when they are integrated into the community. However during the discussion from the (professionals) they suggested stratagems or rather strategies that might ameliorate the lives of the discharged institutional graduates. Below are their sentiments:

"I think a prominent aspect to be implemented is empowerment. We know that a child might have challenges academically therefore we need to identify what the child is good at doing. It might be building, carpentry or playing football. Henceforth we need to assist that child to pursue what he or she is good at doing. The identification should be done early rather than this system of identifying the ability of the child when he or she turned 18. Let's not wait to see how stupid a person is and try to fix it after the stupidity. It doesn't make sense. Let's identify what the child is good at and help from there".

"In contest with the institution, technology is moving and we don't have a hall and no computers. So this is one of the areas we need to enhance because computer skills are important. Either a child is good academically or not the child should be exposed to such skills".

"Education policies should incorporate classes that include IT in schools".

"We have started a programme or reunifying a child with his or her traceable relatives. The programme is going on so well but post-institutional challenges are still evident. Therefore there is a need to conduct thorough pre-reunification counselling with the receiving families because these sessions they assist in the family knowing that a child is going home to his or her families has certain expectations. It is not going to be easy but through thorough counselling sessions it will assist them

(family) to be patient with the child thus avoiding challenges that would result into staying in the streets”.

“Yes I am supporting the point that says in some cases we need to be practical rather than focusing more on academic yet we see that there is no potential there. So I think incorporating various livelihoods projects whilst they (OVCs) are in the institution can assist them with skills. But it is not enough I think once we have exposed them to such projects the Government should provide them with discharge packages since there are no after formal care services”.

“The other strategy is the use of Vocational Training institutions. These institutions they are there but they lack adequate resources. It should be noted that these institutions they are for everyone, there are not specifically for the OVCs but we should advocate for them to be given a first prevalence”.

“The environment should be upgraded especially on Government institutions that cater for both primary and secondary school going children. Secondary school going children are at a disadvantage because they would need to read for exams but due to a small space they stay together with the primary school going children. So you find that they have limited time to read because dormitories doors are closed at 6’oclock in the evening and they won’t be able to read due to noise from other young children. Leading to poor academic results and once a child has failed there is no second chance”.

“Non-Governmental institutions should assist in establishing family set up housing so that the institutionalised OVCs learn more about family rather than being in dormitories”.

Discussions from the focus group were quiet interesting and all participants came up with different suggestions for instance empowering the OVCs, conducting through pre-counselling sessions to ensure smooth reunification and ensuring that OVCs get first preference in Vocational Training Institutions. Thus, it was felt that if these strategies are implemented they redress the post-institutional integration challenges. From the findings it shows that the professionals are aware that the discharged OVCs are prone to challenges and they (professionals) have identified the weakness

that their systems have and those strategies shown above might help to cover those weaknesses in order to assist the discharged OVCs.

5.9 Conclusion

This chapter was set to present, analyse and discuss the findings obtained from the data collection proceedings. The findings indicated that OVCs face post-institutional integration challenges and in their bid to fight the challenges they resort into both adaptive and maladaptive coping mechanisms. Additionally support services from their families, communities and the Government differs as some do not get the services while others are fortunate enough to get them. This assisted the researcher to reach a conclusion on the post-institutional integration challenges faced by OVCs. The following chapter focuses on the summary, findings and recommendations of the study.



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CHAPTER SIX: DISCUSSION OF FINDINGS AND RECOMMENDATIONS OF THE STUDY

6.1 Introduction

The study aimed at exploring the post-institutional integration challenges faced by orphans and vulnerable children in Highfield Community, Zimbabwe. This chapter focuses on summarizing the findings obtained from both the literature review and the empirical data collected by the researcher. The following will be discussed, in this chapter: the demographics of the participants and the focus group, post-institutional skills, challenges faced after discharge, coping mechanisms, support services provided by professionals prior to the OVCs discharge and the strategies utilized by professionals in addressing the post-institutional integrated challenges faced by OVCs.

6.2 Demographics information of the participants

The following discussion is about the demographic information of the participants. The demographics include age, gender distribution, level of education, socio-economic background and housing type.

6.2.1 Age of participants

Analysis of the findings indicated that all the participants were above 18 years and also not above 25 years old. Literature indicates that institutionalised children are discharged at the age of 18 years old. Save the Children (2013) noted that the Government of Zimbabwe passes a policy that when an institutionalised child has reached the age of 18, he or she must be discharged from the institution. This policy is made clear in the Children's Act of 2001 (chapter 5:06) where it is stated that at the age of 18, a plan of discharge should be ready.

The age of the participants was critical in this study as it helps to show the post-institutional integration challenges faced by OVCs. The Government views an 18 year old person as an adult who can be able to fend for herself or himself (Zimbabwe National Council for the Welfare of the Child, 2012). From the researcher's view, it is clear that OVCs who are being discharged at the age of 18, majority of them are not ready to be integrated into the community especially with the Zimbabwean economy. These study research findings conforms observations made by Child Protection

Society (2014) that reaching 18 years entailed leaving the institutional care whether one was ready or not and also whether the receiving family was prepared or not. It becomes difficult for the child to cope with the life of the people in the community in which they are integrated into. Thus, it may be concluded that, many non-institutionalized OVCs who live with their parents or in family oriented houses are at an advantage because when they reach 18 they are still being catered for by their family members and staying with their parents.

Discussion from the findings

- The Zimbabwean policy that states that OVCs be discharged at the age of 18 are different from other countries such as Australia. In Australia discharge of OVCs from the institution is not based on the age of the OVCs but on the institution's capacity, norms, and individual circumstances and so on. (Improving Care Options, 2001). Children at the age of 18 they are still young and most of them fail to provide themselves financially as could be deduced from the findings of the study.
- Lack of preparedness by the Department of Child Welfare in terms of drafting the discharged plan. It leads to the child being discharged without preparing for it because it would have been done late without even searching for an alternative house for the child.

Recommendations to the aforementioned discussions.

- The Zimbabwean policy makers should revisit the policy of discharging the institutionalised OVCs so as to avoid post-institutional integration challenges faced by OVCs. The age should be increased.
- Before the child has reached the age of 18, the Departments both the Child Welfare and the institution should search for a foster parent or a traceable relative so that when discharged, the child would have somewhere to go.

6.2.2 Gender

The researcher managed to interview both genders of OVCs. The previous studies mainly focused on girls and this might be because girls naturally they need protection hence first prevalence is given to them. However this study have also noted that even boys need protection as they also suffer from post-institutional integration challenges similar to girls.

Discussion of the findings

- Both institutionalised OVCs either boy or girl face post-institutional integration challenges.

Recommendations of the study

- The Government should assist the OVCs when discharged as they both face challenges when integrated into the community regardless of gender.

