

THE EFFECTIVENESS OF ABOLISHING INSTITUTIONAL CARE FOR ORPHANED AND VULNERABLE CHILDREN IN ZIMBABWE FROM 2015-2020

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Abstract

Internationally, there has been a movement towards family care as the preferred place for orphaned and vulnerable children (OVCs) to be raised, and although Zimbabwe's national and international child protection policies institutionalised the commitment to deinstitutionalisation, it is unclear how well deinstitutionalisation is being realised at the implementation level. The purpose of this study is to evaluate the effectiveness of the Government of Zimbabwe's (GoZ) strategy of intending to close all institutions for (OVCs) between 2015 and 2020 in Gweru District. The study was guided by interpretivist model and exploratory qualitative research design. Six OVCs, four community members, four social workers and two GoZ Ministry of Public Service and Labour and Social Welfare staff were interviewed. Data from semi-structured interviews were thematically analyzed. This included social stigma, family separation, institutional resistance, and government's insufficient capacity. Although there is now considerably more political engagement with family-based care, many contextual and

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governance difficulties remain and continue to block deinstitutionalisation reform. The findings highlight that reforms of family-based care in Zimbabwe depend not only on policy direction, but also on quality family support services, community acceptance and ownership, and institutional coordination and practice around family-based care. The study offers insights into the current state of deinstitutionalisation in Zimbabwe, and provides practice recommendations for alternative care. Instead of abrupt closure, institutional care should be safely phased out through a careful, evidence-based process and supported by investments in family and community-based services.

Keywords: *deinstitutionalisation, family-based care, OVCs, child protection*

INTRODUCTION

The care and protection of OVCs is one of the biggest child welfare challenges in the world. UNICEF (2024) estimates that 140 million children globally have lost one or both parents and millions more children are vulnerable as a result of poverty, neglect, abuse, disability, conflict, displacement, disease and lack of parental care. Orphanages, children's homes and infant care institutions are the earliest forms of institutional care, and these forms of care have the potential to provide care and protection to children unable to remain in their families. Residential care, in which unrelated children are grouped outside of families, is defined as institutional care (Desmond *et al.*, 2020). While originally considered an appropriate response to shelter vulnerable children, international evidence has increasingly questioned the efficacy of institutions for such purposes.

Numerous studies conducted in various contexts and countries have found that institutionalisation is harmful for children. Adverse effects on children's cognitive, emotional, psychological, social, and physical development have been observed. These include developmental delays, attachment disorders, lower educational attainment, behavioural difficulties, difficulties with social relatedness and integration, and adverse adult outcomes (van IJzendoorn *et al.*, 2020; WHO, 2023). In addition, the institutional environment seldom provides the close emotional relationships, individual learning opportunities and nurturing relationships that are important for optimal child growth and development. Institutional placements effectively preclude the possibility that children will be able to develop or maintain family and cultural relationships or the social networks that are critical to development and lifelong well-being (Ringson, 2026). Many children leaving institutional care do not succeed in making the transition to adulthood. They face issues such as unemployment, marginalisation, dependency on social support, homelessness, and other social risks (Better Care Network, 2020).

Issues of institutionalisation have influenced the preference for a family-based model of care, which is highlighted in the United Nations Convention on the Rights of the Child, which recognises the family as the natural environment for the growth and well-being of children. This is also the case for the United Nations Guidelines for the Alternative Care of Children, which states that institutional care should be avoided. It recommends family preservation, family reunification, kinship care, foster care and adoption. International child protection organisations have advocated for governments to pursue a planned gradual reduction in the use of institutional care and a corresponding

increase in resources for family and community-based support in an approach referred to as deinstitutionalisation, so that children without parental care are instead provided with family-based care wherever possible and in accordance with the best interests of the child.

Countries in Europe, Asia, Latin America and Africa have begun reforms to replace institutional care with family-based care. Romania, Bulgaria, Moldova, Rwanda and Kenya have all begun large-scale deinstitutionalisation reforms, using a mixture of foster care, family strengthening and other social protection and community-based child protection services (Better Care Network, 2024). However, deinstitutionalisation requires a functioning governance framework, availability of resources, capabilities of the settings, involvement of stakeholders and families, as well as socio-economic factors. As a result, the outcomes of deinstitutionalisation vary considerably depending on the country and local context of its implementation.

