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ASSESSING THE IMPACT OF DONOR FUNDING WITHDRAWAL ON VULNERABLE CHILDREN PROGRAMS IN KAROI WARD 3.

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APPROVAL FORM

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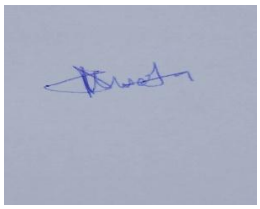

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DECLARATION

I Roselyn Mazarura B222637B, do hereby declare that this research project titled "assessing the impacts of donor funding withdrawal on vulnerable children programs in Karoi ward 3", is my own original work, except where quotations and references attributed from other sources have been duly acknowledged. I further declare that this work has never been previously submitted either in whole or in part, for the award of the Bachelors of Science Honours Degree in Development Studies at Bandura University of Science Education or at any other University.

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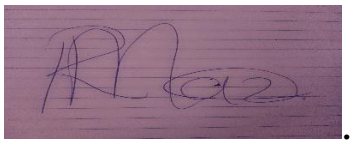
SIGNATURE:……  **……**

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DEDICATION

This research project is dedicated to my parents Mr and Mrs Mazarura whose prayers, unwavering love, encouragement and sacrifices have been a constant source of strength throughout my academic journey.

I would also like to dedicate this work to my family members Mr and Mrs Katungunde, and my siblings Blessed, Kunashe, Bright and Divine whose love, sacrifices and belief in my potential encouraged me to remain focused, disciplined and committed to excellence.

Above all, I dedicate this work to Jehovah the almighty God, whose grace and guidance made the completion of this journey possible.

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ABSTRACT

This study assesses the impacts of sudden donor funding withdrawal on Orphans and Vulnerable Children programs in Karoi Ward 3, Hurungwe District, Zimbabwe. Donor-funded programs have played a critical role in supporting vulnerable children through school fee assistance, nutrition support, healthcare access, psychosocial support, child protection services, and caregiver economic strengthening. However, abrupt withdrawal of donor funding has created serious concerns regarding the sustainability of these services, especially in rural and peri-urban communities where poverty, HIV and AIDS, food insecurity, and limited government resources already increase child vulnerability. The study is guided by Resource Dependence Theory, which explains how heavy reliance on external funding exposes social welfare programs to disruption when donor support is reduced or withdrawn. The main objective of the study is to assess how sudden donor funding withdrawal has affected service delivery, household welfare, and local coping mechanisms among beneficiaries of OVC programs in Karoi Ward 3.

The study adopts a qualitative exploratory case study design. Data are collected through semi-structured interviews, focus group discussions, document review, and non-participant observation. Participants include caregivers of vulnerable children, service providers, school heads, social workers, child protection committee members, local leaders, and key informants involved in child welfare programming. Purposive sampling is used to select information-rich participants who have direct experience of donor-funded OVC programs and their withdrawal. Data are analysed using thematic analysis to identify major patterns relating to disrupted services, socio-economic effects on households, community responses, and alternative sustainability strategies.

The study is expected to contribute to improved understanding of how donor dependency affects the continuity of child welfare programs at grassroots level. It also provides evidence that may assist government, local authorities, non-governmental organisations, and communities in designing more sustainable, locally owned support systems for orphans and vulnerable children. The study emphasises the need for stronger domestic financing, planned donor exit strategies, community participation, and resilient social protection systems that can protect vulnerable children from the effects of future funding shocks.

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Acronyms

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
USAID	United State Agency for International Development
MoHCC	Ministry of Health and Child Care
DREAMS	Determined, Resilient Empowerment, AIDS-Free, Monitored and Safe
ART	Antiretroviral Therapy
UNICEF	United Nations International Children's Emergency Fund

CHAPTER ONE

1.0 Introduction

This chapter provides an overview of the research study, "assessing the impacts of sudden donor funding withdrawal on Orphans and Vulnerable Children (OVC) programs." It introduces the background of the study and explains the context in which OVC programs operate and rely on donor funding. The chapter also lays out the statement of the problem, aims and the research objectives which directs the study. In addition, it also shows the research questions, significance of the study and the limitations. Hence, the chapter builds the base for the entire research by explaining why the research is necessary and what it seeks to achieve.

1.1 Background of the study

Globally, welfare of orphans and vulnerable children (OVC) remains a key development issue, especially in low to medium income countries. This is due to heightened poverty, diseases and social instability which increase the vulnerability of these children to risks. International agencies and donors such as PEPFAR, UNICEF, and Global Fund along with international NGOs have invested heavily in OVC programs that aimed at promoting access to education, healthcare services, child protection and psychosocial support (Davies et al., 2016). The global financial crisis (2007-2012) and recent shifts (2025) in donor priorities for instance, USAID and UK severely reduced funding for NGO sectors in developing countries, creating a dependency syndrome where programs collapse upon withdrawal, threatening long term developmental goals.

The Sub-Saharan Africa carries the highest burden of OVC, largely due to the long-term effects of the HIV and AIDS epidemic and persistent socio-economic challenges at regional level. OVC donor funded programs played a critical role in filling gaps that couldn't be filled by the government's capacity (UNAIDS, 2018). However, countries like Malawi, Zambia and Uganda shows that when donor support declines, communities tend to experience service delivery disruption, loss of trained personnel, and weakened community-based care structures (Davis et al., 2016; Foster, 2017). Nevertheless, although useful, this study concentrated more on the implementation of the program than on the effect on the welfare of the children and caregivers after the withdrawal of funds. The welfare of the OVC population in Zimbabwe has long been an urgent matter due to the HIV/AIDS pandemic in the country, economic problems and social fragmentation. This is because many of the children have been orphaned by either losing all or

one of their parents, and those not orphaned live in households plagued by either poverty, disability, or abuse. Donor-supported programs have been crucial in improving the welfare of such children. However, the sustainability of OVC programs in Zimbabwe has remained uncertain due to heavy dependence on external funding. Donor assistance has often been subjected to abrupt changes influenced by shifting donor priorities, political or policy changes and global economic conditions (Brookings Institution, 2019). Recent instances (2025) of sudden donor funding withdrawal have resulted in reduced program coverage, suspension of services and increased vulnerability among beneficiary children. Although national level-reports acknowledge these challenges there is limited empirical research examining how such funding shocks affect OVC programs at community level.

Karoi Ward 3, has benefited from various donors supported initiatives that aimed at improving the lives of OVCs. The programs included educational support, nutritional support, access to healthcare, and community based psychosocial services however, their sustainability remains uncertain. This is due to their reliant on external funding sources that are subject to abrupt changes and shifts in donor priorities, economic conditions, or geopolitical factors (Ilesanmi and Afolabi, 2022). Therefore, the withdrawal of donor funding in these wards has raised major concerns on the continuity of care and support for affected children. The disruption not only threatens the well-being of OVCs but also places, additional strain on family's financial resources, caregivers, and local institutions that lack the capacity to absorb the shock.

This study aims at assessing the impacts of sudden donor funding withdrawal on OVC programs specifically in Karoi ward 3. It also aims at assessing the degradation of essential services such as educational support, healthcare provision, psychosocial support and explore the adaptive measures or strategies within beneficiary households and community-based initiatives. The study also aims at advocating for the designing of sustainable, community owned OVC support systems that can withstand external financial shocks to ensure their socio-economic wellbeing and the community development.

1.2 Statement of the problem

In Zimbabwe, orphans and vulnerable children (OVC) are facing different challenges which includes poverty, access to education and healthcare services, and psychosocial distress. In response, donor-funded programs have provided essential support to address these challenges, faced in these communities. Karoi ward 3 have benefited from such interventions, and these

benefits includes school fee assistance, nutritional support, and community-based child protection services.

However, the sustainability of these programs has been undermined by their reliance on external funding. The sudden withdrawal of donor support has left a significant gap in service delivery, threatening the welfare of OVCs and adding pressure on caregivers and local institutions. Studies shows that, donor-funded projects in Zimbabwe struggle to remain sustainable once external funds withdraw, this leaves households and communities vulnerable to the collapse of services and supports (Chikova and Mushunje, 2024; Tendai and Nyatsuro, 2023). This abrupt funding cessation resulted in increased school dropouts, food insecurity, reduced access to healthcare, and a breakdown in psychosocial support systems.

Despite the seriousness of these challenges, there is a noticeable gap in which this research aims to fulfil and examine how the withdrawal of donor funding affects OVC programs at the grassroots level. In particular, little is known about the specific consequences for service delivery and the strategies that communities should adopt to cope with the loss of support. This study aims to fill that gap by investigating the impact of sudden donor funding withdrawal on OVC programs in Hurungwe district, focusing on Wards 3.

1.3 Aims of the research

This study aims to assess the impact of sudden withdrawal of donor funding on OVC programs in ward 3.

1.4 Objectives

- To identify the specific services and support systems that were affected by donor funding withdrawal in Karoi Ward 3.
- To evaluate the social and economic effects of reduced funding on the well-being of vulnerable children and their households.
- To explore the local coping mechanisms and alternative sustainable strategies adopted by the community and local authorities.

1.5 Research questions

- What are the specific services and support systems that were affected by donor funding withdrawal in Karoi Ward 3?
- What are the social and economic effects of reduced funding on the well-being of vulnerable children and their households?
- What are the local coping mechanisms and alternative sustainable strategies adopted by the community and local authorities?

1.6 Significance of study

For the government the study holds critical significance, particularly in shaping policies and strategies related to child welfare and social protection such as allocation of resource, ensuring program sustainability, community empowerment and community preparedness. Examining the impact of sudden donor funding withdrawal on OVC programs in Hurungwe district, the study aims to provide evidence-based insights on the vulnerabilities of systems that are donor depended and the consequences of funding instability on service delivery. Key relevant areas of the study to the government are highlighted below (Chikova and Mushunje, 2024).

The study is highly relevant to the Government of Zimbabwe as it provides evidence to support the development of resilient and sustainable child welfare policies. By analysing the real-life impacts of donor funding withdrawal on OVC programs in Hurungwe district, the research exposes systemic weaknesses that increase when national programs are highly dependent on external assistance. Existing studies highlight that Zimbabwe's social protection system remains underfunded and donor-dependent, revealing a weak fiscal base for sustaining key services (Chinyoka and Seekings, 2016; UNICEF Zimbabwe, 2023). These findings will enable policymakers to create long-term strategies that promotes the integration of child protection measures into existing national services like health, education, and social development, reduce donor dependency by exploring sustainable financing mechanisms and integrate the welfare of OVC within national development and social protection frameworks. Therefore, this study supports policy independence to enable the government to formulate interventions which are locally owned and sustainable. Besides, the findings of the study will assist the government in formulating policies in relation to budget prioritization and allocation of domestic resources to protect essential services provided to OVCs, especially in disadvantaged areas. In turn, this is aimed at ensuring that no disruption of critical services

such as school fees support, nutrition assistance, psychosocial services and health care services provided to OVCs is experienced. Furthermore, the research findings will enable continuity of services in disadvantaged Wards like Ward 3 of Karoi which have higher vulnerability levels as well as inclusion of OVC programs in the national and provincial budgetary priorities for social development and child protection services (Zimbabwe Child Monitor, 2016). Hence this research gives an insight on realigning national and local government financial plans to reflect the actual needs of the OVC on the ground.

Moreover, findings will show the need to build stronger local capacities and institutional frameworks that can maintain service delivery in the absence of donor support. The government responsibility is to ensure that child welfare services are stable and effective, even without donor funding. Therefore, this study identifies the specific institutional weaknesses and capacity gaps that limits local agencies, community organizations, and government departments from sustaining services after donor exit.

Adding on, the study will also help government agencies to understand the risks associated with abrupt funding changes and developing contingency plans that mitigate disruptions in critical social services. The immediate and long-term impacts on children's wellbeing, operational difficulties of social service providers, preparedness of the government in dealing with the kind of crisis is uncovered in this paper. It allows for contingency and risk mitigation plans to be developed including; setting up contingency funding for the provision of social services, early warning systems for possible disruptions in funding, and strategies to deal with continuity of care for orphans in cases of exit of donors. Therefore, this research is critical because it will aid in creating a resilient child protection mechanism that protects the interests of disadvantaged children even when donor funds become unavailable.

In addition, this study will uncover the coping mechanism sused by the communities in wards 3 in dealing with the withdrawal of funding including using traditional safety nets, informal foster arrangements and local fundraising. The study will advocate for partnerships between the government and local structures such as the child protection committees, community health workers, and faith based organizations. This will be through encouraging bottom-up planning which takes into consideration the existing strengths of the communities, but culturally appropriate and widely accepted reinforcing government efforts to decentralize and humanize social service delivery.

This study holds significance importance to the researcher by enhancing academic advancement and knowledge contribution. The study allows the researcher to contribute original knowledge to the field of development studies, public policy, or child welfare. Tendai and Nyatsuro, (2023) argues that, this research allows the investigator to generate original insights into the effects of donor dependency and the sustainability of social programs It also demonstrates the capacity to investigate on current and engage with real world issue which adds depth to academic discourse on donor dependency and sustainability in social programs in developing countries according to Chikova and Mushunje, (2024).

In addition, the study also helps to improve on professional development and career relevance to the researcher. The experience will open up career opportunities in policy research, child welfare programming, monitoring and evaluation, or development consultancy. Moreover, the study also enhances the researcher's ability to design and assess sustainable social interventions which is a critical skill in today' s development and humanitarian fields in which OVC issues or social protection areas that are highly relevant in both government and Non-Governmental Organization sectors. It's an essential skill set in today's development and humanitarian fields, where orphans and vulnerable children (OVC) welfare and social protection remain critical priorities (UNICEF Zimbabwe, 2023)

The study will identify gaps and vulnerabilities in local support systems which is very crucial to the community. It will reveal what services OVCs and their caregivers lost after donor withdrawal such as education support, food aid, access to healthcare services and psychosocial care. This helps the community to understand which areas need urgent attention or advocacy and this enables them to mitigate impacts of sudden donor funding withdrawal.