6.2.3 Level of education

An analysis of the findings from the study showed that all the discharged OVCs had been to school. However, it should be realised from the findings of the study as highlighted in the preceding chapter that their level of education differed from primary up to tertiary level. These findings shows that discharged OVCs their level of education is low. Same sentiments are shared by Gwenzi (2015) that institutionalised OVCs do not complete their education to higher level. Beauchamp (2014) also shares the same views that in Australia 65% of the OVCs do not finish year 12. The Issue of the level of education shows that it differs from the institution that an OVC child is placed into. From the researcher's experiential knowledge, most of the institutions in Zimbabwe offer the OVCS education up to secondary level. However due to the harsh economic challenges in Zimbabwe most of the institutions fail to assist the OVCs to proceed with their education.

In relation to the level of education, the view emanating from the focus group was that, they provide the OVCs with the opportunity of going to school. However, what emerged is that, those who are put in care of the OVCs at times fail to identify what the child is good at in terms of vocational training skills which can assist them when they are discharged. Thus, it is due to this that other OVCs who have low education qualifications fail to adapt when they are terminated from the system as they have nothing to fall back on.

Discussion from the findings

- Discharged OVCs have different levels of education; mostly this is due to different institutions they are placed in. Others are placed in Non-Governmental institutions that have extensive donors. While some are placed in Governmental institutions with either few or non-donors but they sorely depend on state coffers.

- Children are different and not everyone has academic prowess. Some have different areas they are good at. For example others are good at farming, sewing and building. Thus, the departments and the institutions professionals are failing to identify what the child is good which results in different level of education.
- Some of the discharged OVCs are reunified with their traceable relatives and some of the relatives fail to send them to complete further education due to financial challenges.

Recommendations

- Non-Governmental Organisation should assist institutions that are funded by the Government because as it stands the situation in Zimbabwe does not permit the state to assist the OVCs in furthering their education. Thus an intervention from the Non-Governmental Organisations is required. The Governmental institutions should provide for all the institutionalised children up to the secondary level while the Non-Governmental institutions and organisations should then assist the OVCs to further their education up to tertiary level.
- There is need to identify what the OVCs are good at while they are still under institutional care by the institutional officers. This will enable the child to do what he or she is good at whilst the state is still supporting them financially. For instance if there is need for a child to go to vocational training institution then, they can be enrolled for vocational training.
- Thorough pre-reunification counselling should be conducted so that the family that is receiving the child knows that they are expected to assist the child to further his or her education after being discharged from the institution.

6.2.4 Socio-economic background

From the analysis of findings, it is clear that the majority of the participants are unemployed. Thus there is a high chance of facing challenges within the communities there are integrated into. According to the Maslow Hierarchy Needs of 1943 in order for one to reach the self-actualization level he or she must have the biological and physiological needs such as water, food, shelter and clothing. In this context, when these OVCs are unemployed there is a higher chance that they are failing to obtain these needs. Maslow (1943) argues that failure to acquire these

needs; it disrupts developmental steps of reaching to the top of the structure. The results imply that, most of the OVCs fail to reach the self-actualization level. As indicated above that majority have low education qualification and this minimizes their chance of getting employed.

Additionally, the analysis of the findings shows that institutions with a financial backbone play a crucial role when the child is discharged. Echoing the same thoughts is Save the Children (2013) that discharged OVCs find it difficult out there hence they (OVCs) come back to the institution seeking assistance. Thus, other institutions now offer the discharged OVCs with financial aids. Institutions are now breaching the policy of not discharging the children physically but, only by paper because majority of the OVCs are unemployed. The situation is further worsened because there is a high rate of unemployment in Zimbabwe as many industries which are in a position to offer jobs to the OVCs are closed due to lack of income to run the businesses.

Discussion from the findings

- There is a high rate of unemployment among the discharged OVCs and this is because of either their low education qualification or due to high rate of unemployment in Zimbabwe.
- Other institutions that are financially strong are able to provide their children with financial assistance even when they are discharged.

Recommendations

- It is important to secure internships in different companies for those who are academically gifted and this should be in line with the identified areas of specialisation of the OVCs.
- The discharged OVCs must be provided with a minimal amount that could assist them in starting small business or start projects prior to their discharge.

6.2.5 Housing type

According to the theory that was used in this study, safety needs are important in one's life and they include protection from danger. From the findings it indicates that the majority of the participants are staying in safe areas. However, there are few that are staying in dangerous areas for instance informal setting (shacks) there is no security. While the streets is the most dangerous place to stay because there is high

rate of crime that occurs in such an area and to make matters worse, it is an open area. The researcher noted that those that are staying in the streets are girls. Girls are prone to abuses especially if staying in an unprotected area.

Discussion from the findings

- The analysis of the findings shows that majority of the discharged OVCs stay in protected areas and other OVCs stay with their foster parents.
- For one to reach self-actualisation he or she needs to be in a protected and be staying in a safe area.

Recommendations

- The Government should encourage Zimbabweans families to be foster parents to the OVCs and this can be done through advertising on media platforms such as televisions and radios. This can help OVCs to be able to be integrated into safe houses unlike staying in the streets.
- Continuing and effective implementation of the reunification programme so that discharged OVCs can be reunited with their traceable relatives to avoid them to stay in the streets or informal areas.

6.2.6 Reasons why the OVCs are institutionalised

The results of the study showed that there are numerous reasons why OVCs are institutionalised. The findings of this study tally with the groups of children who are in need of care and protection as stated in the Zimbabwean Children's Act chapter 5:06 (2001). Child abandonment emerged as one of the major reasons why children are institutionalised. Normally this is due to poverty within the families. Chibwana (2012) also shares the same notion by indicating that poverty is the main reason why children are being abandoned. Additionally, the findings also indicated that children suffer from abuse, neglect, child marriage while others are institutionalised due to being orphaned either single or both while others are due to truancy. Studies done by Gwenzi (2015) also showed that girls suffer from abuse either from their family members henceforth in order to avoid further victimization; the child is removed from that area to a place of safety. While others are orphaned and in most cases the cause of the death might be HIV and AIDS. National AIDS Council (2011) echoed the same sentiments by saying that HIV & AIDS have robbed families of their breadwinners thus children are then dispersed to other relatives who are unable to

look after these children thus ending up in the institution because they are discriminated by their relatives (Dziro & Rufurwokuda 2013).

Discussion from the findings

- From the researcher's observation, in Zimbabwe due to harsh economic conditions, mothers are abandoning their children so that the Government can cater for that particular child.
- Abuse is still occurring in Zimbabwe either within families or outside families.
- Community and families are still discriminating those with HIV & AIDS.

Recommendations

The following are the recommendations made in regard to the discussions above:

- Harsh economic challenges are affecting a vast range of Zimbabwean citizens, thus women should not abandon children and try to hide behind the economy. Therefore, there is need to conduct awareness campaigns teaching women about family planning to avoid unwanted pregnancies.
- The laws should be made tighter especially when a woman is found abandoning a child. This would send a message to other women to avoid abandoning children.
- Child grants should be offered in Zimbabwe especially to mothers who are unable to provide for their children. So as to encourage family oriented houses. Child grant is also available in South Africa and somehow it reduces child abandonment.
- Maternal hospitals and clinics should do a thorough background of the pregnant women who comes to register for their children so as to avoid issue of untraceable relatives when a child is abandoned.
- Families and communities should be informed about protecting their children from abuse within their communities.
- Awareness campaigns should be done so as to inform the community and families about HIV & AIDS so as to avoid discrimination on orphaned children.