Many of these trends can be seen in Zimbabwe. While about 52 million children are currently reported as orphans in Africa, with about 1.6 million identified as orphans in Zimbabwe (UNICEF Zimbabwe, 2023), a relatively small number live in residential care institutions. A large number appears to need alternative care. The majority, over 95% of children living without parental care, are reported to be living in care of extended family members (Save the Children, 2022), and kinship care continues to be an important form of care in Zimbabwe's social welfare system. However, many families do not have the capacity to care for children due to a number of factors, including economic decline, population movement, recurrent drought and the impact of the HIV/AIDS

pandemic. The growing involvement of government institutions, faith-based organisations (FBO), NGOs and development partners in the provision of care and support services is also noteworthy.

In line with its international obligations and the mounting evidence on the negative effects of institutional care on child development, Zimbabwe's policy framework has endorsed family care as the best environment for child development. Zimbabwe's Children's Act [Chapter 5:06], the National Orphan Care Policy, the National Action Plan for Orphans and Vulnerable Children, the National Case Management System for Child Protection and the National Residential Child Care Standards all recognise the family as the best environment for child development and wellbeing. According to the UNICEF Zimbabwe report(2023), Policy frameworks that support family reunification, kinship or foster care, adoption or community-based child protection mechanisms, and that position residential care as a temporary, last resort .

Despite this change of policy, challenges still exist in Zimbabwe's deinstitutionalisation. Institutional care continues to be viewed as undesirable because of the evidence that residential care negatively affects children's socialisation abilities, their independence and their long-term reintegration into society . Resistance to, and challenges to, the development of family-based care are due to resource constraints, poverty, lack of or poorly functioning social protection systems, institutional capacity and the presence of multiple stakeholders with varying interests and heterogeneous community attitudes. However, while the academic literature addresses the vulnerabilities of orphaned and separated children in general and the rationale for family-based care, little empirical

research has documented the experiences of abolishing institutional care and implementation in Zimbabwe specifically.

It is against this background that the present study sought to assess the extent of progress in the implementation of transitioning OVCs in Zimbabwe from institutional to family-based care systems, to identify factors that influenced progress and to suggest approaches that can further ease the successful deinstitutionalisation of these vulnerable children in Zimbabwe. Using the Policy Implementation Framework of Shawar *et al.* (2025), the study explores how policy features, governance arrangements, institutional capacity, stakeholder dynamics and contextual factors shape family-based care reform implementation. It examines the perceptions of childcare institutions and key child protection stakeholders in Midlands Province, Zimbabwe, of the abolishment of institutional care reform and the transitioning to family-based care arrangements.

CONCEPTUAL AND THEORETICAL FRAMEWORK

One of the most meaningful child welfare changes in the 21st century has been the shift away from institutional care and towards family-based care. Internationally, governments, international organisations and child protection experts have come to the conclusion that children's needs for emotional attachments, cultural identity, social relation and a sense of belonging are best served through family care. This shift has been supported by a growing body of evidence showing the potential developmental harm of residential institutions and the benefits of family- and community-based alternatives (UNICEF, 2024; WHO, 2023).

The current study follows the Framework for Effective OVC Care Systems designed by Shawar *et al.* (2025). The framework provides an integrated multidimensional perspective to study child welfare reforms with the pillars of policy, governance and context with respect to care system effectiveness and its related constructs. Policymaking is the laws, regulations and frameworks that guide child protection systems, and governance is the leadership, institutional coordination, investment, workforce capacity and accountability that support the implementation of interventions. Context is the social, cultural, economic and political context that policy exists within. As Shawar *et al* (*iibid.*) note, these three domains of context come together to enable deinstitutionalisation to be implemented successfully rather than through only one of them. In this sense, strong policies could be compromised by lack of governance capacity and, in turn, governance might be unable to resist shocks such as poverty, diseases, conflict and climate.

This is particularly relevant as the international trend towards deinstitutionalisation has achieved variable results across different countries and regions and child protection standards, whilst favouring solutions at family level, are complex to operationalise in practice and resulting 'alternative care' mechanisms. Alongside the United Nations Convention on the Rights of the Child, the United Nations Guidelines for the Alternative Care of Children state that children should be brought up in a family environment and advocate for family preservation, kinship care, foster care, adoption and family reunification over institutionalisation (UNGA, 2009; UNICEF, 2024). There have been national-level reforms to move away from residential care towards more family-oriented alternatives.