1.7 Delimitations

The study is geographically delimited to ward three and four of Hurungwe district, found in Mashonaland West province, Zimbabwe. It focuses on orphans and vulnerable children (OVC) programs, their beneficiaries which are children and their caregivers and organizations that were directly affected by the sudden external donor funding withdrawal.

1.8 Limitations

This study had several limitations which could affect its credibility and they were addressed to strengthen credibility. There was limited access to all NGO records and access was restricted due to office closures and confidentiality. The researcher collected data from former staff, school heads, and child protection committee members, alongside government and school records as proxy indicators.

Recall bias and sensitivity around the loss of support emerged as issues, and this was addressed through the use of event calendars for recall assistance, trauma-informed methods, and referrals to Department of Social Development case workers if distress occurs. Limited generalizability because of the single focus ward made it necessary to provide rich description of Ward 3's context to allow the reader to make transferability judgments. Time and resource constraints were also mitigated by purposive sampling of information-rich participants and working with a local research assistant to improve access and trust.

1.9 Definition of key terms

OVC refers to children who have lost one or both parents and those who are at risk due to poverty, abuse, neglect, disability or illness such as HIV and AIDS. They require special care, protection, and support to meet their basic needs. Mwoma and Pillay, (2016) defines OVC to children aged under eighteen years who have lost either one or both parents and children whose safety, wellbeing or development is at significant risk. Donor funding withdrawal refers to sudden cessation or reduction of financial assistance from donors to projects or programs often due to policy changes, budget constraints or donor fatigue. According to, Pallas and Nguyen (2018) donor funding withdrawal refers to current and unplanned cuts in donor funding including donor exits that affects local civil society organizations.

Impacts refers to the positive or negative effects social, economic, psychological or operational) resulting from the withdrawal of donor funding on the functioning of OVC programs and the wellbeing of beneficiaries. It also refers to fundamental intended or unintended change occurring in organizations, communities or systems as a result of programs activities (Donovan and Hanney, 2016). OVC programs are structure initiatives or interventions designed to support the welfare, education, health and protection of orphans and vulnerable

children often implemented by Non-Governmental Organization, community-based organizations and government partners (United Nations Children's Fund (UNICEF). (2016).

1.10 Chapter summary

The chapter provided an overview of the research study on assessing the impacts of sudden donor funding withdrawal on Orphans and Vulnerable Children (OVC) programs in Karoi ward 3. It introduced the background of the study and explained the context in which OVC programs operate and rely on donor funding. The chapter also outlined the statement of the problem, research aims and the objectives which guides the research. The chapter presented the research questions, the significance of the study and the delimitations. The chapter gave the foundation for the entire research by explaining why the research is necessary and what it sought to achieve. This chapter leads us to chapter 2 where the literature will be reviewed**.**

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter reviews the body of literature surrounding the impacts of donor funding withdrawal on programs designed for orphans and vulnerable children. It seeks to examine earlier studies that have documented the consequences of aid cessation both globally and within the specific socio-economic context of Zimbabwe. Through examining the existing evidence, the review identifies the vulnerabilities inherent in donor dependent models and highlight the specific challenges faced by rural districts of Karoi ward three and four. Ultimately, the chapter provides a theoretical framework and empirical background which is necessary to understand the current crisis facing child welfare services in the region.

2.1 Conceptual framework

The conceptual framework for this study is cantered in the understanding that donor funding withdrawal is a systemic shock that disrupts a network of interdependent variables affecting vulnerable children programs in Karoi Ward 3. In line with the Resource Dependence Theory by Pfeffer & Salancik (1978), enhanced by the Framework for Resilient Social Service Systems, developed by UNICEF (2020), the study identifies the link between donor resources and child protection outcomes as mediated dependency. The independent variable in this study will be “sudden withdrawal of donor funding”, whereby the dependent variable refers to “the abrupt withdrawal or reduction of financial and technological assistance from foreign donors that formerly supported children’s nutrition, education, psychosocial services, and child protection services”. The term “sudden” refers to withdrawal of donor funding, characterized by an unplanned time, poor transitional planning, and inadequate domestic funding sources. Such circumstances distinguish the phenomenon from the planned withdrawal identified in the literature review by Bennett & Gibbs (2017).

The dependent variable is the effectiveness of services provided for vulnerable children, which function through four dimensions, including service availability, accessibility, quality and wellbeing of children outcomes. Service availability will be the ability to continue offering feeding schemes, financial aid for school fees, case management, and community child protection committees after the removal of the funding. Service accessibility evaluates whether vulnerable children in Karoi Ward 3 will access the mentioned services in spite of changes to transport subsidies, outreach efforts, and the introduction of service charges to cover funding

gaps. Service quality will include staffing ratios, response time to reported cases of abuse, and adherence to minimum standards of care provision, all of which will be compromised in the event of budget cuts. Well-being of the child will be assessed based on the following dimensions: nutrition, school attendance, and incidence of exploitation/neglect, providing tangible evidence of the effects of program interruption. These criteria are consistent with those provided by OECD-DAC (2019) in their guide for assessing humanitarian and development programs, thereby enabling the research to map funding interruptions through all organizational levels down to individuals.

The three mediators include the organizational adaptive capacity, community coping capacity, and absorption capacity of the local government. Organizational adaptive capacity is defined according to Brinkerhoff and Brinkerhoff (2015), and entails the capacity of local NGOs/community-based organizations in Ward 3 to diversify sources of revenue, shift personnel resources, and prioritize certain services in the absence of donor funding. Community coping mechanisms include informal safety nets such as extended family care, church-based feeding and volunteer case workers that may buffer children against service gaps. Local government absorption capacity reflects the extent to which Karoi Rural District Council and the Department of Social Development can take over funding or coordination roles, a factor shown to be weak in contexts of fiscal centralisation and limited devolution (Chakunda, 2021). Where these mediators are strong, the impact of withdrawal on programs and children is hypothesised to be less severe where they are weak, service collapse and deterioration of child well-being are expected.

Moderating variables condition the strength of the relationship between funding withdrawal and program outcomes. The framework specifies duration of prior donor dependency, presence of exit strategy and pre-existing socio-economic vulnerability of Ward 3 as moderators. Programs that were donor-funded for over a decade with no local co-financing are more exposed to shock than those with blended funding models, a pattern observed by Koch and Schulpen (2018) in their analysis of aid withdrawal in sub-Saharan Africa. The presence of a documented exit strategy with asset transfer and capacity-building reduce impact by enabling continuity, whereas abrupt withdrawal without transition plans increases impacts. The final aspect of the vulnerability of Karoi Ward 3 includes the high rate of orphaning, food insecurity and dependence on seasonal farming. Which means that any disruption in service provision will affect child welfare in the community since there are no reserves available within households.

Thus, this conceptual model highlights the conditional link whereby the sudden withdrawal of donor support adversely affects the implementation of vulnerable children programs in Karoi Ward 3. This impact is influenced by the capacity of the organization, community and government and is mitigated by past experiences and baseline vulnerability of the target setting. Instead of a simple causal link, the concept transcends and acknowledges the social construction of impacts in the local political economy of care. It will inform the choice of data to be collected for the research through organizational records, key informant interviews with the implementing partners and district officials, and experiences from caregivers and children at the household level.

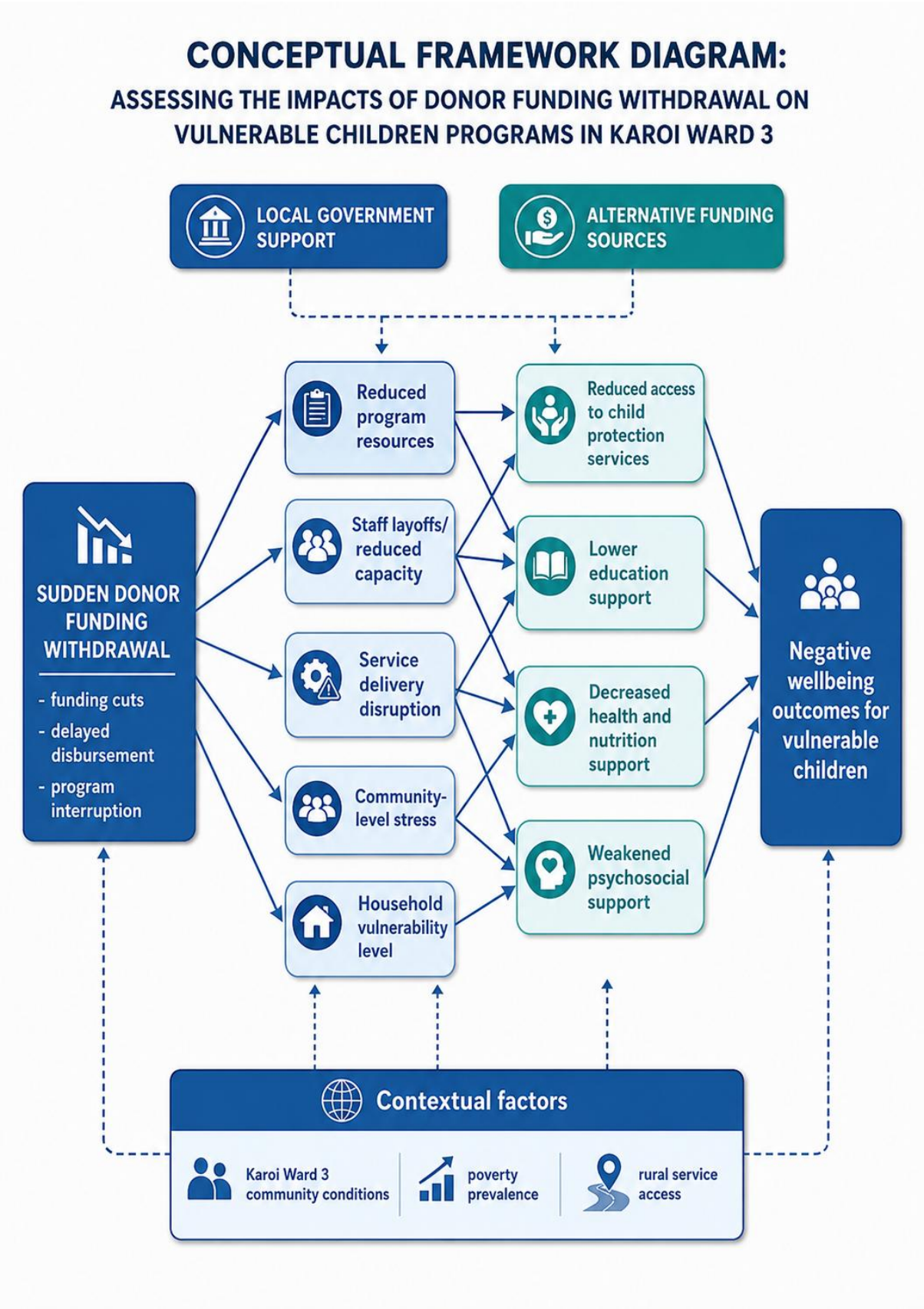

Figure 2.1: Conceptual framework

2.2. Theoretical framework

Pfeffer & Salancik's (1978) Resource Dependence Theory (RDT), which seeks to elucidate the way the environment shapes organizational behavior and even survival, suggests that no organization stands alone, but must engage with other entities within its environment to access resources. Resource Dependence theory posits that the dependence on certain resources plays an important role in determining how organizations behave, structuring, and even making independent. That is, the ones possessing resources exercise power over the dependent party. In relation to the implementation of programs targeting vulnerable children in Karoi Ward 3, RDT offers a theoretical tool through which we can analyze the long-term dependence of implementing organizations on international donor funding prior to any withdrawal. In situations where donors give funds and other resources like technical knowledge to NGOs and Community-Based Organizations in return for implementation of services such as nutritional, educational support, and child protection programs, Ward 3 become resource-dependent actors whose strategies are limited by the need to conform to donor dictates as a way of accessing more resources in the future

According to Hillman et al. (2009) the level of dependence is influenced by two dimensions; that is the extent to which the resource is important to the organisation as well as the amount of discretion the organisation has on how it uses and allocates it. The funds supplied by donors have been over 80% of all operating expenses used in running vulnerable children programmes in Ward 3 of Karoi; these include wages for protection officers as well as transportation costs for management cases as well as provision of food packs. The source is very vital to the organization but at the same time is very controlled externally making the dependence very high as the domestic sources of the resource from the Rural District Council and Ministry of Public Services have been very irregular. Predictions made by the RDT suggest that, under such circumstances organisations are expected to lack autonomy and hence be highly susceptible to environmental changes. In other words, the withdrawal of donors as an external shock can seriously affect the organisation as there is no slack resources internally and/or alternate suppliers to cushion the effect due to internal structures.

The authors also pointed out that RDT helps in understanding organizational response to resource threats as well as buffering and bridging techniques. Buffering entails saving resources or building up reserves, while bridging refers to making connections like partnerships, mergers, and lobbying for new resources. For Karoi Ward 3, the theory implies that organizations involved in previous bridging, for example, co-financing programs with

local government, income generation programs, or churches, would cushion their organizations against withdrawal impacts compared to organizations operating as pure donor sub-grantees. Absence of such strategies would result into reduction in program activities, retrenchment of staff, and reduction in service delivery as organizations try to restore balance between reduced resources and output. According to the theory, there will be a manifestation of power imbalance during withdrawal as donor organizations retain decision-making powers on asset disposition, information control, and closure periods. The local organizations, on the other hand, will suffer in terms of reputation loss and reduced capacity to run services. It is from this context that one would find that children's cases end up as "orphans" after sudden withdrawal due to lack of decision-making power in local organizations.