6. 3 Summary of findings based on the study objectives

This section is going to summarise the analysis of findings based on the study objectives. The objectives were, to assess skills offered to orphans and vulnerable children in preparation for life after leaving the institution. The second one was to examine the challenges faced by OVCs after leaving the institution. The third one was to establish the coping mechanisms that are used by OVCs. The fourth objective of the study was to come up with solutions addressing the post-institutional integration challenges by the professionals.

6.3.1Type of skills offered.

Analysis of findings indicated that the majority of the participants had managed to receive post-institutional integration skills; however they had received different skills. Other participants alluded to the fact that they received formal skills from school while others had received informal skills like life skills comprising of sweeping and washing clothes. While, the least of the participants highlighted that they never received any post-institutional integration challenges nor were they given a discharge package. These findings are also similar to the study of Dickens (2016) who stated that in South Africa OVCs at Girls and Boys Town were exposed to an Independent Living Skills Training where they get skills that would help when integrated into the community.

Discussion from the focus groups brought out that all the professionals agreed that OVCs are offered post-institutional skills thorough the institution that offer life skills or through the projects done at the institution. Additionally skills also are provided through the practical subjects that are offered at school for instance Agriculture, Food and Nutrition and Fashion and Fabrics. Findings from this study indicates that the Zimbabwean Educational Sector also assist the school going OVCs with other skills that they acquire from the practical subjects that they do.

Drawing from the findings of Maguwe et al, (2011), OVCs that have not been discharged at the age of 18 they are transferred to transitional homes to obtain life-skills training. These findings occur mostly in non-governmental institutions that are capable of continuing to support the OVCs financially as they (non-governmental institutions) have vast number of donors. However, this is a different case in the Government institution as termination is 18 years old and the child is either fostered

or be reunified with traceable relative. Within those families the OVCs tend to acquire life skills.

Discussion of the findings

- Findings show that OVCs are provided with post-institutional skills both formal and informal. The institution also provide life skills and other skills are portrayed through the projects that are done at the institution.
- Though OVCs have been provided with the post-institutional skills, they do not have the income to utilize those skills for instance bee keeping needs money to buy the materials and a conducive environment.
- Governmental institutions do not offer a discharge package which makes it difficult for the post-institutionalised OVCs to use or develop the skills that they have obtained either from the institution or school.
- Basically in Zimbabwe, Vocational Training Institutions are not merely meant for the OVCs only but they are meant for every citizen.

Recommendations of the above discussions

- Institutionalised OVCs should be taught various livelihoods projects so that when they are discharged they will be equipped with more skills on starting their own projects.
- The Government should provide discharge packages. This also happens in Ethiopia where discharged OVCs receive wages for the first 3 to 6 months following their discharge. Findings from this study indicated that other discharged OVCs in Zimbabwe especially the Non-Governmental institutions are provided with the discharge packages.
- The Departments that work with the OVCs especially Child Welfare and the institution should identify what the child is good at doing especially on practical skills earlier rather than making the child to continue with academics instead of doing practical subjects such as carpentry.
- The Government should ensure that the OVCs get the first preference to go to the Vocational Training Institutes.

6.3.2 Post-institutional integration challenges

The researcher managed to obtain the following post-institutional integration challenges during data collection. Below is the summary and recommendations of

the post institutional integration challenges faced by orphans and vulnerable children.

6.3.2.1 Lack of sufficient funds

Analysis of findings from the study indicated that the majority of the OVCs were not financially stable and only a minority stated otherwise. The findings of the study are similar to what Mhongera (2014) stated that institutional graduates who are departing from the institutional care are more likely to face economic challenges. In most cases the situation is like that because of unemployment, lack of skills, and low level of education. So in such a scenario discharged OVCs are bound to lack sufficient funds which results into lack of adequate basic needs. The situation is even made worse because OVCs lack a discharge package. Bruce & Hallman (2008) shares the same sentiments by saying that when OVCs are discharged their financial support terminates. This is so because the Government no longer views the OVCs as eligible for Governmental funds. At some extent, all the effort that has been put when the OVCs are in the institution will be going in vain especially when that particular child faces financial challenges and then resort into maladaptive behaviours.

Discussion from the findings

- Discharged OVCs face economic challenges such as lack of sufficient funds.
- The situation is made worse because the Government does not intervene after termination.

Recommendations

- The Non-Governmental Organisations and the Government should collaborate and provide discharge packages for the OVCs.
- The Government should provide for the discharged OVCs for the first six months following their discharge as this would allow them to be able to cope within the community.

6.3.2.2 Unemployment

The study found that majority of the participants is unemployed. Some of the participants were either doing piece jobs, some were vendors or others were still schooling. Echoing the same ideas is Pryce et al, (2015) who highlighted in his literature that weaned OVCs face unemployment challenges. Discharged OVCs from Pryce et al, (2015) stated that it was difficult for them to obtain jobs and some even

argued that it was impossible for them to get employment. This is true because in relation to this study, majority of the participants have low education qualification and given that these days' people are advancing in terms of educational qualifications. Therefore, in such a given scenario it becomes more difficult for the weaned OVCs to be employed in higher positions. Similar findings have been noted in South Africa by Tuner (2012) that discharged OVCs are also experiencing the same predicament.

Discussion from the findings

- Discharged OVCs are at a higher risk of unemployment.
- The Child Welfare and Social Welfare Departments have failed the institutionalised children as they have failed to advocate for them to at least advance their education.

Recommendations

- The Child Welfare as the mother of the OVCs should also try and secure internships for the OVCs that are academically gifted for instance Delta companies.
- The Government should secure pre-adult life integration support. For instance establishing income generating projects and secure jobs for the less academically gifted weaned OVCs so that they can have something to survive on.

6.3.2.3 Lack of completion of higher education.

The study has noted that discharged OVCs lack completion of higher education. Gwenzi (2015) also shares the similar findings that weaned OVCs lack higher education. The findings of the study are commensurate with those of Murray & Goddard (2014) that OVCs have demonstrated poor educational qualifications. Other researcher argues that in Zimbabwe, BEAM has failed the OVCs because it limits the number of subjects to be written at Ordinary level (Taurai & Hlatywayo, 2014). The researcher agrees to this argument that the system has failed the OVCs because of lack of consistency by BEAM. In addition, it came to the researcher's attention during data collection, that institutions only gives a child one chance of writing the Zimbabwean School Examination Council (ZIMSEC) examinations at Ordinary level. Thus, if the child fails to pass on that one chance, he or she won't be given another chance to write again. This situation is different with the non-

institutionalised children whom are provided with many chances to write until they (non-institutionalised children) have passed.