Studies comparing children, across Europe, North America, Latin America and Asia, raised in institutional environments and family-like placements, show that children raised in institutions are less well developed and function less well. Longer institutional stays are associated with worse cognitive, emotional and behavioural function, attachment disorders, educational underperformance and poor social functioning (Berens and Nelson, 2015; van IJzendoorn *et al.*, 2020). This is consistent with the World Health Organisation (2023), which reports that institutional settings are unlikely to provide children with the individualised care and stable caregiving relationships that aid healthy development. The findings also align with growing international support for deinstitutionalisation and are in agreement that family-based care should form the basis of alternative care systems.

A more subtle academic view is that family-based care does not always have better outcomes than institutional care. Browne (2017) and Delap (2020) note that child outcomes are not only determined by placement type, but also by the quality, stability and supportiveness of care. Where families are severely impoverished, highly chaotic, abusive or neglectful, family care may not be better than well-resourced institutional alternatives. Modern child welfare research, therefore, focuses more on quality of care than on the choice between family and institutional care. This approach has resulted in renewed interest among policymakers and practitioners in directly strengthening families through social protection, service delivery to caregivers, economic strengthening and community-based service provision.

Contextual influences are particularly relevant for Sub-Saharan Africa, where child protection systems differ from most high-income countries in that extended family networks are used as a more common form of support for children to replace the protective care provided by parents. These systems are closely linked with African cultural values of shared expectations of parenting as a group. In the present day, however, kinship systems have increasingly been stressed by persistent poverty, HIV/AIDS, labour migration, urbanisation, family fragmentation and demographic changes (Ansell, 2016; Abebe and Aase, 2021). Despite some progress, UNICEF (2024) notes that Eastern and Southern Africa continue to experience some of the largest populations of OVC in the world, putting enormous pressure on both formal and informal care systems.

Research in Southern Africa found that social workers faced case management demands, resource constraints and limited logistical support. In such conditions, institutional care may remain the most efficient intervention, despite policy and regulations that stress the preference for children to be cared for in families (UNICEF, 2023). Institutional inertia may also play a role relating to pressure on residential institutions to remain open, reliance on donor funds, organisational structures, or the service delivery systems within organisations. Difficulties such as poorly trained caregivers or lack of reintegration systems may also limit the success of family placement. This highlights the role of governance in translating policy intentions into improved child outcomes.

Zimbabwe is a particularly interesting case, as the national child protection policy strongly endorses families and considers

institutions a last resort and temporary solution. In particular, the national legislative and policy frameworks, including the Children's Act, the National Orphan Care Policy, the National Action Plan for Orphans and Vulnerable Children, the National Case Management System for Child Protection and the National Residential Child Care Standards, reflect the international consensus and national commitment to family-based care for the protection of children, and encourage family reunification, kinship care, foster care and community-based care.

However, implementation remains a challenge. For example, a recent study indicates that deinstitutionalisation efforts in Zimbabwe remain constrained by a lack of funds, insufficient support services for caregivers, inadequate reintegration systems and a lack of professionally trained staff, as well as weak coordination among child protection actors. There is evidence that where adequate and well-resourced family-based care does not exist, social workers may still place children in institutional care. Improvements in health, education and livelihoods for children at risk of institutionalisation have been reported as a result of programmes such as the Vana OVC Initiative, but there are concerns for the sustainability of these advances (UNICEF, 2023).

All of the evidence reviewed above points to an international consensus that, for developmental reasons, care for children should be family-based. However, successful deinstitutionalisation requires much more than the closing of institutions and placement of children into family-based care. Successful deinstitutionalisation requires, in addition, coherent policies, effective governance systems, sufficient resources, conducive social norms and conducive socioeconomic circumstances. Drawing on the

Framework for Effective OVC Care Systems (Shawar *et al.*, 2025), this study brings these factors together to explain how they influence the policy, governance and context of OVC service delivery.

Though there is a growing body of international and regional literature, there are prominent gaps in the context of Zimbabwe. Existing literature has addressed mostly orphanhood, psychosocial wellbeing, institutionalisation and residential care, and child protection policy frameworks, with little literature assessing deinstitutionalisation in practice. Moreover, most of the studies were concerned with policy processes, rather than implementation, so currently little is known about the influence of governance capacity, institutional coordination, socioeconomic conditions or community attitudes on the outcomes of local transitions. Additionally, there is a lack of studies based on the perspectives of stakeholders involved in the transition process, such as social workers, government employees, caregivers and community members.

These dynamics present critical questions about the appropriateness, effectiveness and sustainability of deinstitutionalising OVCs in Zimbabwe. To address this gap in the literature, the study examines perceptions of stakeholders involved in the deinstitutionalisation of these children in Gweru District, contextualising these perceptions within policy and governance. At the same time, it provides subtle evidence for the debates concerning child welfare reform and family-based care in low-resource contexts.