Further developments on RDT were made by Malatesta and Smith (2014), who argued that RDT can be applied in the public and non-profit sector since the phenomenon of dependence also influences accountability relations. There was a higher level of accountability upwards to the donors in Ward 3, compared to accountability downwards to the local community because of performance measures, auditing, and sustainability of funding according to donor templates. This makes the removal of the outside resource even more problematic, as it eliminates the existing line of accountability, yet does not necessarily establish community-based accountability. Therefore, RDT helps understand the extent to which the impacts extend beyond the services, which are cut off because of the negative influence on the legitimacy of organisations, their employees and the local community. This theoretical framework directs the investigation towards assessing what kind of organisational structure existed in terms of dependence on the external funding and whether the organisation had resources to compensate for its loss.

Resource Dependence Theory frames sudden donor funding withdrawal in Karoi Ward 3 as a predictable outcome of structural dependence rather than an accidental event. It suggests that the severity of impact on vulnerable children programs is a function of prior resource criticality, discretion, and the presence of adaptive strategies. By applying RDT, the study can move from describing program collapse to analysing the power and dependence relationships that produce vulnerability to funding shocks. Thereby informing recommendations on sustainable financing, local resource mobilisation, and donor exit planning that reduce organisational fragility in child protection systems.

2.3 Services and support systems affected by donor funding withdrawal

2.3.1 A global perspective

From a global perspective, sudden donor funding withdrawal has consistently disrupted a set of services and support systems that served as the core safety net for vulnerable children, with documented patterns across sub-Saharan Africa, South Asia, and Latin America. The most immediately affected services are those that are both donor-intensive and recurrent-cost heavy, such as school-based feeding programs, education subsidies and community health outreach. WFP (2023) reported that in 23 low-income countries between 2015 and 2022, abrupt termination of donor grants led to the suspension of school meal programs, resulting in an estimated 4.2 million children losing access to their only reliable daily meal and a subsequent rise in absenteeism and dropout rates. Similarly, education support systems such as tuition waivers, uniforms, and learning materials for orphans and vulnerable children are among the first to contract because they require continuous cash flow and are rarely absorbed by national budgets post-withdrawal. Grepin et al. (2018) found that in Malawi and Zambia, donor exit from OVC education bursaries produced a 17% decline in secondary school retention within two years, with girls disproportionately affected due to household prioritisation of boys' schooling when resources shrink

Child protection case management and psychosocial support systems are also highly vulnerable globally, because they depend on paid social workers, para-social workers and transport for home visits, all of which depends on donor grants rather than government establishment posts. UNICEF (2021) documented that in Uganda and Ethiopia, the withdrawal of PEPFAR and Global Fund support led to the collapse of community case management structures, and increased the average response time to child abuse reports from 72 hours to over three weeks and leaving identified cases with no follow-ups. Community-based child protection committees, which donors often establish and monthly stipend, tend to become dormant once facilitation, airtime, and refresher training funds cease, eroding the frontline surveillance and referral mechanism for vulnerable children. Equally affected are health-related support systems, especially HIV testing, antiretroviral therapy adherence support, and nutritional rehabilitation for malnourished children. Kates et al. (2020) showed that unplanned PEPFAR funding transitions in Côte d'Ivoire and Nigeria disrupted pediatric HIV services, leading to treatment interruptions for over 30,000 children and loss of tracking systems for children lost to follow-up.

Donors classify livelihood and economic strengthening components that targets caregivers of vulnerable children such as cash transfers, village savings and loan associations, and vocational training, as developmental rather than lifesaving, therefore they are frequently curtailed during funding cuts. Roelen et al. (2019) observed that in Ghana and Kenya, donor exit from cash transfer pilots resulted in immediate household food insecurity, increasing negative coping strategies such as child labor and early marriages that directly compromise child well-being. Moreover, monitoring and information management systems are systematically weakened, as donor-funded databases, district-level data clerks, and mobile reporting tools are decommissioned without government uptake, producing a data vacuum that masks the true scale of service loss. The Global Fund (2022) noted that 40% of countries experiencing transition from Global Fund support reported deterioration in routine data on OVC service coverage within 12 months of exit.

Collectively, the global evidence indicates that donor funding withdrawal does not affect all services equally but disproportionately dismantles those that are non-clinical, community-based, and reliant on recurrent human resource costs precisely the services that address the social determinants of child vulnerability. The pattern is one of vertical program survival, where donor-supported clinical services such as immunisation may persist under ministries of health, while horizontal child protection, education, and psychosocial systems unravel due to their dependence on external project funding and limited integration into national fiscal frameworks.

2.3.2 A regional perspective

In Southern Africa, the disturbance of patterns in services provision due to donor withdrawal of funds resembles global patterns, except that it is compounded by high prevalence of HIV in the region, dependence on external funding and lack of budgetary space for social protection measures. Programs for orphans and vulnerable children in countries such as Zimbabwe, Mozambique Lesotho and Malawi are usually supported by PEPFAR and other external donor agencies. The most affected services regionally are community-based HIV care and treatment support for children, school block grants and fee support, and decentralized child protection case management. Kidia et al. (2017) documented that in Zimbabwe, unplanned reductions in PEPFAR funding between 2014 and 2016 led to the closure of 38 community adolescent treatment support centers and the retrenchment of lay counselors, resulting in a 26% drop in viral load monitoring for children and adolescents

living with HIV. Because these services were delivered through NGOs rather than government clinics, their cessation left no public sector alternative, and rural districts such as Karoi were disproportionately impacted due to distance from referral hospitals.

Education support systems for vulnerable children have shown similar fragility across the region. In Malawi and Zambia, donor exit from OVC education programs under the USAID-funded projects produced immediate contraction of school fee support, school feeding and provision of uniforms, which had been critical for keeping girls in school (Kadzamira and Rose, 2003; Grepin et al., 2018). In Zimbabwe's National Case Management System evaluation, Chitiyo et al. (2020) found that donor withdrawal from the Department of Social Development led to a 60% reduction in active caseworkers at district level, because salaries, transport and airtime were project-funded and not absorbed into the public wage bill. This collapse of case management infrastructure meant that identification, referral, and follow-up of abuse, neglect, and child marriage cases reverted to ad hoc reporting by untrained community members, increasing response times and reducing case resolution rates. Community child protection committees, which donors established and incentivised in wards across Southern Africa, frequently became non-functional once stipends and meeting allowances ended, as reported in Lesotho and Eswatini post-Global Fund transition (Southern African Development Community, 2021).

Caregiver economic strengthening activities are yet another area where regional vulnerability comes into play. Village Savings and Loans Associations, cash transfers, and livelihood skills development activities that were carried out by means of OVC intervention projects in Mozambique and Zimbabwe have been put to an end because of donor funding termination. In doing so, these activities, which managed to reduce poverty and improve child dietary diversity in these households, have stopped working (Miller et al., 2011). According to Save the Children (2019), the closing down of the DREAMS program in some of the districts in Zimbabwe meant that young girls had neither safe places nor mentoring programs or economic empowerment activities to attend. This situation has led to an increase in transactional sex and school dropouts. Besides, data management systems related to vulnerable children are often disrupted. Thus, Child Protection Management Information System in Zimbabwe has faced a 70% reduction in its monthly data upload because of the termination of funding for district data clerks in 2020 (UNICEF Zimbabwe, 2022). From the regional analysis presented above, the conclusion can be drawn that withdrawal by donors from Southern Africa undermines the community-oriented, recurring, and multi-sectoral aspects of the child protection approach but

does not necessarily interrupt facility-oriented services such as immunization or ART delivery since these programs can be maintained by the MOH. This is so due to the fact that no effort has been made by governments in the region to institutionalize social work, transportation, and coordination funds necessary for OVC programs.

2.3.3 A national perspective

In the case of the country-level situation in Zimbabwe, donor funding withdrawal at any time has always interrupted similar types of services as seen regionally; however, the effects have been more serious in light of the persistent economic recession and lack of fiscal decentralization in Zimbabwe. Services impacted include those that are provided through the network of services other than those delivered at the main health facility and whose provision depends on funding of personnel and operational costs. The introduction of the National Case Management System (NCMS), supported by UNICEF and USAID, is an example of a service vulnerable to sudden donor funding withdrawal. According to Chitiyo et al. (2020), upon cessation of donor funding to the Department of Social Development in 2018, more than 60% of the district caseworkers in the provinces of Mashonaland West stopped being effective as their salaries, maintenance for motorcycles, fuel, and airtime could not be incorporated into the government payroll. As a result, the identification, assessment, and referral of vulnerable children in wards such as Karoi Ward 3 resorted to volunteer community members, leading to increased pending cases of abuse and neglect.

The education sector has also been subject to support mechanisms that have been just as brittle. For example, although the government is responsible for the Basic Education Assistance Module program, from 2009 to now, the program has been funded by the government together with donors who help pay school fees, levies, and examination fees for the OVC. According to Ncube and Phillip (2022), delays and eventual withdrawal of funds in 2020 led to more than 250,000 children nationwide being sent back home because of the inability to pay their fees owing to the fact that rural areas are generally poor and generate less revenue from schools. Programs like the Home Grown School Feeding Initiative, which received donations from the WFP, were cut short in 2021 as donations started to dwindle, thus denying children from Karoi and other districts their one meal in school, which encouraged them to attend and remain in school. Such support programs require recurrent funding which is not protected in the national budget..

Community-based services providing support on HIV and psychosocial issues for children and adolescents have also been very vulnerable to budgetary disruptions. For example, according to Kidia et al. (2017), the transition of funding under PEPFAR between 2014 and 2017 resulted in the cessation of services provided by Community Adolescent Treatment Supporters, who were responsible for providing peers with help in adherence and transportation support to help children living with HIV access health centers. As no services supported by the government could be put in place, the suppression rate dropped and the rate of losing contact increased. The same is true of the DREAMS program, providing young girls in high-risk districts with a safe environment and mentorship, along with economic empowerment, which was interrupted in several wards starting 2019; in this case, Save the Children (2019) identified increased school dropout rates and instances of transactional sex in follow-ups to these changes. These programs were delivered by NGOs with little coordination with the Ministry of Health or Public Services ministries.

In addition, economic empowerment initiatives among caregivers such as cash transfers and Village Savings and Loan Associations created through the Enhanced Social Protection Programme have shrunk nationwide following the cessation of donor funding. According to the Zimbabwe Vulnerability Assessment Committee (2023), the suspension of harmonized cash transfer programs in 2022 because of the inability to meet costs meant that over 180,000 households lost their source of income and resorted to maladaptive coping mechanisms such as exploitation of children and decreasing meal portions, putting the children's welfare at risk. Lastly, the country's national data system on OVCs is constantly jeopardized. For instance, according to UNICEF Zimbabwe (2022), there was a 70% drop in the monthly reporting rate by the Child Protection Management Information System following the expiration of the contracts for data officers employed through donor funding.

Accordingly, the national-level approach demonstrates that donor pullout in Zimbabwe will specifically lead to disintegration of community-level services dependent on human resources and multisectorial approaches for at-risk children, whereas critical medical services provided by the health departments may continue. Due to the lack of any budget allocations from the domestic budget for transportation costs for social workers, remuneration of social workers, subsidies for schools, and community facilitation in Karoi Ward 3, the ward is expected to be left without any funding for school fees, feeding, community-level case management, adolescent psychology support, economic empowerment of caregivers, and regular reporting of OVC data, similarly to other parts of the nation.

2.4 Socio-economic effects of reduced funding on the well-being of vulnerable children and their households.

2.4.1 A global perspective

The global reduction in donor funds for children programs generates socio-economic shocks that affect consumption at household levels, child development, and intergenerational poverty. This impact is highest in low- and middle-income countries, whereby donor funds subsidize social protection services, health, education, nutrition, and child protection initiatives in which the government has not domesticated. Food security is the first sector impacted by the cessation of funds allocated towards school feeding programs and caregiver cash transfer programs. WFP (2023) revealed that in 23 countries in which donor grants were abruptly halted between 2015 and 2022, around 4.2 million children became deprived of free school meals, causing a 12% escalation in moderate and severe cases of food insecurity and higher expenses on food within six months. This results in lower food intake among households and affects the nutritional status of the children directly. In Ghana and Kenya, the cutbacks in donor grants for cash transfers led to a 9% increase in stunting rates among children within one year of the event, whereby the limited budget was used to support the consumption of adults or repay debts..

Education outcomes are similarly compromised. Reduced funding for school fee subsidies, uniforms, and learning materials forces households to choose between education and other survival needs. Grepin et al. (2018) documented that donor exit from OVC education bursaries in Malawi and Zambia produced a 17% decline in secondary school retention within two years, with adolescent girls disproportionately withdrawn to perform domestic labour or enter early marriage. UNESCO (2022) estimated that each year of schooling lost due to funding shocks reduces future earnings by 8–10%, indicating that the socio-economic impact is not temporary but extends across the life course of affected children. Health and psychosocial well-being also decline when community-based HIV, mental health, and case management services are withdrawn. Kates et al. (2020) showed that unplanned PEPFAR funding transitions disrupted pediatric antiretroviral therapy adherence support in Nigeria and Côte d’Ivoire, increasing treatment interruptions and caregiver stress. UNICEF (2021) linked the collapse of donor-funded psychosocial programs to higher reported rates of anxiety, depression, and social withdrawal among adolescents, particularly when coupled with school dropout and loss of peer support structures.

Household-wise, inadequate finances place pressure on caregivers, who are mostly women, grandmothers, or brothers above school age but with low-income earning capacities. The removal of elements of economic empowerment like Village Savings and Loan Associations and vocational training strips away safety nets, thus causing people to resort to harmful coping mechanisms. According to The Global Fund (2022), in countries that are transitioning from being supported by donors, there was an increase in child labor by 14% and early marriages by 11% among families within 18 months of program termination. Harmful coping mechanisms have adverse effects on child protection and further trap people in vicious circles of poverty since children who are pulled out of school to engage in labor and marry are less likely to return to school or gain employable skills in the future. Furthermore, the lack of a proper monitoring system, owing to funding withdrawal, fails to reveal the magnitude of damage done. For example, the closure of district-level data clerks and mobile tracking systems means any changes in child labor practices, cases of malnutrition, and child protection problems remain undocumented.