The researcher from the findings has noted that the difference between the Non-Governmental institutions and Governmental institutions also influence the completion of higher education qualification. Non-Governmental institutions are capable of sending their OVCs to school as many times as possible and even to further their studies while Governmental institutions are not capable of meeting such demands. This might be as a result of the discharge policy of discharging a child who has reached 18 years old. Additionally, the reason might be due to harsh economic challenges that Zimbabwe is facing which makes it difficult to strain Governmental financial coffers which are at the verge of collapse.

It is imperative to note that if OVCs are offered educational opportunities, chances are that OVCs will be able to reach self-actualization. Self-actualization is the last stage in Maslow's Hierarchy Needs. Gross (2010) highlighted that self-actualisation is the desire to develop the skills that one has. Therefore, if the OVCs are provided with advanced educational qualifications, OVCs will be able to reach this stage and integrate in their communities well.

Discussion from the findings

- Institutionalised children fail to complete their education because they are not offered a second chance when they fail.
- Advancing of educational qualification in Zimbabwe depends with the institution that one is situated in.

Recommendations

- Institutions should provide a second chance for the OVCs to write ZMSEC at Ordinary Level (form 4).
- BEAM extent its subject limitation and allow the OVCs to register all the subjects such that they will have variety of subjects when writing the exams.
- Zimbabwean Presidential Scholarship should give first preference to institutionalised children since it is mandated to provide for the orphans and poverty stricken children.

6.3.2.5 Discrimination

Findings from the study indicated that only a minority of the discharged OVCs face discrimination as a post-institutional integration challenge. All the professionals agreed that discharged OVCs may face discrimination especially the completely abandoned children because others stay in dormitory setup where there is lack of supervision. Thus, due to this most of the OVCs are seen as children with loose morals. This is similar to the studies done by Buys, Tilbury, Creed & Crawford, (2011) that discharged OVCs are viewed as deviants by either teachers or community members thus, they are treated differently. Echoing discrimination challenges is Chikwaiwa et al, (2013) that OVCs are discriminated because of their backgrounds. The researcher is of the opinion that the community members have not yet accepted the discharged OVCs fully.

The researcher is of the opinion that discrimination shows that discharged OVCs lacks love and belongings in either the families or communities they are integrated into. USAID (2011), support the aforementioned opinion but stating that vulnerable children tend to be less valued or less loved by the society. The theory of Maslow's Hierarchy of Needs fits perfectly in this study as findings indicates that OVCs are discriminated because of their backgrounds. Chances are weaned OVCs lack acceptance from their families or community members thus resulting into failure to reach self-actualization because the people that are supposed to offer love and support reject the discharged OVCs. Empowerment theory is also applicable in this study because one of its purposes is to bring empowerment to the discriminated group (Hipilito-Delgado & Lee, 2007).

Discussion of the findings

- There is lack of supervision in the dormitory set up institutions which results into OVCs being deviants.
- The community has not yet fully accepted that institutionalised children are the same children with those who are not institutionalised.

Recommendations

The following are the recommendations of the above discussion

- The Government should try to speed up the abolition of the dormitory set ups and facilitate the family set up institutions similar to the ones in most Non-Governmental institutions.
- Pre and post counselling reunification should be conducted to the families so as to reduce discrimination and maximise acceptance.

6.3.2.6 Limited exposure to cultural values.

This study has discovered that discharged OVCs have limited exposure to cultural values. These findings are also similar to the literature by Dziro & Rufurwokuda (2013) that discharged OVCs face challenges in fitting culturally to the communities they(OVCs) are integrated into especially girls where failing to perform the daughter-in-law duties. This is so because the institutionalised children are not exposed to these duties which are different from a child who has been brought up in a family set up. These research findings adhere to a study done by Muzingili & Gunha (2017) that OVCs found it difficult to adjust to the traditional culture of the members of the community. In most cases this is so because OVCs view the cultural activities performed with community members as demonic because of their Christian faith which discourages such activities.

Thus, this study also found out that in some cases, there are no formal marriage proceedings of an institutionalised child but however, the man who wants to marry can bring a token of appreciation to the institution. This finding indicated that child care institutions are aware of the marriage tradition. Thus, this study commensurate with those of Dube (2013) that when it comes to marriage, those who are about to marry are commenced into marriage life by the relatives.

All the professionals agreed that OVCs face limited exposure to cultural values and this is so because other OVCs fail to obtain foster parents where they (OVCs) can learn some society cultures in a practical manner. The researcher is of the opinion that schools or the institutions can teach the child cultural values but this would be a theory. Hence there is a need for the child to experience the values in a practical way for instance in family set- ups where a child get to know relations practically not theoretically. Nevertheless, it should be noted that the institutionalised need to be exposed to cultural values in a practical way to avoid limited exposure of cultural values.

Discussion of findings

- OVCs are culturally ill-prepared
- Foster parents have a significant role to play when the child is integrated into their hands.

Recommendations

The following are the recommendations of the above discussions

- Institutions should provide a platform that ensures maximum exposure to cultural values for instance increasing socialization environment.
- The Government should continue to advocate for foster parenting among the citizens so that the child can grow within the premises of a complete family. Through that, an institutionalised child will not face cultural challenges.

6.3.2.4 Identity crisis

The study found out that discharged OVCs face identity crisis. Mupedziswa (2016) alludes ill- preparation of a discharge process makes the OVCs to feel like aliens when integrated into the community. Similar thoughts are shared by Giddens (2009) that OVCs fail to define who they are, where they come from. The findings from this study are similar to Giddens (2009) as other participants echoed that they do not know relations nor their relatives or totems. Culturally, these children are supposed to be well versed with culture but however the findings indicate that OVCs are ill-prepared in terms of culture.

Drawing from the Bidimensional Acculturation Model that was utilised in this study, the four categories of the model indicates the life of the OVCs when integrated into the community. From the findings, some of the participants have assimilated to the culture of the community members thus not facing and identity crisis. This indicates that the minority of the participants in this study have decided to adjust and adapt to the mainstream culture.

The second category is separation. According to the Model, the individual rejects the culture of the mainstream and focus on the heritage culture. Findings showed other participants highlighted that since they are not well-versed with culture they (OVCs) will remain with what they know from the institution.

The third category is integration. Integration is an amalgamation of both cultures from the institution and the community and keeping them both (Berry, 1997). Thus, from the findings these participants are not facing identity crisis. Reason being the weaned OVCs have been exposed to family oriented houses through foster parents. As a result, such OVCs go through acculturation in a family setting thus, not facing culture challenges when integrated into the community.

The fourth category is marginalisation. The study found that other OVCs are not Zimbabwean citizens and have been exposed to different cultures. Due to confusion these OVCs rejects both cultures from the institution or birth countries. Leading to high chances of not knowing who they are, their beliefs and totems.

All the professionals from the focus group agreed that discharged OVCs faces identity crisis as a challenge. The professionals agreed that this is so because in most cases majority of OVCs are completely abandoned children with no traceable relatives.