METHODOLOGY

A qualitative approach was applied in the study to explore perceptions of stakeholders regarding the impact of deinstitutionalisation on orphaned and vulnerable children in Gweru District, Zimbabwe. As deinstitutionalisation is a social, institutional and contextual phenomenon, the study intends to develop an understanding of how policy changes are experienced and interpreted by those people directly involved in the child protection system.

The research is grounded in an interpretivist model. Interpretivism assumes that social reality is created by individuals through their experiences, values and social interactions with others. This model was appropriate for this study because it sought to explore and understand how the transition from institutional to family-based care arrangements was perceived and understood by different stakeholders. Rather than measuring fixed variables, the aim of the study was to gather data on participants' beliefs about policy implementation and deinstitutionalisation.

As is consistent with the interpretivist model, an exploratory qualitative research design was adopted. According to Flick (2006), exploratory qualitative research designs are suitable when the phenomenon to be studied is little known or has little prior empirical support. Although Zimbabwe has adopted policies promoting family-based care, little is known about how these policies are being implemented at the district level. The qualitative design allowed for an in depth investigation of stakeholder experiences, perceptions and understandings of the

effectiveness of abolishing institutional care and using alternative family-based environments.

The study was conducted in Gweru District, Zimbabwe. The target population was people involved in the child protection and alternative care systems, including social workers in each of the childcare institutions, Ministry of Public Service, Labour and Social Welfare officers, OVCs and community members who undertake primary care and support of orphans. These groups were thought to be particularly important as they were directly involved in implementing deinstitutionalisation policies and had important experiential knowledge about their effectiveness.

Purposive and snowball sampling were considered the most appropriate sampling techniques. Specific attention to recruiting participants who had first-hand knowledge and experience of child protection systems and the deinstitutionalisation experience would lead to information-rich participant experiences (Palinkas *et al.*, 2011) and ensure that the recruited sample was able to provide rich data relevant to the study objectives. Additional participants were recruited through snowball sampling, wherein selected participants were asked to refer others to the study, especially when participants had specialist knowledge or lived experience not readily available through institutional knowledge or experience.

With regard to study participants, the final sample size reached was six OVCs, four social workers, four community members and two representatives of the Ministry of Public Service, Labour and Social Welfare (MPSLSW). Sample size again relied on information power as opposed to a statistical generalisability

requiring a minimum size. Based on information power, a smaller sample is needed when participants have specialised and relevant knowledge about the phenomenon under investigation. Data collection continued until no more new themes could be identified. Data saturation was reached when no further categories, themes or explanations were obtained through the interviews for why deinstitutionalisation was either effective or ineffective. Parallel accounts between participant groups also suggested that the data had been sufficiently thick and rich to adequately answer the research question.

The data was collected via semi-structured interviews with experienced social workers and child protection practitioners. The semi-structured interview allowed for flexibility with both the participant and the research, allowing participant to explain their views and experiences, and allowing the research to explore areas of interest in greater depth. Interviews were then conducted in the participants' language of choice, which eased communication and encouraged openness. Interview lengths varied from 30 to 45 minutes long. The data collection was stopped when no new themes could be identified and the point of saturation was reached, meaning the data was sufficient to answer the research questions.

The study adhered to ethical considerations, with ethical approval granted by the Catholic University prior to the start of fieldwork. Written informed consent was provided by all participants before the study. Participants were given information about the study, their right to participate voluntarily, their right to withdraw from the study at any time without being penalised in any way, and their right to withdraw data from the study at any time. Because

of the sensitive nature of issues related to institutional care and reform of child protection practices, participants were informed that confidentiality of information provided would be maintained, and that pseudonyms would be used in the resultant transcripts and reports; other identifying details were also redacted.

Thematic analysis, drawing on Braun and Clarke's (2019) six steps, was employed. Each transcript was read multiple times to become familiar with the data, followed by coding of the content. Initial codes were developed to reflect meaningful patterns and meaningful statements found within the transcripts. These were categorised into more general themes in terms of how participants experienced and understood deinstitutionalisation, which were checked and compared across participants to ensure accuracy. The final themes were then contrasted and interpreted using the Framework for Effective OVC Care Systems developed by Shawar *et al* (2025), to analyze the findings through the interlinked domains of policymaking, governance and context. This provided a systematic way of identifying factors that influence the success of transitioning institutionalised orphaned, abandoned and vulnerable children into family-based care systems in Zimbabwe.