As a body of information, the data from around the world shows that less money for donors turns program shortcomings into household shortages, which affect nutrition, education, health, and protection. Socio-economic effects occur depending on the vulnerability of households before the cuts; households without resources, headed by women, and rural households feel the effects more acutely and over a longer period of time. Due to the fact that the majority of the programs help with factors that determine well-being but not clinical issues, the impact is cumulative.

2.4.2 A regional perspective

Decreased funding for vulnerable children's programs across Southern Africa creates immediate economic and socio-economic challenges for households and becomes more severe with regard to the HIV prevalence rates, food insecurity and lack of social protection schemes in the region. Withdrawal of financial support for OVC programs influences family's consumption dynamics and destroys protective measures helping children avoid poverty. One of such impacts refers to food insecurity. As Miller et al. note, Zimbabwe and Malawi stopped donor-supported feeding at schools and cash transfers for caregivers; consequently, families are using scarce funds to provide food for their children. Moreover, Miller et al. demonstrated that in Malawi withdrawal of social cash transfer was accompanied by a 13% increase in number of families experiencing child hunger due to the loss of a regular source of funding

used for purchasing food and paying for school services within eight months. Additionally, the 2023 Zimbabwe Vulnerability Assessment Committee report indicated that the suspension of harmonized cash transfers in 2022 was associated with the growth of negative coping strategies when caregivers skipped their meals in order to give food to their children or employed children to earn additional money.

Educational results tend to worsen rapidly with reduced funding because education scholarships, uniforms, and study materials are some of the first expenses to be cut. Kadzamira & Rose (2003) showed that in Malawi, where the donors discontinued their support for education scholarships targeted at children, female students tended to withdraw from school more often than male students as the households were now focusing on educating their sons while sending the daughters to engage in domestic duties and getting married off. According to Ncube & Phillip (2022), in Zimbabwe, where there was reduced donor funding for the Basic Education Assistance Module, over 250,000 children dropped out of schools across the country, especially in rural districts such as Karoi, owing to poverty, lack of money to pay school fees. Socioeconomic impacts tend to be devastating because each year of lost schooling lowers future economic gains while increasing poverty transmission risk. This effect tends to be even more damaging to adolescents as girls since out-of-school adolescents have an increased likelihood of teenage pregnancies and HIV infection.

Health and psychosocial well-being have also been undermined at household level. As Kidia et al. (2017) noted, the shifts in the way PEPFAR funds were used in Zimbabwe meant dismantling treatment support infrastructure in communities for children living with HIV, thus leading to more treatment interruptions and more stress among caregivers due to cost and time involved in traveling to health centers from far. The end of DREAMS program's safe spaces and mentorships meant that adolescents lost psychosocial support that Save the Children (2019) identified as one of the factors behind higher rates of depression, school dropouts, and engaging in transactional sex among girls in areas where the program was withdrawn. This means that there is loss of protective mechanisms created through donor-funded programs, since communities are forced to rely on overstretched national structures without these temporary substitutes. Lastly, the failure of economic empowerment interventions provided by donor organizations means households lose resilience. For instance, cessation of the Village Savings and Loan Association programs and livelihoods trainings that Save the Children implemented among other organizations under the umbrella of OVCs in Mozambique and Zimbabwe left caregivers with no option but engaging in risky livelihood practices.

The local literature demonstrates that the cuts lead to the transferring of burdens to those families that can least afford them. Female-headed and grandparent-headed families who form the bulk of OVCs caregivers in Southern Africa are burdened with more time poverty and economic pressures as they struggle to compensate for losses by engaging in unpaid caregiving and child labor. Child protection is affected as well, as the Global Fund (2022) found that the increase in child labor and early marriages was reported in countries experiencing transition periods in 18 months after the program ended due to their attempts to adopt coping strategies that violate child rights. The lack of government budgets for social workers, education, and community mobilization means that the loss of donors' support leads to a gap that is compensated for through harmful coping strategies.

2.4.3 A national perspective

In Zimbabwe, decreased donor support for programs targeting vulnerable children leads to socio-economic consequences that affect household welfare and children's wellbeing in rural districts where social protection services are not available, and poverty levels are high. Lack of funding transfers the burden of expenses on poor households who cannot cope when they do not receive aid, reversing any progress attained during donor-funded periods. One of the first impacts of reduced donor funding is food insecurity. According to Zimbabwe Vulnerability Assessment Committee (2023), the discontinuation of the Harmonised Social Cash Transfer Programme in 2022 because of funding gaps has left more than 180,000 households unable to predict their future incomes, thus a rise of 21% in households with food shortages has occurred, which has been evidenced by a decrease in food consumption and sending children to school to earn money rather than study. In agricultural and market-dependent districts such as Karoi, the loss of WFP-assisted meals at school worsens nutritional problems. Chitiyo and Chitiyo (2018) noted that children who lost access to donor-funded school meals exhibited higher rates of absenteeism and poorer concentration, which in turn lowered educational attainment and future earning potential.

The impact of funding cuts is highly sensitive due to the inability of Zimbabwean households to finance their children's education without donor support, with over 250,000 learners being withdrawn from schools due to failure to pay fees and levies as per Ncube & Phillip (2022). The most affected are rural regions, where girls are less likely to be enrolled in schools due to parents favouring male education, hence exposing them to risks of early marriages and transactional sex. According to Munyati et al. (2006), one year out of high school in Zimbabwe

reduces a woman's earnings by about 15% over her lifetime. This implies that poor economic conditions have a negative impact on future earnings, thus increasing the likelihood of continued poverty in vulnerable communities such as OVCs. Donor funding cuts have also led to the closing down of skills development programs which offered income-generating opportunities. In a study done in Hurungwe and other areas, Save the Children (2019) reported school dropout and risky sexual activities as a result of cutting these programs.

Both health and psychosocial well-being are affected negatively when support structures in the communities fail. According to Kidia et al. (2017), PEPFAR funding transitions contributed to the closure of Community Adolescent Treatment Supporter programs, which caused disruptions in the treatment regime for children suffering from HIV and added burden on caregivers who were forced to travel long distances to reach faraway health care facilities. In addition, loss of the social and psychological support system adds to depression, social isolation, and increased anxiety among adolescents who are already experiencing grief due to loss of peers, stigma, and bereavement. At a household level, withdrawal of economic strengthening measures, like Village Savings and Loans Associations and small livestock projects, leaves families without any shock mitigation mechanism. Without donor-backed support systems in place, caregivers are left with no choice but to sell off their belongings, use child labour, and reduce health and educational expenses. Child labour increased by 17% after donor-funded social protection was reduced in rural wards according to a study by Zimbabwe National Statistics Agency (2022). This was done through tobacco leaf grading, artisanal gold mining, and domestic tasks.

On the national level, insufficient funding does not only lead to service gaps but actually places the burden on the most disadvantaged households. As over 65% of OVC caregivers in Zimbabwe are grandparent-headed households and single-headed female-headed households, the effect of decreased funding means that these households experience greater levels of time poverty and economic pressure to replace services lost with unpaid care. Due to the absence of budgets within the government for social workers, school subsidies, and facilitators for community involvement, there will be a gap formed due to the loss of funds for donors. In addition, as child protection database systems have been weakened because of the termination of donor funding for data clerks in the districts, the actual extent of the deterioration cannot be identified, resulting in delayed policy action to address the issue. From the perspective of the national study, the sudden cut off of donor funds would result in worsening food insecurity,

increasing school dropout rates particularly among girls, increasing child labor, increased psychosocial stress, and decreasing household resilience.

2.5 Local coping mechanisms and alternative sustainability strategies adopted by the community and local authorities.

2.5.1 A global perspective

Worldwide, there have been several ways that communities and local authorities deal with the issue of loss of funding through various means of coping and sustainability mechanisms. Patterns of such mechanisms have been seen among communities in sub-Saharan Africa, Asia, and Latin America. The first coping mechanism that emerges at the community level involves the provision of informal and survival measures to bridge gaps created when donor funding is withdrawn. Informal adoption into family structures and kinship becomes prevalent, especially when formal case management and care arrangements are no longer available. According to Mann & Russell (2021), in Kenya and Uganda, the number of grandparents and aunts as household heads increased by 23% two years after donor withdrawal from OVC programmes. This is because families took up responsibility in caring for children who could not pay for boarding school fees or access nutritional supplements. Religious organizations, such as churches, mosques, and other places of worship also provide social protection through the distribution of ad hoc food packs, school fee support and psycho-social counseling using funds from congregations.

Households engage in livelihood diversification along with negative coping strategies. Caregivers organize some small-scale livelihood projects in order to compensate for the loss of cash transfers or livelihood support. According to Roelen et al. (2019), however, the lack of resources for starting such activities in conjunction with the lack of previous market linkages developed via donor projects made these activities unsustainable in many cases, thereby forcing families to resort to strategies such as child labor, early marriages, and reduced intake of food. Community-level organizations like village savings and loan associations and child protection committees have been found in some cases to survive without donor involvement. But they depend on local leadership and investment made during their formative stages. In this context, the studies by Bennett & Gibbs (2017) have indicated that in countries like Tanzania and Nepal, child protection committees which had been involved in multi-year trainings and were associated with local government structures have survived while others which were project

delivery entities have ceased to operate due to the end of financial assistance and facilitation expenses.

The sustainability efforts made by local governments take a different route, namely institutionalization, policies and resource mobilization. One typical effort is the integration of services initiated by donors into relevant government institutions, although limited by budget space. As stated by the Global Fund (2022), Rwanda and Thailand succeeded in sustaining the HIV services for children through gradual increase in budgets and task shifting to public health workers, but such efforts required careful planning and political will that was lacking in rapid withdrawal efforts. In most poor settings, local governments usually engage in cost-recovery actions that involve either the introduction or raising of fees for previously provided free services. According to Witter et al. (2016), health and educational departments of Sierra Leone and Cambodia have increased informal costs after the withdrawal of donors, negatively affecting the poorest in terms of their access to services. Another approach is that of partnership diversification, which entails local government entities seeking alternate sources of funding such as donors, the private sector, or support from diasporas in place of dwindling donor funding. As noted by Koch and Schulpen (2018), “donor roundtable” partnerships and corporate social responsibility partnerships were utilized in the financing of child protection programs in both South Africa and the Philippines. However, these partnerships were easier in more economically stable urban settings than donor-dependent rural settings.

An important factor influencing sustainability on a global level is the existence of a pre-withdrawal exit and transition plan. According to studies carried out by the OECD-DAC (2019), where donors made investments in developing the capacities of the local authorities, transferring assets and making phased transfers of financial resources over a period of three to five years, there was a greater likelihood of sustaining core services. However, a lack of an exit strategy results in collapsing services and fragmented community efforts to compensate which cannot substitute systematic delivery of essential services. On this note, it should be noted that global experiences suggest that despite the ability of communities to respond through kinship systems, religion and informal economic activity, these measures often fall short of providing similar benefits to those provided by donor-funded interventions.

2.5.2 A regional perspective

Community and local government responses to the sudden reduction of funds due to donors' decision in Southern Africa include both adaptable and forced measures, which are driven by the social and economic environment of the area, its high rates of HIV infection, and lack of fiscal decentralization. The community-level methods of dealing with reduced funding from donors involve informal actions that depend on social capital, as these methods are aimed at compensating for services provided previously under the programs funded by international donors. For example, kinship arrangements are widespread in Southern Africa – the majority of grandparent-headed and sibling-headed homes receive children deprived of donor-funded boarding schools and food assistance programs. According to Mann and Russell (2021), the proportion of children in kinship arrangement increased by more than 20% in three years after significant transitions related to international donors in Zimbabwe, Malawi, and Lesotho. Another method used is an expansion of welfare programs by faith-based organizations, as local churches in rural areas collect food, clothes, and tuition fees from congregation members. As pointed out by Olivier et al. (2015), "feeding projects run by churches and school clubs" in Mashonaland West Province of Zimbabwe emerged as a means of support following withdrawal of NGOs, although this did not cover all the needy children since it depended on the availability of resources at the church level. Community-based child protection committees and Village Savings and Loans Association continue to exist in some places, provided there was adequate capacity building. According to Bennett & Gibbs (2017), "committees associated with ward structures of the government and sustained training for several years tended to be effective in identifying and referring vulnerable children, while committees created only for the project implementation phase ended up inactive after withdrawal of allowances and transport subsidies".

Household-level coping mechanisms are developed as caregivers seek to offset their losses. Gardening, trading, and agricultural or mining work are popular, though many times these efforts produce little profit and remain highly susceptible to changes in market conditions and climatic shifts. According to the Southern African Development Community (2021), for example, the withdrawal of donor funds supporting the creation of livelihoods in Mozambique and Zimbabwe deprived caregivers of any means by which to increase the size of informal business operations. This has led to negative coping mechanisms such as child labour, early marriage, and reduced school attendance, especially among women-headed households with

high dependency ratios. In both Eswatini and Lesotho, local government has observed an increased participation by children in informal cross-border trading and domestic labor in just 12 months following the Global Fund and PEPFAR transitions.