Discussion of the findings

- There is ill-preparation of cultural values within the institutions

Recommendations

- Institutions should teach and prepare the institutionalised children cultural values and beliefs.
- Reunification and fostering of children should be done so that children get to experience family setups as this might reduce identity crisis.
- Counselling should be done to both the traceable relatives and foster parents so as to enable the families to know where the child is coming from and how they should handle their different cultural differences.

6.3.3Coping mechanisms

The researcher managed to obtain the following coping mechanisms that are used by OVCs when integrated into the community. The coping mechanisms are divided into two types:

6.3.3.1Adaptive behaviour

Analysis of findings from this study illuminated that discharged OVCs venture into adaptive behaviour as coping mechanisms, whereas, some of the OVCs resorted to

doing piece jobs. These findings are also similar to the findings by Save the Children (2013) that one participant indicated that she fails to have a meal per day thus, she resorts to begging. However, Nampanya (1998) quoted by Grainger, Webb and Eliot (2001) argues that boys are at a higher risk of begging than girls. The researcher begs to differ from these asserts, because girls are also begging on the streets. Thus, both boys and girls are now at a higher risk of begging.

On vending, Chase et al, (2006) also shares the same findings with the current study. According to Chase et al, (2006) both boys and girls from Chegutu Children's Home do vending as a way of surviving. This therefore indicates that discharged OVCs utilise the coping mechanisms of vending in order to survive.

Discharged OVCs do piece jobs as coping mechanisms. There is minimal literature on piece jobs as a copying mechanisms used by OVCs. However this study has managed to find out that OVCs engage into piece jobs.

Discussions from the professionals brought to light a number of factors that could lead the OVCs to venture into the aforementioned coping mechanisms. The professionals stated that other OVCs go and stay in the streets and beg because of failure to get along with their foster parents or reunified families due to both parties having higher expectation from each other. Additionally, in the institutions OVCs are provided with almost all the basic amenities hence once they lack (OVCs) they run to the streets. Others go and beg because of failure to adjust to supervision done in family set ups. This scenario shows the variances between the institutional life and the community real life. This finding commensurate by the study done by Muzingili & Ganha (2017) that sometimes the families in which the OVCs are integrated into fail to provide enough food for the child. Thus leading the child to resort to street life and beg.

Maslow's Hierarchy of Needs indicates that when human beings have biological and physiological needs such as food, water, shelter and clothing. They become driven to accomplish more but, failure to obtain such needs leads to disruption of developing to another level. OVCs when they are in the institution they are provided with the basic needs and they strive to be better people. However, as noted in the above those failures to obtain such needs the discharged OVCs turn to ran away from foster parents or reunified families and beg in the streets. Thus, disrupting what

Maslow (1943) views as the developmental procedures of getting to the top of the pyramid. The researcher is of the argument that once a child is exposed to the street life chances are that he or she loses focus and be prone to deviant behaviours. Resulting into failure of self –actualizing oneself.

Discussion from the findings

- Some of the OVCs resort to adaptive behaviours as copying mechanisms.
- There is a clash of expectations from the foster parent, traceable relatives and the discharged OVC resulting into the OVC running away from home.

Recommendations

The following are the recommendations to the above discussions

- Adaptive behaviours such as vending and doing piece jobs should be encouraged especially with the Zimbabwean current economic crisis.
- Social Workers should engage into pre and post counselling of the foster parent, traceable relatives and the OVC so as to minimise their higher expectations.

6.3.3.2 Maladaptive behaviours

Discussions from the professionals indicated that discharged OVCs do engage into such coping mechanisms. The findings about the consumption of drugs by weaned OVCs are also similar to the findings found by Nugent & Masuku (2007). According to Nugent & Masuku (2007) there is a high prevalence of substance abuse among the discharged OVCs. Pryce et al, (2015) also discovered that in Ethiopia, discharged OVCs also abuse substance. The researcher is of the argument that OVCs are exposed to numerous challenges when they are discharged from the institutions. Majority of the OVCs are discharged with no packages and due to that they (OVCs) are abound to face post-institutional integration challenges. Hence, as a way of minimizing the stresses that comes with the challenges they resort to substance abuse. For them (OVCs) substance abuse is a way of drowning their sorrows. However this coping mechanism should not be justified because it affects the health and hinders the development of the weaned OVCs.

Analysis of findings from this study indicates that OVCs engage into sex work as a way of coping. Studies conducted by Dziro & Rufurwokuda (2013) also discovered

that girls engage into sex work. Echoing similar findings is Pryce et al, (2015) that in Ethiopia post-institutional OVCs utilise sex work as a way of coping economically. With the current economic crisis in Zimbabwe, OVCs are bound to resort to being sex workers where they (OVCs) get paid for providing sexual pleasures. Chances of engaging into sex work by girls are so high especially, if they are unemployed and not having serious supervision.

This study has also discovered that OVCs get married at a younger age. This finding provides evidence to Chase et al (2006) assumptions that girls from the institution get married to their partners within a short period of time of knowing them. Researchers such as Mashayahanya (2014) stated that in most cases people who engage into young marriage they lack real feelings for their partners. However, it should be noted that it is not always like that as others have genuine feelings for their partners and they would even stay in their marriages without early marital break ups.

OVCs lack love and affection from their care givers because their population is high. Henceforth, it would be difficult for their care givers or mothers from the institution to provide equal love and same affection. Thus, when they are discharged others engage into young marriages as a way of feeling loved and also have a sense of belonging. Maslow's Hierarchy of Needs states that one has to have a sense of love and belonging. This is supported by Theodor quoted by Venugopalan (2007) who argued that belongingness needs are an image of the point that people are interactive human beings, in need of other's companionship. Therefore, it is because of that yearning that OVCs have, that results into them engaging into young marriage. However, it should not be ignored that others engage into young marriage as a way of having a financial back up from their spouse. Maslow's Hierarchy of Needs states that a human being has to have basic needs and security needs. Thus others engage into early marriage as a way of findings financial security.

Discussion from the findings

- OVCs engage into maladaptive behaviours as a way of coping with their post-institutional integration challenges.

- OVCs lack love and sense of belonging within the institutions because it is difficult to get such affection from their care givers because of a high population.

Recommendations

- The Zimbabwean Government should adopt the South African National Youth Policy in order to empower the discharged OVCs so that they can be provided an opportunity into the employment sector.
- The Government should ensure that family oriented houses are built in institutions and an increase of the mothers or care givers that stay with institutionalised children. This will enhance the OVCs to at least obtain love from their mothers.

6.3.4 Support services



6.3.4.1 Lack of support services from family and community members

This study found that discharged OVCs lack support services from their families and community members. Whereas, there were also OVCs that stated that they were being assisted through social support from the community and not from their families. Discussions from the focus group showed that some weaned OVCs manage to obtain support services from families and community members while other OVCs do not obtain support services. This is a clear indication that support services offered to the OVCs differs.

Discussion from the findings

- Support services provided by the family and community members differs.