RESULTS AND DISCUSSIONS

This section presents findings on the effectiveness of abolishing institutional care for orphaned and vulnerable children in Gweru District, Zimbabwe. The findings are organised according to the study objectives and are supported by verbatim quotations from participants. Three broad themes emerged relating to progress achieved in deinstitutionalisation, factors affecting implementation and strategies required to strengthen the transition towards family-based care systems.

RESULTS

PROGRESS MADE IN MIGRATING FROM INSTITUTIONAL CARE TO FAMILY-BASED CARE

Objective 1 was to explore the extent to which Zimbabwean people think that the transition from institutional to family-based care systems for OVC has progressed. The results suggest many stakeholders agree that the government encourages family care as the preferred approach to child protection in Zimbabwe. Finally, participants discussed the increased emphasis on family reunification, foster and kinship care, and community-based child protection systems rather than the placement of children in institutions.

PROGRESS HAS BEEN MADE IN REDUCING PREVENTABLE INSTITUTIONALISATION

Social workers indicated that efforts had been made to minimise the admission of unnecessary cases into residential care and to the extent possible, reintegrate children into their biological or extended families. Family-based care was viewed positively because it allows for emotional attachment, social integration, cultural identity and sense of belonging for children.

One Social Worker said:

"The government has been encouraging family reunification and discouraging unnecessary placement of children into institutions. There is greater emphasis now on family-based care than before."

A representative from the Ministry said:

"There is progress in promoting family-based care, but the transition is taking place gradually because alternative care systems are still developing."

Despite this, the participants felt that deinstitutionalisation was still incomplete, as large numbers of children continue to be placed in residential care settings due to both the unavailability of family-based options and socioeconomic factors. For this reason, participants viewed the effects of deinstitutionalisation as moderate.

FACTORS AFFECTING THE ABOLISHMENT OF INSTITUTIONAL CARE IN ZIMBABWE

The second objective sought to establish factors affecting the abolishment of institutional care in Zimbabwe. Four major factors emerged from the data: societal prejudices, family disintegration, institutional reluctance and weak government capacity.

SOCIETAL PREJUDICES AND COMMUNITY ATTITUDES

The participants discussed stigma and negative social attitudes towards children who had been in institutional care as barriers to reintegrating back into communities. Those who transitioned back into community care from institutional care were described as experiencing stigmatisation, labelling and exclusion. Social Worker #2 stated,

"Most families are willing to take children back, but the community often labels these children as problematic, making reintegration difficult."

Similarly, a community member (#3) noted,

"Some children from institutions feel isolated because they are treated differently by other community members."

Participants perceived that negative views towards institutionalised children adversely affected their confidence, sense of belonging, and reintegration into family and community environments.

DISINTEGRATION OF FAMILY AND KINSHIP SYSTEMS

Another reason for the ineffectiveness of family care systems was the disintegration of family. Respondents reported that extended families that had customarily absorbed the vulnerable had increasingly declined because of poverty, labour migration and urbanisation, changing family values and economic hardship. As a Ministry worker said,

"Many relatives who would traditionally care for orphaned children are themselves struggling to survive and, therefore, view taking back a child from institutional care as an additional burden."

As a community member said,

"Some families believe children are better off in institutions because they can get food, education and other services which the family cannot afford."

Marital instability, mental health, substance abuse, and problems with family cohesion were also given as reasons why family reunification was not possible.

SUGGESTED STRATEGIES FOR EFFECTIVELY ABOLISHING INSTITUTIONAL CARE IN ZIMBABWE

Third, it intended to identify strategies for effectively phasing out institutional care and strengthening support for family-based care.

STRENGTHENING FAMILY ECONOMIC SUPPORT SYSTEMS

There was a view that financial support to poorer families who take care of orphaned and other vulnerable children should be increased as poverty is a major cause for children being institutionalised. Possible options included social protection schemes, income-generating activities, cash transfers and economic support for caregivers and families.

"Families need financial support if they are expected to care for children...without support, institutions will continue to be seen as better options." - Community Member #4.

ENHANCING GOVERNMENT CAPACITY AND INTERAGENCY COORDINATION

Many participants suggested that government investment will be needed in the child protection system, including: the number of social workers, transport and logistics, monitoring systems, interdepartmental and interagency collaboration with NGOs or CBOs. A second Ministry representative observed that if government, communities and organisations work together and resources are available, family-based care can be more successful than institutional care. Thus, overall, participants considered that successful deinstitutionalisation required strengthened family support systems, improved governance capacity, increased alternative care options and more community involvement in supporting children to grow up in families.