Sustainability policies in Southern Africa are influenced by budget constraints and poor decentralization practices. One approach is the integration of donor-funded service delivery into the district development programs, but the absence of budgetary provisions leads to underfunded policies. According to Chitiyo et al. (2020), the Department of Social Development in Zimbabwe aimed to include workers who were being paid by the donors, but since there was no disbursement of funds by the treasury, over 60% of the positions went unoccupied, leading to the failure to provide statutory case management services in wards. Cost-sharing initiatives have been put in place where schools and health facilities are collecting levies to cover expenses which used to be provided by donors. Ncube and Phillip (2022) show that in rural Zimbabwe, schools began collecting levies and examination fees after the withdrawal of the donor funding for the Basic Education Assistance Module, leading to the exclusion of the most disadvantaged children. Koch and Schulpen (2018) documented that urban municipalities in South Africa secured corporate social responsibility funding to maintain child protection activities, but rural districts like Karoi lack a comparable economic base, making this strategy less viable.

Planned Transition as a Regional Determinant for Sustainability

A significant regional determinant for sustainability is whether there was a planned transition that entailed asset transfer, secondment of employees, and capacity building such as in some parts of Rwanda and Botswana (Global Fund, 2022). In cases where there was no transition, such as the case with much of Zimbabwe's experiences, a fragmented approach to services emerges, with communities having to depend on community-led initiatives. From the regional perspective, while communities within Southern Africa have proven themselves resilient through kinship care and religious organizations providing welfare, as well as other survival means, the efforts cannot match what can be achieved through donor-financed programs. This is limited by fiscal centralization and lack of dedicated budgets for social protection..

2.5.3 A national perspective

In the case of Zimbabwe, affected communities and local government bodies respond to an unexpected cut-off of donor funding for vulnerable child services by adopting a mixture of

traditional, informal, and institutional approaches, accounting for the socio-economic environment of the country, lack of fiscal devolution, and dependence on foreign aid. At the community level, kinship care becomes the main form of response, with grandparents, aunts, and siblings taking up the burden of caring for children once donor-sponsored boarding schools, education, and nutrition services become unavailable. As noticed by Mann and Russell (2021), a sharp increase in the number of children staying with their grandparents can be detected within the context of the rural areas of Mashonaland West (Karoi) once NGO-sponsored OVC services ceased, while there were no government funds available in such circumstances. Churches and mosques become more engaged in providing welfare services, with congregation members donating clothes and food baskets or paying for schooling fees informally. According to Olivier et al. (2015), church-led after-school and meal provision programs become the alternative safety net for wards abandoned by NGOs in Zimbabwe. Community child protection committees and Village Savings and Loan Associations established under donor projects sometimes persist, but Chitiyo et al. (2020) found that their functionality declines sharply without stipends, airtime, and transport support, with only committees that were formally linked to ward development structures and received multi-year capacity building continuing to meet regularly.

The household level coping mechanisms include livelihood diversification, but most of them have been very low-return and risky. Household members indulge in backyard gardening, street selling, labour in agriculture, and artisanal mining activities to compensate for the lost financial resources and livelihood assistance. Nevertheless, according to the Zimbabwe Vulnerability Assessment Committee (2023), the failure of donor-supported economic empowerment programs led to the loss of access to the initial capital, skills training, and market linkage services such that households could no longer scale their enterprises beyond subsistence level. This makes households resort to negative coping measures, which involve withdrawing their children from schools, employing them in tobacco grading and gold mining, and marrying them off at tender age. The Zimbabwe National Statistics Agency (2022) indicated that there was a 17% rise in child labour in rural areas after donor-supported social protection programs were scaled down, particularly affecting the households headed by women.

Local governments including Rural District Councils and the Department of Social Development implement sustainability policies hampered by fiscal centralisation and lack of own source revenue. The most typical method involves integrating services initiated by donors in the planning process such as District Development Plans and Ward Action Plans; however,

these initiatives lack corresponding budget provisions. As was found by Chitiyo et al. (2020), the attempt by the Department of Social Development to integrate caseworkers supported by donors into government positions failed because of treasury limitations and more than 60% of the districts lacked social workers paid from their budgets. In order to mitigate this problem, cost recovery strategies are introduced as a short-term solution. Schools have been charging levies and exam fees which were earlier provided through Basic Education Assistance Module (BEAM). According to Ncube and Phillip (2022), with the withdrawal of donors from the co-financing scheme, schools in Hurungwe district would send children whose parents could not afford fees at home. Thus, it resulted in exclusion of poor children and reversing progress in education enrolment. However, the Zimbabwe Institute of Public Administration and Management (2021) found that such efforts provide minimal and uncertain funding resources in economically underdeveloped rural district councils. An important consideration influencing national sustainability lies in the unanticipated process of transition.

In contrast with nations where a gradual transition approach was used and included asset transfers, secondments of staff, and capacity building support, the experience in Zimbabwe involves sudden departure without handing over any obligations, as observed during the PEPFAR and Global Fund transitions from 2014 to 2020 (Global Fund, 2022). Thus, local authorities are left with the infrastructure and the number of cases, while there are no budget allocations. Communities are also faced with their needs being unmet due to a lack of services. In summary, the evidence at the national level reveals that while Zimbabwean communities prove resilient through the use of kinship care, faith-based welfare, and livelihood practices, they cannot replace donor-funded mechanisms in scope, quality, and reach. Local authorities face financial limitations, devolved social protection budgets, and lack of legislative powers to levy taxes on behalf of OVC services.

2.6 Literature gap

Though there exist extensive studies regarding the short-term service interruptions and socio-economic effects of donor withdrawal among disadvantaged children both at international, regional, and national levels, critical knowledge gaps persist, hindering a thorough understanding of the issue. One key aspect is that most studies focus more on the process of planned and phased withdrawal of donor funding than the process of abrupt donor funding withdrawal. However, in the case of Zimbabwe, especially after 2020, there have been more cases of unexpected withdrawal by donors. This is attributed to changes in donor policies or

even global politics. Thus, there is a lack of information on how this withdrawal affects the socio-economic lives of households and disadvantaged children over time.

In the second place, research focuses more on clinical and institutional-based services such as HIV care and immunizations, while community-level, multisectoral programs aimed at OVCs have been understudied. Likewise, the economic consequences of not having psychosocial support, mentorship, and economic strengthening services have been deduced from overall evaluations of OVC programming, leaving out specific information on which particular non-medical services are crucial to child resilience. The data deficit is especially prevalent in district and ward levels, where program implementation happens but information gathering lags behind.

Thirdly, there is an absence of discussion on the linkages between withdrawal by donors and structural weaknesses in Zimbabwe which include hyperinflation, weak currency, and lack of fiscal devolution. It has not been discussed how economic shocks combine with donor withdrawal to worsen the situation at a household level, and whether local authorities cope with unfunded mandates within the present structure for decentralization. Therefore, the political economy of sustainability in rural district councils is not clearly understood.

Lastly, there is also an empirical research gap in terms of studies conducted on the impact of development aid withdrawal on wards located in highly donor-dependent and minimally governed areas of Zimbabwe's provinces. Empirical research studies at the national level do not disaggregate impact differences on a ward level because they combine the data. No existing empirical studies have assessed the impact of development aid withdrawal on services provision, household socio-economic conditions, and local responses in Karoi Ward 3, Hurungwe District. In order to fill these gaps, future empirical research should employ a combination of methodologies that include long-term and participatory approaches.

2.7. Chapter Summary

This chapter reviewed literature on the impacts of donor funding withdrawal on programs supporting vulnerable children. The researcher used Resource Dependency Theory, the Sustainability Framework, and Resource Mobilization Theory to explain how heavy reliance on donor funding makes programs unstable when funding is withdrawn. The study also succeed in situating the study within the body of literature by addressing the literature surrounding the

study’s goals. In addition, a thorough discussion of how the objectives will be met will be outlined in the research study methodology in the next chapter.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0. Introduction

This chapter presents the research methodology adopted to assess the impact of sudden donor funding withdrawal on programs supporting vulnerable children in Karoi Ward 3. It outlines the research design, study setting, population, sampling techniques, data collection methods, data analysis procedures, trustworthiness, and ethical considerations. A qualitative approach was chosen to capture the lived experiences, perceptions, and meanings attached to funding withdrawal by service providers, caregivers, and affected children.

3.1. Research Design

The study adopted a qualitative exploratory case study design. This design was selected because the research sought to assess the impact of donor funding withdrawal on OVC programmes in Karoi Ward 3 by exploring the experiences, views, and perceptions of people who were directly affected or involved in the programmes. As stated by Creswell & Poth (2018), qualitative research is best used in circumstances where there is a need to find out about people's experiences and the meaning of such experiences for a certain social issue. Qualitative research is defined by Merriam & Tisdell (2016) as involving the search for meaning as perceived by individuals who experience certain events in a given setting. It was best for qualitative research because it was concerned with understanding the impact of donor funding withdrawal on service provision, caregivers, vulnerable children, and community support structures. The use of the case study design was best because in this instance, the focus was on examining the effects of the termination of donor funded services in Karoi Ward 3. According to Yin (2018), case studies allow researchers to examine current social phenomena in detail within the context of its existence.

3.2. Study area

The study was carried out in Karoi Ward 3, which is situated in Hurungwe district, Mashonaland West province in Zimbabwe. Karoi Ward 3 is peri-urban in nature characterized by high rates of poverty, HIV infection, and child vulnerability. Prior to 2025, various NGOs funded through USAID and other donors have been implementing feeding programs, psychosocial interventions, school block grants, and child protection interventions within Karoi ward. In the wake of donor funding cuts that have been reported widely during 2025, most of

these interventions have been cut or phased out. The prevalence of HIV infections in the province is at 14.8% in adult populations, while Karoi ward is a hotspot due to the farming/trucking routes found there (MoHCC, 2024). According to the 2025 ZimVAC Rural Livelihoods Assessment, food insecurity in Mashonaland West stands at 32%. Karoi ward 3 is located in peri-urban farms within informal settlements.

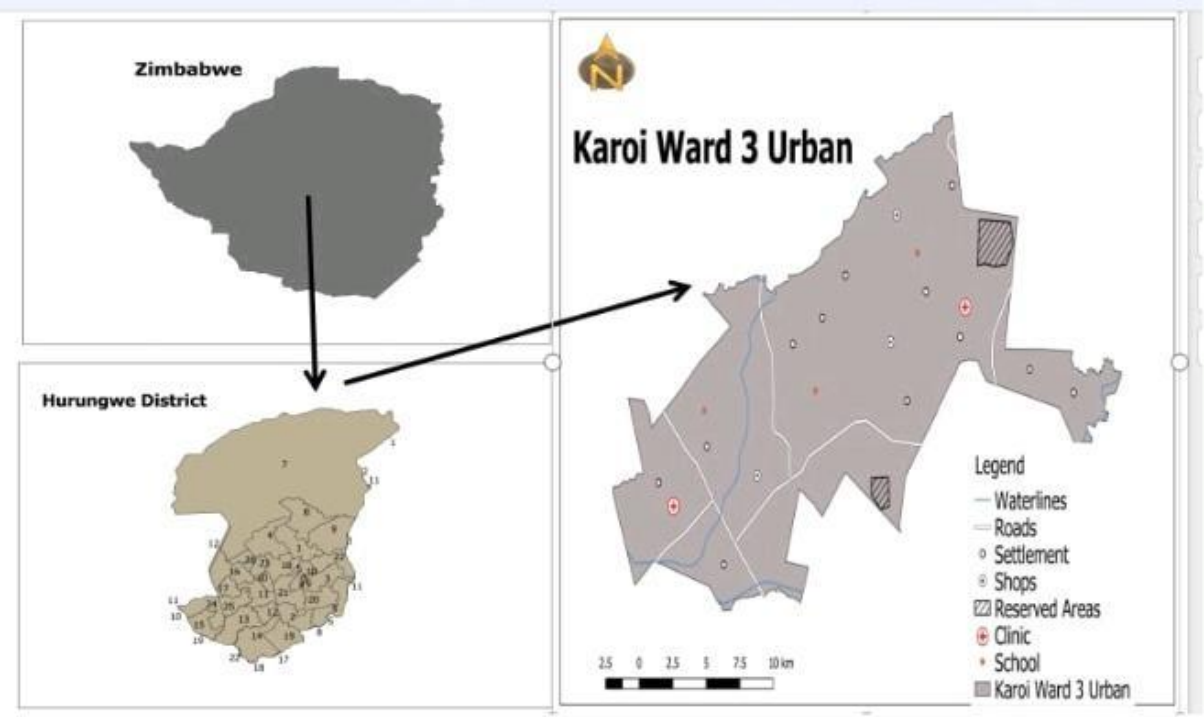

Figure 3.2 : Map of the study area

3.3. Study Population

There were three groups of research participants which were either implementing the programs targeting vulnerable children or affected by the process of withdrawal of the same. The first group involved the implementers of the programs which included the NGO employees, headteachers of schools, and members of the child protection committee who have been implementing the donor-funded programs in the ward. This was necessary because these individuals possessed institutional knowledge regarding the way the program was designed and how funding withdrawal impacted on the administrative aspects of the programs. The second group of participants was the primary care takers such as grandmothers, guardians, and parents of the children in need who had previously been benefiting from school feeding, psycho-social support, educational services, and child protection. This was crucial to get their views about

how the withdrawal would affect the nutrition, education, and overall welfare of the children in their homes. Even though individuals aged between 12 and 17 were the final demographic of concern, they were addressed through indirect means via their caregivers' stories. Such a decision was made with a view to preventing possible ethical concerns in the absence of child protection procedures.

Statistics regarding OVCs at the ward level of Karoi Ward 3 cannot be obtained from any accessible sources provided by the government online. Nonetheless, figures for both the district and provincial levels can offer credible bases for estimation and understanding. In accordance with the Zimbabwe National Statistics Agency, the total population in Hurungwe District, comprising Karoi town and other rural wards within it, stood at 390,897 as per the census of 2022, where most of the population was found to be rural (Zimbabwe National Statistics Agency, 2022). The proportion of OVCs tends to be relatively high in rural areas of Zimbabwe due to the prevalence of poverty and food insecurity in conjunction with the HIV/AIDS problem.