Recommendations

- The DCWPS should conduct awareness campaigns so that the community members become educated about the institutionalised children.
- Families should be counselled by the Child Welfare Officers when the OVCs are discharged.

6.3.4.2 Lack of support services from the professionals

The findings of the study indicated that majority of the OVCs did not receive support services from the professionals.

The responses from the OVCs aligned with that from the focus group that there were no social services offered to the OVCs. This is despite the fact that members from the focus group admitted that their profession demands that they do follow up on these children. However, due to lack of transport and enough funding, follow ups remain undone. This is similar to Musavengana et al, (2014) that Zimbabwe lacks mechanisms to do follow ups. Thus, it is due to lack of resources that limits social workers to do follow ups to these children. The researcher is of the opinion that services might not be in terms of material things but it can be through emotional and social support. Hence discharged OVCs should not be limited to such services because this group faces numerous challenges other than financial issues.

Additionally, the focus group highlighted that the policies are stated clearly that once a child has reached 18 he or she must be discharged. Following that discharged there will be the termination of services from the Government. Child Protection (2014) observes that the discharge policy failed to take into consideration OVCs especially girls who are discharged with no financial allowances and to make matters worse they need to buy sanitary wear. Save the Children (2013) also submits to these assertions that Zimbabwean passed a policy that a child is to be discharged at the age of 18 and their aptness to the government grant terminates. However, other institutions because of identifying that the child has potential academically the institution continue to provide services to that particular child even though he or she has been discharged.

Discussion from the findings

- There are no after care services to discharged OVCs.
- Zimbabwe lacks adequate resources to do follow ups.
- Termination of services ends when a child has turned 18 years old and discharged.

Recommendations of the discussions above

- The Government policy makers should revisit the policies and ensure that discharged OVCs receive support services through Social Workers.
- Social Workers should be provided with transport to ensure that follow ups are conducted.

- The study reveals that discharged OVCs face post-institutional integration challenges. The situation is made worse due to lack of support services from the professionals that the OVCs have known as their immediate families. Therefore, the Government of Zimbabwe should ensure that the OVCs are provided with a discharge package to enable the OVCs to have something that they can start projects with.
- The professionals that work with the weaned OVCs should ensure that they do proper documentation of the whereabouts of the discharged OVCs. This would ensure a smooth follow ups.

6.3.5 Solutions proposed by the professionals in addressing the post-institutional challenges.

The five key informants from the Department of Child Welfare, Department of Social Welfare and Hupenyu Hutsva Children's Home were the focus group participants. The key informants were asked to discuss on the solutions that can be implemented in addressing the post institutional integration challenges.

From the discussions, the focus group advocated for empowerment of the OVCs whilst still in the institutions. Similar sentiments are advocated by the Empowerment Theory that has been utilised in this study. Hyung Hur (2006) indicated that traditionally more vulnerable groups in the society can obtain an influence when their strengths has been connected to economic development thus resulting into empowerment. Thus, the researcher is of the idea that OVCs should be empowered so as to avoid a dependence syndrome when integrated into the community. Additionally, from the findings of the study it can be concluded that it is imperative that identification of the child's potential is done earlier before it is late.

More so, the focus group agreed that institutions should be provided with computers to enable the children to be well-versed with computer skills. In the same notion they advocated that Education policies should ensure that IT is incorporated among other subjects. Furthermore, the Government should provide resources to the Vocational Training Institutions because they lack adequate resources. To add on, the focus group proposed that the Government in order to boost high academic results, the environment of the institutions should cater for both secondary and primary school going children to have separate dormitories. Lastly the Non- Governmental

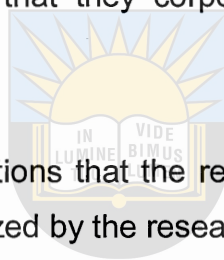
organisation should assist in establishing family set up housing so that children can experience and learn more about being in a family rather than using the dormitories.

The above gives a summary of the focus group discussions on the strategies that can be implemented in addressing post-institutional integration challenges. However, it should be noted that challenges will always be there but these are ways that can minimise the challenges faced in life after care.

6.4 Overall recommendations to the study

- The Government is the mother of the institutionalised children. Therefore, the Government should amend the policies and include discharge packages and after care services.
- The Government should secure pre-adult life integration support for example furthering education, securing a livelihood through income generating projects.
- The Government should further education from Ordinary level to Advanced Level.
- The Ministry of Higher and Tertiary Education Science and Technology Department should ensure that the Zimbabwean Presidential Scholarship and other Scholarships gives first prevalence to the OVCs. Additionally, the Presidential Scholarship can also assist in furthering the education of the weaned OVCs.
- The Department of Child Welfare and Protection Services should do proper documentation of the weaned OVCs. This would make follow ups easier and allow the child to come back to the institution in times of need.
- The Department of Social Services should also give PA (Public Assistance) to the discharged OVCs since it is open to all citizens.
- The Ministry of Youth Development, Indigenisation and Empowerment policy makers should revisit the National Youth Policy and ensure its implementation. More, so proper supervision of the policy should be done and discharged OVCs should benefit from the policy.
- The Government of Zimbabwe should ensure that weaned OVCs should be provided with an environment where projects such as bee keeping, poultry can be done.

- The Government of Zimbabwe should embrace, employ and implement the National Youth Policy as it advocates the empowerment of youth especially the unemployed.
- Social workers and Probation Officers under DCWPS should conduct thorough pre-reunification counselling with the receiving families either traceable relatives or foster parents.
- Post-reunification follow-ups and support services from, the professionals should be ongoing.
- The Department of DCWPS should engage the child into pre-reunification visits with family to be united to avoid challenges when reunified.
- Institutions should ensure that they incorporate more cultural values in the child's daily activities.



6.5 Limitations to the study

The following are the study limitations that the researcher encountered because of the research method that was utilized by the researcher.

- The use of the qualitative method is time consuming. It inquires that the researcher should get well detailed information. During the interviews other participants would hold important information and the researcher would have to probe in order to obtain more in-depth and rich data for the study.
- The researcher initially wanted 20 participants as the sample size, but only 16 were interviewed. This was because the other two dropped out due to personal schedules while, the other two were above 25 years old. The researcher could not get replacements because weaned OVCs are difficult to identify due to relocation.
- Additionally, poor documentation by the Department of Child Welfare and Protection Services, contributed as the researcher went to the house she was directed from DCWPS and find out that there is no such individual staying there.
- The letters from the headquarters of Child Welfare, Social Welfare and institutions in Zimbabwe for obtaining permission to conduct the study took so long to come out. This slowed the progress of the study.
- The researcher might have influenced the design of the questions in order to suit the results based on her individual belief.

6.6 Study implications and recommendations to Social Work Profession.

It is imperative to note that Orphans and Vulnerable Children are the core centre of the Social Work's heart. This is so because OVCs are the most marginalised groups in societies hence social workers are geared at ameliorating the lives of the OVCs. Additionally, it is the social workers and Probation Officers that identify if the child is in need of care or protection in accordance to the Children's Act chapter 5:06. More, so, after the identification, the social worker or Probation Officer places the child in institutional care as a place of safety and protection. Therefore, the work being done by social workers should be acknowledged.