DISCUSSIONS

PROGRESS MADE IN MIGRATING FROM INSTITUTIONAL CARE TO FAMILY CARE SYSTEM FOR OVCs

INCREASED POLICY COMMITMENT TOWARDS DEINSTITUTIONALISATION

Zimbabwean trends reflect movement from a reliance on institutional care to a family- and community-based care system for the support of orphans and other vulnerable children. Interviews with stakeholders suggest that as of about 2015, government, development partners and child protection practitioners have largely accepted the tenet of family-based care for children in need of care. This is consistent with a global trend

of deinstitutionalisation and international evidence that children fare better for developmental, psychosocial, educational and social outcomes when they are in safe, secure and nurturing family environments than when they are in institutional care (United Nations, 2009; UNICEF, 2024).

Zimbabwe's policy direction is consistent with Article 20 of the UNCRC, which states that children deprived of their family environment are disadvantaged and that alternative care should, whenever possible, be done in a similar manner to that of a family unit (United Nations, 1989). The UN Guidelines for the Alternative Care of Children state that unnecessary separation from the family unit should be prevented (United Nations, 2009).

Studies from Eastern Europe, Latin America and Sub-Saharan Africa have also found harmful links between cognitive, attachment and social development in long-term institutional care when compared to family-based care in the community (Goldman *et al.*, 2020; UNICEF, 2024). These countries have also mapped the positive effects of policy-driven deinstitutionalisation (e.g., Goldman *et al.*, 2020). For instance, Rwanda's National Child Care Reform Strategy reduced children living in residential care through family reintegration and providing alternative family care (Republic of Rwanda, 2022). Moldova and Bulgaria have considerably reduced the number of children in institutions by increasing foster care and promoting community-based alternatives (European Commission, 2023). The National Care Reform Strategy of Kenya also commits to prioritising family-based care and transitioning children from institutions into family-based settings (Government of Kenya, 2022).

EXPANDING FAMILY REINTEGRATION AND COMMUNITY-BASED CARE PROGRAMMES

There is also evidence to indicate that family tracing, reunification and community reintegration programming increasingly plays an important role in the Zimbabwean child protection system reform agenda, with some residential institutions exhibiting increased programme focus in that domain. Social workers have spent considerable time and effort assessing the capacity of biological family members to look after children who have lived within care. This is consistent with international best practice which stresses family preservation, including family reunification, with UNICEF (2024) estimates indicating that the majority of institutionalised children globally are not orphans. They have one or more parents or relatives who can care for them if those families had adequate support to meet their needs and challenges. For many children who had been placed in residential care, returning to extended family care has provided them with not only their culture, but also greater connection to their family and greater sense of belonging. Community members who had prior experience with this process reported that psychosocial adjustment of children was much better when returning to family care compared to those continuing to live in residential care.

STRENGTHENING CHILD PROTECTION SYSTEMS

One area of major change as highlighted in the study by the participants was in the child protection systems in Zimbabwe, particularly in relation to improved child welfare case management systems, coordination and collaboration between different actors, both governmental and non-governmental. These improvements to the child protection systems can be linked to a mesosystem change in the Bronfenbrenner Model. The

relationship between schools, families, communities and social services will influence child well-being. When these systems work better together, the potential success of de-institutionalisation increases across the board. These efforts are consistent with global child protection system reforms, such as the South African government investing in integrated child protection systems that leverage the service delivery capacities of social workers, community development practitioners, schools and health services to improve child welfare outcomes (Department of Social Development South Africa, 2023).

FACTORS AFFECTING THE ABOLISHMENT OF INSTITUTIONAL CARE IN ZIMBABWE

PERSISTENT POVERTY AND ECONOMIC VULNERABILITY

The biggest reason cited for closing institutional care by most participants was poverty. Many families do not have the financial means to provide food, health care, education and housing to additional children placed in their family. Social workers stated that while biological relatives often volunteer to care for children in their extended family, many people are not in a position to do so because of poverty. Communities echoed similar sentiments, stating that unemployment, inflation and general instability within the economy, continue to erode the resilience of many households.