At the provincial level, Mashonaland West recorded the second highest proportion of OVCs in secondary schools nationwide, with 27.73% of all secondary learners classified as OVCs in the 2024 schools census conducted by the Ministry of Primary and Secondary Education (Ncube, 2024). Nationally, the same census identified 1,055,950 learners as OVCs across Early Childhood Development, primary, and secondary levels (Ncube, 2024). Given that Karoi is recognized as an HIV hotspot within Mashonaland West, alongside Kariba which has an estimated adult HIV prevalence of 9.5%, the burden of orphanhood and vulnerability is expected to be substantial (The Herald, 2024). High HIV prevalence is a key driver of OVC numbers, as parental illness and death directly increase orphanhood and economic vulnerability (HSRC, 2010).

3.4. Sample size and Sampling techniques

Purposive sampling was employed to identify participants with substantive knowledge of donor-funded vulnerable children’s programs and the subsequent funding withdrawal. Twenty five participants were selected. For the stakeholders involved in providing the services, five individuals were selected such that there was diversity in roles throughout the entire chain of service delivery. The selected individuals included two NGO staff members, a school head, a social worker, and one individual representing the Child Protection Committee. Such diversity in roles was aimed at ensuring that perspectives from both the front-line workers and

management were captured in terms of how withdrawal affected program delivery. Fifteen primary caregivers were selected purposively for the sake of capturing different categories of vulnerability among the children in the ward. These caregivers included those of orphans and other vulnerable children because of HIV/AIDS, children with disabilities, and even children from child-headed families. This diversity would enable identification of differential effects of withdrawal across the categories. Five key informants were selected based on their policy-making and coordinating functions in child welfare. Thus, 25 people formed the sample for the in-depth interviews. The concept of data saturation informed the selection process of the sample. According to Guest et al. (2006), sampling continued until the point of achieving data saturation.

Apart from conducting interviews, two FGDs were held, with each discussion having eight participants. The first FGD involved the female caregiver participants of the vulnerable children while the second one comprised male caregiver and volunteer participants who participated in the protection of children at the community level. The rationale behind the gender and roles distinction was to ensure a safe space for the discussion of sensitive topics such as food insecurity, stigmatization, and protection concerns at the community level.

3.5. Data Collection Methods

Four complementary data collection methods were used to enhance the depth and credibility of findings.

3.5.1. Interviews

Initially, semi-structured in-depth interviews were carried out with all the 25 respondents selected for the study using purposive sampling method. Open-ended questions were designed in an interview guide in order to explore four thematic areas including; the type of programs that were being offered prior to the cutback, effects of withdrawing funding on education, nutrition, protection, and psychosocial wellbeing of children, coping strategies adopted by the affected individuals due to the cutback and ways of sustaining child welfare in an environment devoid of foreign aid. Interviews were carried out for a duration of 40-60 minutes each and recorded on tape with permission from the interviewees. Interviews with caregivers were conducted in Shona language to ensure proper expression and comprehension while those with service providers and key informants were carried out in English language which is the mode of communication in professional practice.

3.5.2. Focus Group Discussions

Secondly, focus group discussions were conducted to obtain group-based perspectives and stories. The focus group discussions were held using vignettes which reflected realistic instances of loss of services and community mapping to enable participants identify changes in the child welfare system in the locality without revealing any information about the children. Each FGD was conducted for 60-90 minutes and led by the researcher with the help of a local research assistant who could speak Shona..

3.5.3. Document Review

Thirdly, the review of relevant documents was carried out in order to triangulate data collected during the first two stages and to develop a timeline of services provided both before and after the funding cuts in 2025. Relevant documents included NGO reports, reports and evaluations on projects, school attendance and dropout records, health center growth monitoring and nutritional records, and meeting minutes of the Ward 3 Child Protection Committee from 2023 to 2026..

3.5.4. Observations

Fourth, the method of non-participant observation was employed at the sites of former projects in order to observe the material and spatial impacts of withdrawal. The researcher visited school feeding locations that have now shut down, early childhood development facilities that are no longer active, and child-friendly spaces that have been inactive since donor-funded programs ceased. Field notes were taken to assess the condition of infrastructural facilities, levels of service delivery, and any conversations taking place at the sites observed. The use of observation provided an opportunity to examine visible impacts rather than relying only on perception.

3.6. Data Analysis

Transcription was done for all interviews and FGDs and was verbatim in nature. Transcripts of Shona interviews were translated into English, with back-translations performed on a random sample of selected excerpts to verify translation accuracy. Analysis of qualitative data

employed thematic analysis according to the guidelines provided by Braun and Clarke (2006). Thematic analysis was conducted using six steps. The initial step involved familiarization with data through repeated reading and rereading of transcripts as well as listening to audio files to achieve deep immersion in data. The second step entailed coding, wherein line-by-line coding of data in both Shona and English languages was done manually to be closer to the language used by participants. Stage three was code grouping and theme development, where codes were grouped into wider categories such as "visibility loss of vulnerable children," "temporal violence due to sudden withdrawal," "revitalizing of zunde ramambo and other community safety net systems," and "political reconfiguration of child welfare issues." In stage four, themes were analyzed alongside the coded data and the whole data set. In stage five, themes were defined and named, where clear definitions of the themes emerged analytically. Stage six is the production of the report, whereby themes will be presented through thick descriptions, backed by verbatim quotes. NVivo 14 software has been utilized for database management, memo management, and the audit trail process; however, coding of data remains manual for analysis purposes.

3.7. Trustworthiness

Trustworthiness was sought using Lincoln & Guba's (1985) standards for qualitative research. The credibility of the study was improved through prolonged engagement in Karoi Ward 3 for three months to develop rapport and understanding of the setting. Triangulation was employed as an aspect of methodological triangulation where the researcher employed interviews, FGDs, document analysis, and participant observation to validate the findings. Five participants were involved in member checks whereby they were provided with summaries of their transcriptions and interpretation to verify that they were accurate representations of their experiences. Transferability was achieved through the provision of thick descriptions about the research site, participant characteristics, and process of withdrawing funding. Dependability was assured by maintaining a comprehensive audit trail that included audio recordings, verbatim transcripts, code categories and memos, and reflective journal of methodology-related issues. Conformability was assured through reflexivity where the researcher identified herself as an external academic not linked to any NGO directly implementing the withdrawal process. Peer debriefing was done by two expert qualitative researchers who verified the coding decisions made during data analysis.

3.8. Ethical considerations

Ethical clearance for conducting the study was obtained from the University, Mashonaland West Province Research Ethics Committee, as well as the Ministry of Public Service, Labour and Social Welfare. Entry into the community was facilitated by obtaining permission from the Ward Councilor and traditional leaders from Ward 3. Written consent was obtained from all adult participants upon explaining the objective of the research and giving an explanation on voluntary participation, anonymity, confidentiality, and withdrawal rights without facing any adverse consequences. In cases where some of the participants had poor literacy skills, verbal consent was recorded in Shona, after having the information regarding the research read out loud. Although children were not to be interviewed individually, any mention of a particular child was anonymized. To uphold the rule of confidentiality, the data obtained was stored using passwords and pseudonyms were used for anonymity. Non-maleficence was achieved by framing the questions in such a way that they did not cause further trauma and by terminating interviews that led to distress. A referral list containing contacts for counseling, social welfare, and child protection services was provided to all participants. No material incentives were offered that could compromise voluntariness. At the conclusion of the study, a community feedback meeting will be held to share key findings with participants and stakeholders in a format accessible to the community.

3.9. Chapter Summary

This chapter presented the qualitative methodology used to assess the impact of donor funding withdrawal on OVC programmes in Karoi Ward 3. The study adopted a qualitative exploratory case study design, which was suitable because it allowed the researcher to explore the experiences, views, and perceptions of caregivers, service providers, and community stakeholders affected by the withdrawal of donor support. The chapter also discussed the study area, target population, sampling techniques, data collection methods, data analysis procedures, trustworthiness, and ethical considerations.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0. Introduction

This chapter presents and discusses the findings from key informant interviews and focus group discussions conducted in Karoi Ward 3 on the impact of sudden donor funding withdrawal on vulnerable children programs. Data were collected from 3 groups: NGO managers/staff, government officials, and community leaders through KII, and from caregivers and older OVCs aged 15-17 through FGDs. The presentation is organized by the study objectives and triangulated across respondent groups to enhance validity.

4.1. Demographic Profiling

This section presents the demographic characteristics of the respondents who participated in the study. The demographic profile is important because it helps to show the different groups that provided information on the impact of donor funding withdrawal on OVC programmes in Karoi Ward 3. The respondents included NGO staff, government officials, community leaders, caregivers, and older OVCs aged 15–17 years. The profile is presented according to gender, age group, and highest level of education.

Table 4.1: presents the gender distribution of respondents who participated in the study (n= 25)

Category	Male	Female	Total
NGO Staff	2	2	4
Government Officials	2	1	3
Community Leaders	3	0	3
Caregivers	1	7	8
Older OVCs 15-17 yrs	4	3	7
Total	12	13	25

The gender distribution is most pronounced among caregivers, where 7 of the 8 respondents were female. This is in line with the observation in the annotated table that the mother and grandmother were the main care givers in ward three. The gender balance in care giving had an impact on the results observed earlier in the paper as far as the burden of piece work, lack of time to take care of the children, and mental stress was concerned. In contrast to this, the community leaders who were all males, totaling 3 individuals with no females in this regard, constituted community leadership. However, there was a more even gender balance among NGO workers where 2 males and 2 females participated as well as 2 males and 1 female government official. The equal gender representation among NGO workers shows that the project involved both males and females in professional roles. With regard to older orphans aged between 15-17 years old, the total number of 4 males and 3 females took part in the program.

4.1.2: Respondents by Age Group

Table below gives the age group for respondents involved in the research (n = 25). From the table above, it can be seen that the sample was taken from respondents in various age groups where older OVCs were in the age group of 15–17 years while most adult respondents were aged 31–60 years.

Table 4.1.2: presents age group distribution of respondents who participated in the study.

Age Group	NGO Staff	Government	Community Leaders	Caregivers	Older OVCs	Total
15-17 years	0	0	0	0	7	7
18-30 years	1	0	0	2	0	3
31-45 years	2	1	0	4	0	7
46-60 years	1	2	2	2	0	7

60+ years	0	0	1	0	0	1
Total	4	3	3	8	7	25

Age distribution further clarifies the composition of the sample. All 7 older OVCs fell within the 15-17 age bracket, confirming that the study focused on adolescents who could provide informed accounts of their own experiences. Adult respondents clustered in the 31-60 age range, with 7 respondents in the 31-45 group and 7 in the 46-60 group. This age profile matches the typical profile of NGO program staff, government officials, and community leaders, who are usually mid-career or established community members. The small number of respondents aged 18-30, at 3, and the single respondent aged 60 and above, reflect the limited presence of young adults in formal roles and the relatively low number of elderly community leaders engaged in the program.

4.1.3: Respondent by highest education level.

The following is a table presenting the distribution of respondents according to their highest level of education. The purpose of this table is to show the educational background of the participants who took part in the study.

Table 4.1.3: presents the distribution of respondents by Highest Education Level.

Education Level	NGO Staff	Government Officials	Community Leaders	Caregivers	Older OVCs	Total
No Formal Education	0	0	0	1	0	1
Primary Level	0	0	1	3	2	6
Secondary Level	1	1	2	4	5	13
Tertiary Certificate/Diploma	2	2	0	0	0	4
Degree and Above	1	0	0	0	0	1

Total	4	3	3	8	7	25

Education levels showed a clear pattern by respondent category and gave background for the kind of information received from each. The educated categories in terms of education were NGO staff members and government officials, with two NGO staff members having certificates/diplomas and one with a university degree. Of the government officials, two had certificates/diplomas. These were the expected educational levels for people working in such positions. Community leaders had a higher level of education compared to caregivers and older OVCs, with all three community leaders having secondary education. Of the caregivers, four had secondary education, three had primary education, while one did not have any formal education. Similarly, five of the OVCs had secondary education, two had primary education. The low levels of education among older OVCs were caused by interruptions in their education due to poverty.

Overall, then, there is interpretive value associated with the patterns that have been noted regarding the data collected for this project. First, the fact that there was such an overwhelming number of women as care providers means that the accounts of coping within the household can be understood in terms of the experiences of the women who directly suffered as a result of loss of services. The concentration of NGO workers and government officials having tertiary education increases our certainty about the validity of the technical accounts of the handover process. Finally, the fact that all the OVC respondents were adolescents made it possible to understand how the withdrawal impacted their education, health, and safety.

Regarding representation, while the sample may not be considered statistically representative of the entire ward, it does represent all of the main actors involved within the OVC system – namely, implementers, duty bearers, community leaders, care givers, and the beneficiaries themselves. This correlation between role and demographic information serves to enhance the validity of the themes identified within sections 4.3 and 4.4. As seen above, these results come from the firsthand experiences of the individuals impacted by the donor withdrawal, as well as from those in positions of managing such an experience.