However, social workers should advocate for the OVCs to be provided with the discharge packages. Additionally, social workers should link the weaned OVCs with other service providers other than the Government. In addition, social workers should do proper documentation of the OVCs information prior to their discharge so as to ensure a smooth follow up. Social workers need to conduct follow ups of the weaned OVCs that have been reunified with their relatives and also to foster parents, and this should be on-going. This would make the social workers to be aware of the post-institutional integration challenges faced by OVCs. It should not be ignored that a discharge from the mother institution is a huge transition especially when the child is going to stay with a new family. Therefore, institutional graduate is at a higher risk of experience stress. Hence, social workers should provide support to these discharged OVCs through conducting home visits and follow up on these children. Social workers should not only be known to the OVCs when the OVCs has misbehaved and now needs counselling from the social work. Rather social workers should be transparent and be able to deliver their social assistance as one of their core roles and responsibilities.

Therefore, this study has an impact in the Social Work profession because it has managed to bring out some loop holes and gaps that need to be filled by the profession. Social workers, Child Welfare Officers and Probation Officers are doing a great job in protecting the OVCs but, they should look at the weakness of their system as indicated in this study.

6.7 Recommendations on future studies

More studies could be built from this study since it has laid a foundation. Below are some of the recommendations for future studies.

- The implications of providing after care services to discharged OVCs.
- The effectiveness of the strategies implemented by the professionals in addressing the post-institutional integration challenges.
- The effectiveness of the copying mechanisms utilized by post-institutional OVCs.

6.8 Conclusion of the chapter

Conclusively, this chapter summarises the findings in chapter 5. Additionally, the chapter gives recommendations concerning the findings obtained from the discussions. Nevertheless, this chapter concludes the expectations of exploring the post-institutional integration challenges faced by orphans and vulnerable children in Highfield Community, Harare, Zimbabwe.

6.9 Study conclusion

The research study explored the post-institutional integration challenges faced by orphans and vulnerable children. This was done through the validation from the professionals that work and have a direct contact with the OVCs. The study has also addressed all the objectives that were outlined for this study. The objectives are stated below:

1. To assess skills offered to orphans and vulnerable children in preparation for life after leaving the institution.
- 2 To examine the challenges faced by orphans and vulnerable children after leaving the institution.
3. To establish the copying mechanisms that are used by orphans and vulnerable children.
4. To come up with suggestions to address the post-institutional integration challenges faced by orphans and vulnerable children.

The study was influenced by the gaps identified by the researcher and also the lack of after care services for weaned institutionalized children. The researcher is

convinced that the study has added to the body of knowledge concerning post-institutional integrated challenges faced by OVCs. The researcher hopes that this study will assist the departments that work with the OVCs for instance, Child Welfare and Protection Services, Department of Social Welfare, Department of Education and the Children's Homes. Additionally, the researcher hopes that the information from this study will be shared with Non-Governmental Organizations and Non-Governmental institutions with the anticipation of implementing and assisting the Governmental institutions to execute the recommendations.

More so, the researcher hopes that the government will be interested in the findings of this study as these explore the post-institutional integration challenges faced by OVCs who unfortunately continue to receive minimum assistance. The same is also hoped to other relevant stakeholders who are interested in the lives of the OVCs. Furthermore, the study finding therefore, indicates the need for further continuation of services to the OVCs following their discharge. To add on, the study findings hopefully will help the government with restructure and implement effective policies that could enhance the lives of the discharged OVCs. There is also need for the social workers to be provided with the enough resources to enable their effectiveness in doing follow ups to discharge OVCs. Additionally, there is a need for emotional support and counselling services to the discharged OVCs thus, the follows up are a necessity for the weaned OVCs.

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Appendices:
Appendix 1: Ethical Clearance



University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE
REC-270710-028-RA Level 01

Certificate Reference Number: LUP201SGOT01

Project title: **The post-institutional integration challenges faced by orphans and vulnerable children in Highfield Community, Harare Zimbabwe.**

Nature of Project: Masters in Social Work

Principal Researcher: Vera Goteka

Supervisor: Ms V.P.P Lupuwana

Co-supervisor: N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

Special conditions: Research that includes children as per the official regulations of the act must take the following into account:

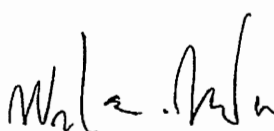
Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
 - Any unethical principal or practices are revealed or suspected
 - Relevant information has been withheld or misrepresented
 - Regulatory changes of whatsoever nature so require
 - The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office

The Ethics Committee wished you well in your research.

Yours sincerely


Professor Wilson Akpan
Acting Dean of Research

29 June 2017

Appendix 2: Informed Consent by participants

I hereby agree to participate in the research titled: the post-institutional integration challenges faced by orphans and vulnerable children in Highfield Community, Harare, Zimbabwe.

I understand that I am participating freely without being forced in any way to do so.

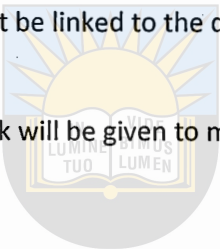
I understand that I can stop this interview at any point should I not want to continue and that this decision will not, in any way, affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise from this interview.

I understand that this consent form will not be linked to the questionnaire and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research.



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_____ Date _____

Signature of participant

I hereby agree to the tape recording of my participation in the study

_____ Date _____

Signature of participant

Appendix 3: semi-structured interviews for the discharged children from the residential care.

RESEARCH QUESTIONS

SECTION A

Biography Information

- How old are you?
- Sex?
- What is your level of education?
- Why were you institutionalised?
- By the time you were institutionalized how old were you?
- How old were you when you were discharged from the institution?

What is your socio-economic background?

- What is your source of income?
- What type of house are you staying in?

SECTION B

Actual Research Questions

1. What post-institutional integration skills are offered to orphans and vulnerable children?

- What type of skills were you offered in the institution in preparation for life after leaving the institution?
- What type of skills do you have?
- Do you regard yourself as having enough skills if yes why , if no what exactly must you get

2. What are the challenges faced by orphans and vulnerable children after leaving the institution?

- a) Before you were institutionalized who was taking good care of you
- b) Financially. While you were in the institution who was assisting you financially and how?

- c) At the moment how do you met your end means?
- d) How is your relationship with your family and community members?
- e) How do you relate with others in the community and how do the community members relate to you?
- f) How do you feel being raised in the institution?
- g) How do you feel being integrated in the community?
- h) Now that you are from the institution, how do you relate to your culture?

3. What are the copying mechanisms that are used by the orphans and vulnerable children?

- a) How do you survive?
- b) Do you feel as if this is enough?
- c) What support services are you getting from the family members or community members?
- d) What type of support services are you getting from the social workers?
- e) Do you think the support service received is enough?