In line with this, international data have established a strong correlation between poverty and family separation. Likewise, as documented in an UNICEF Zimbabwe (2024) report, household poverty is identified as one of the leading drivers of child

vulnerability, family separation and neglect, and alternative care placements for children. Continuing economic shocks, including repeated shocks to farmers' livelihoods and the impacts of climate change, as well as lack of access to social protection services, increase the risk of children entering care. Studies from low- and middle-income countries also show that poverty is a more important factor in the institutionalisation of children than parental death or abandonment (Desmond *et al.*, 2020).

INSUFFICIENT SOCIAL WELFARE AND WORKFORCE CAPACITY

Moreover, participants identified shortage of human resources for social welfare (including qualified social workers), lack of financial resources and insufficient logistics as some of the major impediments to effective deinstitutionalisation. These findings are consistent with prior research that found that the child protection system in Zimbabwe remains drastically under resourced in general, especially in rural and peri-urban areas, where the deficit in workers is most acute (Ministry of Public Service, Labour and Social Welfare, 2022; UNICEF Zimbabwe, 2023).

Heavy caseloads, sometimes much worse than the international standard of 1:50 (International Federation of Social Workers (IFSW), 2021; UNICEF, 2022), restrict social workers from completing intensive case management tasks such as psychosocial assessments, family tracing, and post-reunion follow-up. This restricts the implementation of Zimbabwe's National Alternative Care Policy (2016), and its Children's Act Chapter 5:06, which support family-based care (family reunification or kinship care) over institutional care.

INSTITUTIONAL RESISTANCE AND ORGANISATIONAL CHALLENGES

Responses also observed some institutional resistance to the transition from institutional care to any alternative types of out-of-home care. Some institutional supervisors cited several concerns about the future of their institutions, such as the sustainability of their operation, their own job security, and alternatives to institutional out-of-home care. The findings corroborated with the views of UNICEF (2023), which identified institutional inertia and resistance to reform as some of the obstacles to transforming the child care system in Zimbabwe. Relatedly, the findings showed that most study participants agreed with UNICEF (*ibid.*) with the observation that institutions have customarily provided education, health services and housing for vulnerable children.

SUGGESTED WAYS OF ACCOMPLISHING EFFECTIVE ABOLISHMENT

Additional participants have documented that there are occasions where families and communities are not ready for the change from institutional/placement care to family based care. There may be challenges with having children in families and communities. Some of these challenges include: parents and caregivers are inadequate or lack sufficient parenting skills to raise their children, negative stigma towards placing children in a family setting, supporting materials to support the transition, family conflict, lack of psychosocial support services available for the family or the child, or the child has long duration of time spent in an institution and has additional requirements to transition into a family setting successfully.

CAPACITY-BUILDING OF SOCIAL WELFARE SERVICES

Research has found that institutional care for children is consistently less effective than family-based care. This is consistent with Zimbabwe's child protection agencies which for

many years have warned that social worker delivery was under-resourced and overworked. (Ministry of Public Service Labour and Social Welfare, 2022; UNICEF Zimbabwe, 2023). It also seeks to develop human resource capacity of social welfare professionals to deliver services to the most vulnerable. International standards underscore this need, with IFSW (2021) asserting that manageable workloads and continuing professional development are both essential elements to providing effective social work services. This is also obvious in the comparative evidence from other African countries, such as South Africa and Rwanda.

COMMUNITY AWARENESS AND STAKEHOLDER COLLABORATION

Participants mentioned the need for sufficient community knowledge and understanding on family and community-based care options and deinstitutionalisation, to reduce the negative image of these alternatives and create a conducive environment for enabling reintegrated children to succeed. Many participants recommended the involvement of government, NGOs, faith-based organisations, customary leaders and communities, in accordance with the ecological theory of child wellbeing that stresses supportive relationships across families, communities and institutions. The effective collaboration of stakeholders can, therefore, fortify the mesosystem, yielding sustainable outcomes for children.

CONCLUSIONS

CONCLUSION ON PROGRESS MADE TOWARDS MIGRATION FROM INSTITUTIONAL CARE TO FAMILY-BASED CARE

The study concludes that Zimbabwe has achieved meaningful progress in moving OVCs from institutional care to family-based

care, through the deinstitutionalisation policy changes, efforts to progressively realise the child's right to a family environment, the improvements in the child protection system, family reunifications and the provision of family-based care and alternative care options available in the community. There are a series of international instruments in the domain of global child welfare outside of Zimbabwe, such as the UN Convention on the Rights of the Child, the UN Guidelines for Alternative Care of Children and the African Charter on the Rights and Welfare of the Child influencing continuing Zimbabwean child welfare reforms which adopt a family-centred approach to care and support for such vulnerable children.