4.1.4: Focus Group Discussions

The following tables presents, two focus group discussions were conducted in Karoi Ward 3 to assess how the sudden withdrawal of donor funding affected programs supporting vulnerable children. Each group had 8 participants to allow for diverse perspectives while keeping the discussion manageable. Group A focused on caregivers, elders, and community members who experienced the impact indirectly through changes in household welfare and community support. Group B included program staff, volunteers, and adolescent beneficiaries who had direct involvement with the programs before and after funding stopped

Table 4.1.4: Focus Group A – Caregivers & Community Members (n=8)

Role	Age	Gender	Relationship to Program
Caregiver	38	Female	Guardian of 2 children in feeding program
Caregiver	45	Female	Guardian of 1 orphaned child
Community Elder	62	Male	Church elder, supports vulnerable families
Youth Leader	26	Male	Runs after-school homework support
Caregiver	33	Female	Single mother, child in school support program
Village Health Worker	41	Female	Links families to health services
Caregiver	50	Male	Grandfather caring for 3 grandchildren
Local Shop Owner	36	Female	Donates food when possible, observes changes

Table 4.5.Focus Group B – Program Staff & Adolescents (n=8)

Role	Age	Gender	Relationship to Program
Program Coordinator	34	Female	Managed day-to-day operations
Volunteer Teacher	29	Female	Provided literacy support
Adolescent Beneficiary	16	Male	Attended life skills training
Adolescent Beneficiary	15	Female	Received school fees support
Child Protection Officer	37	Male	Monitored child welfare cases
Cook/Caregiver	44	Female	Prepared meals for feeding program
Adolescent Beneficiary	17	Male	Former beneficiary, now peer mentor
School Teacher	42	Female	Noted changes in student attendance

Discussions were guided by open-ended questions on changes in food provision, school attendance, psychosocial support, and community coping mechanisms. Both groups reported that the most immediate impact was the halt of the daily feeding program. Caregivers in Group A noted that children were coming to school hungry, leading to reduced concentration and increased absenteeism. Several grandparents talked about the need to eat less themselves to provide for the children. Among participants in Group B, staff and adolescents noted the breakdown of organized activities like homework sessions and life skills classes. Adolescents felt a sense of loss because the project had been like a refuge away from the home environment. According to the coordinator and the volunteer teacher, children who did not have any transport facilities or material help withdrew from the project altogether. Both groups felt that community coping mechanisms could not replace the donor-financed project.

4.2. Services Affected by Funding Withdrawal

4.2.1. Services Provided Prior to Withdrawal

Before the withdrawal of donor funds, NGOs working in Karoi Ward 3 had established a package of integrated service provision which served as the main form of social protection offered to vulnerable orphans and children in the ward. These services included provisions relating to educational, health/nutritional, psychosocial, and material needs. The integration of the program services ensured that one intervention could take care of various aspects of vulnerability simultaneously, thereby making sure that the child did not slip through any of the gaps created by sector-specific interventions. Service delivery was done directly at the household and school levels through home visits and referral systems. For many families, these services were not supplementary but necessary for their child's enrolment in school and adherence to health and nutritional requirements. The importance of such services can be seen from the responses of the interviewees. One NGO program manager stated,

> *Takanga tine vana 180 pa case load yedu. Mwedzi wega wega taiita kugovera chikafu, taibhadhara mari dzechikoro dzevana 95, uye taitungamira makirabhu matatu ekudzivirira vana. "We had 180 children on the case load. Every month we did food distribution, paid fees for 95 children, and ran 3 child protection clubs."*

A case worker added,

> *Basa redu raiva rekuona kuti hapana mwana akashaya mishonga yeARV nekuda kwekushaya mari yerwendo kana chikafu. Taipa mavhouchera uye taitevera mamiriro avo vhiki nevhiki."Our job was to make sure no child missed ARVs because of transport or food. We gave vouchers and followed up every week."*

From the caregiver perspective, the support was described in concrete terms:

> *Sangano raibhadhara mari dzechikoro dzemwana wangu uye raitipa hupfu hwechibage. Kana rubatsiro irworwo rwapera, mwana wangu akagara pamba uye isu taidya sadza nemiriwo chete."The NGO paid my child's fees and gave us mealie-meal. When that stopped, my child stayed home and we ate sadza with vegetables only."*

These quotes show that the program operated across three critical domains: education access, health adherence, and household food security. The language used by respondents emphasizes

regularity and coverage, suggesting that the services were structured, predictable, and relied upon as part of household planning.

On an interpretive level, the statements show that NGOs were filling the structural voids arising due to state incapability in wards. Such a service package was not a one-off delivery but entailed case management and follow-up services, which required staffing and transportation logistics. In essence, this level of service provided enough cushion for families to keep their children in schools, attend clinics, and provide nutrition while saving on limited cash flow from spending on more necessities. However, relying on a singular external actor to provide such a level of service placed the provision of child welfare at the mercy of the organization, leaving the institution's processes out of the picture. As the following quotes from caregivers demonstrate, the impact was immediate in the absence of the service delivery. These results are in line with existing literature on the role of donor-sponsored OVC interventions in Zimbabwe and Southern Africa. According to Foster (2019), as well as UNICEF (2022), in cases where there is insufficient social protection from the government, NGOs had traditionally offered a package of services including fees, food, and health services. Likewise, Chikadzi and Hodzi (2021) found out that fee payment and food provision are the first elements that break down after the cessation of donor aid in Zimbabwe, indicating that these services are particularly expensive and cannot be effectively absorbed into the community level infrastructure.

From the viewpoint of Resource Dependence Theory (Pfeffer and Salancik, 1978), the picture becomes clear. According to the theory, organizations rely on external agents to receive vital resources, and their survival depends on this dependence. In the current case, it may be said that households have become dependent on donor-funded NGOs for resources required to ensure their survival and healthy development. This dependency has made it possible for the organization to gain leverage over the outcomes in the lives of these households, but it was also vulnerable in the sense that the resources came from outside the locality and could not be replenished from there. It is obvious from the quotations and description of services rendered by the NGO that people have adapted to this resource inflow from the NGO side. The theory offers an explanation to the disruption caused by the withdrawal of funding: when the external resource was cut off, the household did not have other means to take care of themselves, and their dependence on donor-based sources was so profound that it made the former effective but also fragile..

4.2.2. Services Discontinued and Reduced

As a consequence of donor withdrawal, there were drastic cuts in services from NGOs operating in Karoi Ward 3. The drastic measures included total cut-off of the costliest aspects of their work, as well as reduced involvement in others that required recurring expenditures. The cut-offs were implemented using a triage approach, with child protection services being prioritized. On the other hand, educational assistance, nutritional support, as well as supplementary psychosocial counseling services, were completely cut off or delivered by volunteer staff instead of paid professionals. The services affected were the ones that required continuous inflow of funds, means of transport, as well as commodity procurement. All these were beyond the capability of local organizations. As it can be seen from the statements of respondents,

Takachengeta nyaya dzekudzivirira vana dzinodiwa nemutemo pekutanga. Zvimwe zvese takazvimisa. Hauzokwanisi kuramba uchibhadhara mari dzechikoro kana usina mari yekubhadhara mihoro. "We kept statutory child protection cases first. Everything else we cut. You cannot keep paying fees when you have no money for salaries."

A case worker explained the practical impact:

Mari dzechikoro dzakamira zvachose muna Chikumi. Takamisawo kugovera chikafu nekupa chekufambisa kuenda kukiriniki. Zvino tave kungoshanyira nyaya dzine njodzi huru kamwe chete pamwedzi. "School fees stopped completely in June. We also stopped food distribution and clinic transport. Now we only visit the high-risk cases once a month."

A caregiver reinforced this from the household side:

Mwana wangu akadzingwa kuchikoro nekuda kwemari yechikoro uye pakanga pasina munhu wekufonera. Pasuru yechikafu yakamirawo. Takanzwa kuti sangano rakanga risisina mari. "My child was sent home for fees and there was no one to call. The food parcel also stopped. We heard the NGO had no money anymore."

The above statements suggest that there was significant contraction in education, nutrition, and health as well as a decline in case management to the minimum statutory requirements. From an interpretive perspective, the data collected indicates that what was considered when deciding what should be cut was purely based on practicality and feasibility and not necessarily the

needs of the children involved. Fees at schools, food baskets, and transport were the first areas of budget cut, since they were the most recurrent expenditures and could only be done through the help of volunteers. Psychosocial clubs were also cut down to their minimum due to the fact that they required mostly time and not money. There is an indication that once the external funding ceased, the project went back to being strictly child protection work as required by the Department of Social Development. For families, it resulted in an instantaneous lack of certainty regarding meeting educational and food requirements, requiring them either to shift scarce resources around or withdraw children from schools. This research result is supported by other studies on donor withdrawal and service sustainability in resource-poor regions. As stated in Chikadzi & Hodzi (2021), the two most critical components that become unsustainable soon after donor withdrawal in Zimbabwean OVC programs include fee payment and food distribution because of their costly nature and the need for donated commodities. According to UNICEF (2022), the components of integrated OVC support services that become unsustainable soon after the end of financial support include all but the psychosocial aspects of care which continue only if there are volunteers willing to undertake such activities.

Under Resource Dependence Theory (Pfeffer and Salancik, 1978), the discontinuation of the services results from the inherent structural weakness of dependency on one external resource provider. According to the theory, if an organization's vital resources are dependent on an external actor, the organization's capacity is constrained by the continued supply of that resource. In the case of Ward 3, where NGOs could not provide services that were not part of the core business anymore due to lack of donor funding, since there was no other source for revenue generation, property accumulation, or organizational linkages available for the continuation of services. Prioritization of statutory cases by the organization could thus be seen as an effort to conform to another actor who held a similar legal responsibility but operated with limited state funds, and thus the risk of dependency was minimized.

4.2.3. Number of Children Affected

The withdrawal of donor funding at Karoi Ward 3 meant that a direct consequence was a withdrawal of support for a large number of orphans and vulnerable children. Based on records maintained by NGOs, it was estimated that approximately 160 to 200 children were affected per agency based on the cessation of funding for basic services. It was hard to establish an exact figure after the funding withdrew since there was a complete breakdown in the systems after the withdrawal of funding and layoff of case workers. From the responses obtained, the

children had been moving around, dropping out of schools or being taken care of in larger families where the agency and the department of social development could not have been notified. However, community leaders and child caretakers confirmed that there were more visibly vulnerable children than before. The following is an example of a statement by an NGO program manager:

> *Pamberi pekubva kwesangano taiva nevana 180. Mushure mekunge mari yamira, takangokwanisa kuchengetedza vana 30 chete pa nyaya dzekudzivirira vana. Vamwe vese taifanira kuvhara mafaera avo. "Before exit we had 180 children. After funding stopped, we could only maintain 30 for child protection. The rest we had to close."*

A government official from DSD added,

> *Vakatipira nyaya 50, asi isu tine mukuru mumwe chete padunhu rose. Vamwe vana vazhinji hatina kana zvinyorwa zvavo. "They handed over 50 cases to us, but we have one officer for the whole ward. Most of the other children we have no record of."*

A caregiver confirmed the gap at household level:

> *Mumugwagwa uno chete, vana vashanu vepaimba yevavakidzani vangu neyangu vaiva parunyoro rwesangano. Zvino hapana kana mumwe wedu ari kuwana chinhu. "In this street alone, five children from my neighbor's house and mine were on the NGO list. Now none of us get anything."*

These figures give an insight into the number of cases involved and the failure of continuity when the structure of assistance ended. The figures indicate that the initiative had succeeded in addressing a considerable number of vulnerable children, making the termination shocking news to the local child protection system. From a data interpretation perspective, the information suggests that there is a need to deal with the twin issues of coverage and tracking. Although the organizations had succeeded in identifying a considerable number of children through school and household visits, failure to have an integrated system with the DSD meant that it would not be possible to transfer responsibility in an effective manner. The figure of only 30 from 180 active cases means that only statutory cases of child protection remained, while other children requiring education, food, and psychosocial care became non-issues in the official structure. For households, it implied lack of clarity on the responsibility to help children and also no way forward for getting back into the system. The results conform to the findings

in the existing literature regarding the impacts of sudden departure of the funding organization in OVC interventions. As stated by Foster (2019), and Chikadzi & Hodzi (2021), in Zimbabwe, almost all the beneficiaries lose their access to services after funding ceases due to poor handover systems. The failure to record and report cases effectively between NGO and government is highlighted by UNICEF (2022) as one of the reasons why this phenomenon is underreported. In this case, Karoi Ward 3 exemplifies such results.

From the lens of the Resource Dependence Theory (Pfeffer and Salancik, 1978), the exit of children from the system can be interpreted as the result of single source resource dependence. According to RDT, if important resources are controlled outside, the sustainability of the organization is directly dependent upon such resources. In the present scenario, since the ability of the NGOs to provide services to 160-200 children was dependent on donor funds, and as soon as the funds dried up, there were no internal resources, mandate, or mechanisms to carry on with the work. In accordance with the RDT, DSD was unable to take in the cases as it did not have enough financial and human resources as they were provided externally by the NGO.

4.3 Socio-Economic Effects on Children and Households

4.3.1 Effects on Children

Effects of withdrawal of donor funding from the area of Karoi Ward 3 in respect to the well-being of OVCs were evident and clear in terms of impacts in such aspects as education, health, nutrition, and protection of OVCs. In a period between three to six months after the withdrawal, interviewees reported that more children were dropping out of schools, ART and clinic visits were disrupted, meals became fewer, and there was an increase in neglect as well as early marriages amongst young girls. These effects were more experienced by those children who were wholly depending on the services provided by NGOs to enable them go to school, travel to and from school, as well as supplement their feeding, and did not have any other source of help after the termination of the NGO program. These impacts occurred quite suddenly. An OVC described the situation as follows:

Ndakasiya Fomu 3 muna Chikumi nekuti pakanga pasisina mari yechikoro. Zvino ndiri kuita mabasa enguva pfupi kumusika. "I stopped Form 3 in June because there was no fees. Now I do piece jobs at the market."