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Appendix 4: Semi-structured guide for the focus group

These were the questions that were asked to different professionals (focus group) when discussing the strategies that could be used to address the post-institutional integration challenges faced by OVCs.

- a) What is your marital status?
 - b) Gender?
 - c) What is your level of education?
 - d) How long have you been working with the orphans and vulnerable children?
4. What strategies can be used to address the post-institutional integration challenges faced by orphans and vulnerable children?
- a) What type of skills or services are you providing the orphans and vulnerable children in preparation for life after institution?
 - b) Do you think that the services or skills provided to the children are enough to prepare them for the future?
 - c) Do you have services that are rendered to the orphans and vulnerable children after they are discharged from the children?
 - d) If yes what can be done to improve the services and if no, what needs to be done?

Appendix 5: Letters written to the Department of Social Services asking for permission to conduct the study.

Social Work Department
University of Fort Hare
P. Bag X1314
King William's Town Road
Alice
Tel: 040 602 2076/ 082 4035807
Email:vlupuwana@ufh.ac.za

31 July 2017

To whom it may concern

Dear Sir/ Madam

RE: AN APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH ON THE ORPHANS AND VULNERABLE CHILDREN.

My name is Vera Goteka (student number 201310298) I am currently studying towards my Master of Social Work Degree at the University Of Fort Hare in South Africa. My supervisor is Dr Vuyokazi Lupuwana. As part of my curriculum requirement, I am supposed to conduct a research. Henceforth my research topic is **The Post-Institutional Integration Challenges Faced by Orphans and Vulnerable Children in Zimbabwe**. I am interested in finding out more about the challenges that orphans and vulnerable children face after being discharged from the children's homes.

I am carrying out this research to help the Government departments and non-Governmental organizations in developing recommendations and strategies that would be effective in helping orphans and vulnerable children in addressing the challenges that they are facing after being discharged. Thus, my research population consists of 23 participants, 20 are the discharged orphans and vulnerable children ranging from the age of 18-25 and each participant from the Department of Social Services, Child Welfare and Protection Services and Hupenyu Hutsva. I have chosen these three departments to take part on the research because they have a direct conduct with the orphans and vulnerable children.

Therefore, I am kindly asking for a permission to conduct the research in alliance with the Department of Child Welfare, Social Welfare and Hupenyu Hutsva.

I am looking forward to a favourable response.

Yours sincerely

Vera Goteka

0773617767/ 0772368706 gotekavera@gmail.com

Social Work Department

University of Fort Hare

P. Bag X1314

King William's Town Road

Alice

Tel: 040 602 2076/ 082 4035807

Email:vlupuwana@ufh.ac.za

Director

Child Welfare Department

Compensation House

Cnr 4th Street/Central Avenue

P.O. Box CY 429

Causeway

Zimbabwe



24 January 2018

To whom it may concern

University of Fort Hare
Together in Excellence

Dear sir/madam

RE: AN APPLICATION FOR PERMISSION TO CONDUCT AN ACADEMIC RESEARCH AT HUPENYU HUTSVA CHILDREN'S HOME.

My name is Vera Goteka (student number 201310298) I am currently studying towards my Master's Degree of Social Work at the University Of Fort Hare in South Africa. My supervisor is Dr Vuyokazi Lupuwana. As part of my curriculum requirement, I am supposed to conduct a research. Henceforth my research topic is **The Post-Institutional Integration Challenges Faced by Orphans and Vulnerable Children in Zimbabwe**. I am interested in finding out more about the challenges that orphans and vulnerable children face after being discharged from the children's homes.

I am carrying out this research to help the Government departments and non-Governmental organizations in developing recommendations and strategies that would be effective in helping orphans and vulnerable children in addressing the challenges that they are facing after being discharged. Thus, my research population consists of 23 participants, 20 are the discharged orphans and vulnerable children ranging from the age of 18-25 and each participant from the Department of Social Services, Child Welfare and Protection Services and Hupenyu Hutsva. I have chosen these three departments to take part on the research because they have a direct conduct with the orphans and vulnerable children.

Therefore, I am kindly asking for a permission to conduct an interview at Hupenyu Hutsva.

I am looking forward to a favourable response.

Yours sincerely

Vera Goteka

0773617767/ 0772368706 gotekavera@gmail.com

Appendix 6: letters for permission to conduct the research

Official communications should
Not be addressed to individuals

Telephone: Harare
703711/790721-4
Telegraphic Address: 'WELMIN'
Fax: 796080/790543/703714



ZIMBABWE

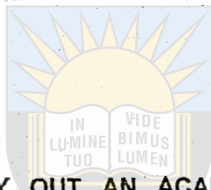
DEPARTMENT SOCIAL WELFARE

Compensation House
Cnr 4th Street/Central Avenue
P.O. Box CY 429
Causeway
Zimbabwe

SW 12/5

1 September 2017

Vera Goteka
University of Fort Hare
P.Bag X1314
King William's Town Road



**RE: AUTHORITY TO CARRY OUT AN ACADEMIC RESEARCH-THE POST-
INSTITUTIONAL INTEGRATION CHALLENGES FACED BY ORPHANS AND
VULNERABLE CHILDREN IN ZIMBABWE**

Receipt of your letter dated 31 July 2017 with the above mentioned matter is acknowledged.

Highveld Social Welfare Office
Please be advised that permission is hereby granted to interview District Social Welfare Officers at ~~Harare Central~~. Please note that the District Social Welfare Office will assist in the identification of discharged and reunified children with the consent of their parents and guardians.

C. Nyakandya 5/12/17
Permission is granted **STRICTLY** on condition that the research is for academic purposes only in pursuit of your Masters Degree in Social Work at Fort Hare University in South Africa and not for **PUBLICITY** and that the **IDENTITY** of participating children will be protected.

May you kindly submit a copy of your final research document to the Department of Social Welfare upon completion as the subject matter of your study has a bearing on our mandate.

C. Nyakandya 15/09/17
S.SOKO
A/DIRECTOR - SOCIAL WELFARE

Telephone: Harare
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ZIMBABWE

Ministry of Labour and Social Welfare
Compensation House
Cnr 4th Street/Central Avenue
P.O. Box CY 429
Causeway
Zimbabwe

SW 12/5

23 February 2018

Vera Goteka
Social Welfare Department
University of Fort Hare
Alice Town

January 2018 with the

Receipt of your letter dated 24 January 2018 with the above mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to carry out your research at Hupenyu Hutsva Children's Home.

Permission is granted **STRICTLY** on condition that the research is for academic purposes only in pursuit of your Masters Degree in Social Work with the University of Fort Hare South Africa and not for **PUBLICITY** and that the **IDENTITY** of participating children is protected at all times.

May you kindly submit a copy of your final research document to the Department of Social Welfare upon completion as the subject matter of your study has a bearing on our mandate.

Ngem: Masoka
N.Masoka
PERMANENT SE

PERMANENT SECRETARY LABOUR AND SOCIAL WELFARE

C.C. Provincial social welfare officer
Harare