It is the belief of the majority of child welfare stakeholders that family based care is far better than institutional care for promoting children's psychosocial wellbeing, emotional safety, identity, social inclusion and long-term development. This finding is consistent with international evidence indicating that children raised in stable, loving family environments have fared better on developmental outcome indicators than children raised in institutional settings. It can, therefore, be concluded from this study's findings that child welfare reforms in Zimbabwe are moving in the right direction with respect to global standards/best practices for the provision of alternative care to children.

Despite these signs of potential, deinstitutionalisation faces meaningful challenges. Well-intentioned policies, while numerous, can have highly variable effects when implemented at the community or institutional level. Hence structural, institutional and socioeconomic obstacles continue to be an

impediment to the full realisation of deinstitutionalisation objectives. Improvements have been made but the move to family- and community-based care by child welfare providers is a work in progress, and will require continued commitment and investment.

CONCLUSION ON STRATEGIES FOR ACHIEVING EFFECTIVE ABOLISHMENT OF INSTITUTIONAL CARE

To achieve a successful and sustainable phase-down of institutional care, all social, economic, community and institutional aspects of child welfare need to be taken into account in a holistic manner. Family care systems can only work and prosper if there are sufficient resources for families, a supportive community for families, capable institutions that support families and a well-resourced child protection system.

Participants stressed the need to strengthen family-based economic assistance programmes, expand both the foster care system and the kinship care system, increase capacity and investment in social welfare and community-based education programmes, in order to address the systemic factors that lead to a child being placed in an institution and create an environment in which a child can be reintegrated into their community.

Deinstitutionalisation should, therefore, not only be seen in terms of physical transition from institutional care into community-based care. It also signifies the process of social transformation beyond mere closure, which places importance on strengthening families, communities and child protection systems in order to ensure the success of child welfare reform within the wider context of social protection, poverty reduction and community development policies.

OVERALL CONCLUSION OF THE STUDY

Zimbabwe's deinstitutionalisation plan is based on internationally-accepted, progressive and child-sensitive services to children from a child's rights perspective, but, for the plan to work, it cannot be based solely on the commitment to close institutions. Family-based alternative care will not work unless there are adequate follow-up services, coordination and collaboration by all stakeholders, planned financial resource allocation and community participation. This research found the Policy Implementation Framework (Shawar *et al.* 2025) helpful in showing how the design, institutional set-up, stakeholder engagement, processes and country context at play in any piece of policy work shape implementation outcomes. It also shows that deinstitutionalisation is a process that requires sustained support, monitoring, adaptation and investment.

IMPLICATIONS OF THE STUDY

THEORETICAL IMPLICATIONS

The study provides an important contribution to the Implementation Theory and the literature on child welfare by applying Shawar *et al.*'s (*ibid.*) Policy Implementation Framework to a developing country context within deinstitutionalisation. Where previous literature on deinstitutionalisation had generally focused on the outcome of deinstitutionalisation, the current study seeks to better understand the implementation processes through which it has been achieved or frustrated. These findings give additional support to the argument of Shawar *et al.* (*ibid.*) that policy implementation is a nonlinear, interactive and adaptive process among multiple actors, institutions and the environment, and that the effective implementation of a policy is not determined

solely by policy design, but is also dependent on relationships among stakeholders, institutional capacity, governance, and other external factors. In addition, the results will extend the Implementation Theory by identifying the role of socioeconomic factors as predictors of child welfare outcomes and suggesting inclusion of structural and contextual factors which play a role in implementation in future implementation frameworks.

POLICY IMPLICATIONS

The implications of these findings for child welfare policy in Zimbabwe and other developing countries that are undergoing deinstitutionalisation reform are many. First of all, child welfare policymakers need to know that family-based care initiatives cannot be implemented without accompanying interventions that will prevent poverty and household-level social risk. Therefore, child welfare reform will need to take place in the context of broader national development objectives aimed at reducing household vulnerability and improving family resilience. The evidence from this component of the research also indicates a need for better coordination among a broad array of government ministries, international development partners, non-governmental organisations, faith-based organisations, and other community based organisations and structures. First, improved coordination mechanisms can improve resource use, avoid duplicate services and improve resource efficiency. Third, governments and other stakeholders could improve laws or institutional policies and systems around foster care, kin care, family reunification and post-reintegration monitoring to ensure children are safe, supported and protected when reintegrated into family-based care.

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