A caregiver noted,

> *Mwana wangu anoshaya mazuva ekuenda kukiriniki nekuti hapana mari yerwendo rwebhazi. Kare, sangano raitipa mavhouchera ekufambisa. "My child misses clinic days because there is no money for bus fare. Before, the NGO gave us transport vouchers."*

A church leader observed,

> *Kubva sangano rabva, takaona vasikana vakawanda vane makore 15 kusvika 17 vachiroorwa vachiri vadiki. Vabereki vanoti havachakwanisi kuvachengeta pamba. "Since the NGO left, we have seen more girls aged 15 to 17 getting married early. Parents say they cannot afford to keep them at home."*

Collectively, these quotations reveal a transition from structured assistance to crisis management at the level of the home, wherein the very survival tactics employed threatened children's education, health, and security. In terms of interpretation, the data reveal that not only was the deprivation of services not felt uniformly in a child's life, but also that there was a cascade effect between them. The lack of ability to pay for fees meant school dropouts and time spent doing piece jobs and vulnerability to abuse and child marriage. Disruptions to the schedule of clinic attendance and medication adherence created the likelihood of adherence failure among those children that needed NGO transport and feeding assistance to do so effectively. This trend reveals that whenever the bundle of services breaks down, problems arise in one area, and soon enough spread to other areas as well, further complicating the vulnerability of the beneficiaries. This is in line with research on the effects of donor pullout from OVCs' projects in Sub-Saharan Africa. According to Chikadzi and Hodzi (2021), there are also cases where NGOs' pull-out resulted in high levels of school dropout, failure to take their antiretroviral drugs by AIDS-afflicted children, and increase in child marriages. Moreover, Foster (2019) says that in the absence of ongoing fee payment and provision of food assistance, families will have no option but to focus first on basic survival needs rather than education and healthcare services; thus negatively affecting child development outcomes.

With respect to Resource Dependence Theory, the impacts on children can be seen to demonstrate the impact of dependence on outside resources at the household level. According to RDT, when a necessary resource is controlled by some external entity, the functionality of the dependent entity is wholly contingent upon the constant supply of this resource. In the case of Ward 3, children relied on NGO money for their access to education, healthcare, and

nutrition, and households had already adapted their means of survival to take into account such a resource supply. The moment this resource was withheld, households had nowhere else to go, and the effect fell directly on the children.

4.3.2. Effects on Caregivers and Households

The withdrawal of funding from the NGO donors in Karoi Ward 3 resulted in increased pressure in terms of economics and care taking from the households which were relying on NGOs to take care of the basic requirements of the children orphaned due to the HIV/AIDS pandemic. Caregivers expressed the increasing hardships, including financial pressure, reduced time for child caring, and the use of risky coping measures due to the withdrawal of services related to food provision, fee provision, and transportation. The impact was much higher on women, as most of the caregivers sampled were females, and also in child-headed households without any income source. Life moved from a planned approach to coping in crises, putting life before any other priority, such as education and health. The pressure experienced is clear from the comments made by respondents. As one caregiver put it,

> *Kubva sangano rabva, zuva rakaoma kwazvo raiva apo mwana wangu akadzingwa kuchikoro uye ini ndakanga ndisina chinhu chekutengesa. Ndakachema husiku hwese. "Since the NGO left, the hardest day was when my child was sent home from school and I had nothing to sell. I cried the whole night."*

Another explained,

> *Zvino ndiri kuita mabasa enguva pfupi kumusika ndosiya vana vari voga. Kana ndikasenda, hatidyi. "I now do piece jobs at the market and leave the children alone. If I don't go, we don't eat."*

A community leader added,

> *Vanhu vari kukwereta kumapoka emukando vachitadza kudzosera. Vamwe vatotengesa magumbeze nemidziyo yekubikira kuti vatenge hupfu hwechibage. "People are borrowing from mukando groups and failing to pay back. Some have sold blankets and kitchen utensils just to buy mealie-meal."*

The above quotations demonstrate how families resorted to the use of unsustainable mechanisms which undermined their material as well as caregiving capacities. In terms of interpreting the results, it is clear that apart from reducing the in-kind income of the households,

the withdrawal of social support led to changes in terms of how family members allocated their time and resources. Women, who once enjoyed spare time to take care of their young ones at home, had to venture into piecework and vending, thereby leaving behind younger siblings unattended. The process of borrowing money from mukando groups and selling off property created a vicious cycle of debts and impoverishment, further hampering the coping capabilities of the household. Moreover, the emotional distress experienced by the women reveals how the consequences of this withdrawal exceeded material shortages. These results coincide with the scholarly studies conducted on the coping strategies undertaken by households once the donor leaves the low-income setting. The study done by Chikadzi and Hodzi (2021) illustrates that caregivers in Zimbabwe return to distress sales, informal lending, and cutting back on time spent in caring for their children when NGO funding is pulled out. This happens especially when women shoulder the biggest responsibility. In a similar light, Foster (2019) reveals that the withdrawal of the OVC package forces families to move from investment to survival mode in order to survive.

Based on the analysis using Resource Dependence Theory (RDT) (Pfeffer and Salancik, 1978), the effects felt by caregivers and families have to do with their vulnerability due to their dependency on an external flow of resource. The theory posits that dependence leads to lack of autonomy and higher vulnerability to any disruption as a consequence of the withdrawal of the resource by the provider. The fact is that in Ward 3, the strategy of survival adopted by households was built on the help provided by NGOs, which meant that once they were withdrawn, there was no other source of income, savings, or institutional help available. Therefore, it becomes evident how the lack of alternatives prevented caregivers from substituting the service, since the resources available to them did not compensate for fees, food, and transportation.

4.3.3. Differential Impact

The impacts of donor withdrawal from Karoi Ward 3 have been experienced differently by various categories of children and their families. HIV/AIDS positive children, children with disabilities, and children in child-headed households are the categories of children who are said to suffer most from the withdrawal of NGO funding. These children had come to rely most on

transport services, food supplements, and case management from NGOs, and thus had few coping mechanisms once NGOs withdrew from providing such assistance. Able-bodied households that had alternative means of earning money such as informal employment could cope with the shock relatively well, while the vulnerable households saw an almost immediate negative impact on their wellbeing. It becomes clear from this scenario that vulnerable households stand to be exposed most to the consequences of a bundled service failure. This differential effect is also captured by the respondents' answers. A DSD official observed,

> *Vachiri kuyaruka vane HIV vari kurega kunwa mishonga nekuti hapana mari yekufambisa uye hapana chikafu chekunwa nemishonga yeARV. Ndivo vanotanga kusiya kurapwa. "The HIV-positive adolescents are defaulting because there is no transport and no food to take with ARVs. They are the first to drop off."*

A caregiver of a child with a disability explained,

> *Mwana wangu haakwanisi kufamba kuenda kukiriniki. Kare, sangano raitipa mari yekufambisa. Zvino tinongogara pamba totomirira. "My child cannot walk to the clinic. Before, the NGO gave us transport. Now we stay at home and wait."*

A church leader added,

> *Mhuri dzinotungamirwa nevana dziri kutambura zvakanyanya. Mukuru wacho anofanira kuenda kunotsvaga mabasa enguva pfupi, vadiki vacho vosiiwa voga kana kutumirwa kuhama. "The child-headed households are struggling the most. The older child has to look for piece jobs, and the younger ones are left alone or sent to relatives."*

The above quotations highlight that vulnerability was worsened where the vulnerability arose either from having a particular illness or disability for a child or where there were specific characteristics about the household structure, thus reducing their ability to substitute the NGO with their own effort. The above observations indicate that differentially vulnerable groups had vulnerabilities that were affected not only by the type of vulnerability but also by the unavailability of substitutability. The children who tested HIV-positive or those with disabilities needed special attention, which involved costs, timely intervention, and also external input in terms of transportation and nutrition. In the case of child-headed households, there was no adult to shift their effort into the labour force and bargain with school and health facilities. It is important to note that there is now a stratified set of outcomes wherein the most

vulnerable faced not only service loss but a worsening of their health status, protection, and nutrition levels. The above results resonate with literature about the distributive impact of donor withdrawal from OVC programming. According to Chikadzi & Hodzi (2021), in Zimbabwe, children on ART treatment, disabled children, and orphans in CHH show the greatest drop in wellbeing after the donor withdrawal since they are highly dependent on services offered by donors. As Foster (2019) asserts, such children hardly benefit from any coping strategy because their unique needs demand specific interventions that informal networks cannot provide. UNICEF (2022) further asserts that donor withdrawal makes inequality more prevalent among OVCs without safety net mechanisms.

In the context of Resource Dependence Theory (Pfeffer and Salancik, 1978), the differential effect is due to differences in dependence and substitutability among different types of households. According to RDT, actors who have less ability to access other resources in case of withdrawal will be most vulnerable. Children infected with HIV, children living with disabilities, and child-headed families in Ward 3 had the highest dependence on NGO support, as well as the lowest ability to substitute their services internally. The explanation behind the vulnerability of these three groups lies in the fact that the necessary resources were specialized and expensive and thus could not be substituted internally. This is because of which the withdrawal did not create an equal impact on everyone but rather made already existing disparities worse, proving that dependence on external resources makes those with the least resources the most vulnerable.

4.4. Coping Mechanisms and Sustainability Options

4.4.1. NGO and Government Responses

In the wake of the withdrawal of donor funds, both the NGOs and the government authorities in Karoi Ward 3 sought to remedy the service gap by handing over partial responsibility for some clients and working together on an ad-hoc basis. The NGOs sought to hand over active cases to the Department of Social Development as well as to the ward councilor, whereas the government authorities took responsibility only for those cases mandated to them under the law. As no exit strategy had been prepared before the withdrawal of services, and given the financial constraints of the government sector, most children needing educational, nutritional, and health care remained without any provider for these services. This limited the scope of the response to the provision of protection services alone, leaving the wider array of developmental

services provided earlier lacking. The limited scope of these responses was echoed in the respondents' statements. According to an NGO manager,

> *Takapa DSD nyaya dzinodarika makumi mashanu. Ivo vane mushandi mumwe chete kudunhu rose. Hapana chakafamba shure kwaizvozvo. "We handed over 50 cases to DSD. They only have one officer for the whole ward. Nothing moved after that."*

A government official confirmed,

> *Takatora nyaya dzekudzivirira vana, asi hatikwanisi kubhadhara mari yechikoro kana kupa chikafu. Bhajeti redu haribvumiri izvozvo. "We took the child protection cases, but we cannot pay school fees or give food. Our budget does not allow it."*

A community leader observed,

> *Sangano rakasiya runyoro, asi pakanga pasina mari yaro. Kanzuru haina mari yekuenderera mberi nazvo. "The NGO left a list, but there was no money behind it. The council has no funds to continue."*

Clearly, even when formal handover meetings took place, it was not complemented by any resource allocation, budgeting, or staffing, which turned it into mere administration rather than transition. Analytically, these responses point to the fact that neither NGO nor government had the capacity to finance service delivery without external funding, and hence the former tried to make a handover as a matter of reaction, while the latter had its hands tied up by its mandate and budget allocation. In essence, this scenario meant that the exit of the program did not stimulate the state to respond to the situation but left each responsible party helpless. As far as households were concerned, only the services that fell within the mandate of the government were continued, while developmental activities stopped completely. Indeed, the results obtained coincide with what is described in the academic literature related to handover and transition processes in Zimbabwe. According to Chikadzi and Hodzi (2021), in Zimbabwe NGOs do not have success in handing over programs to DSD because of a mismatch between the mandates of both organizations and unfunded mandates for DSD. Foster (2019) notes that without a phased exit and capacity-building component, NGO-to-government transitions rarely sustain non-core services such as fee payment and nutrition. UNICEF (2022) similarly reports that transition planning is often absent in OVC programs, leading to rapid fragmentation once donor funding ends.

In applying the theory of resource dependence (Pfeffer and Salancik, 1978) in this situation, the poor response shown by the NGOs and the government is a result of dependence on external resources. According to the resource dependence theory, organizations mitigate dependence by securing alternative sources of resource inflows or formalizing arrangements that shift the locus of resource control in favor of the organization. This being the case, neither DSD nor the NGOs had any other sources of funding apart from the donor funds, therefore when they were withdrawn, both were incapable of sustaining services. The theory accounts for the poor outcome of the handover process as well because while DSD itself was reliant on the central government which was not financing services for the OVC development, the NGO had no resources left to supplement the process.

4.4.2. Community-Level Alternatives

Without the long-term involvement of the NGOs and government authorities, the people in Ward 3 of Karoi found ways of mitigating their loss due to donor organizations' exit from supporting orphans and vulnerable children. Some of the mitigation strategies used included revolving savings associations referred to locally as mukando, church assistance, home gardening, and dare. However, although the above measures proved useful, the respondents stated that they were unreliable, limited in size, and ineffective as substitutes for the comprehensive package of services that the NGOs had been providing in terms of education, healthcare, food, and counseling services. It can therefore be seen that the community response was just a temporary solution, which filled certain immediate gaps but could not provide continuous support for most children. The use of these measures is illustrated by one of the respondents who noted,

> *Tinoshandisa mukando kubhadhara mari yechikoro kana tikakwanisa, asi havasi vose vanoiwana panguva imwe chete. Mimwe mwedzi hapana chaunowana. "We use mukando for school fees when we can, but not everyone gets it at the same time. Some months you get nothing."*

A church leader stated,

> *Kereke yedu inopa magirosari echikafu nemayunifomu kuvana vanosvika gumi kusvika gumi nevashanu. Hazvikwani munhu wese, asi tinoedza. "Our church gives*

food parcels and uniforms to about 10 to 15 children. It is not enough for everyone, but we try."

A Sabhuku noted,

Kuburikidza nedare tinogadzirisa nyaya dzekuregeredza uye toona kuti vana havadzingwi pamba, asi hatina mari yekubhadhara mari yechikoro kana kutenga chikafu. "Through the dare we resolve cases of neglect and make sure children are not chased from home, but we have no money to pay fees or buy food."

From these statements, it is clear that while community actors emphasized the pressing needs for protection and basic needs provision, they were constrained in the process due to lack of resources. Recursively, this data reveals that there were alternative mechanisms that existed within communities based on reciprocity, charity, and social obligations. However, this approach was not viable since it did not have a resource base as well as effective coordination of its operations. While the Mukando groups relied on contributions from members, such contributions in turn suffered from general scarcity in the wake of NGO withdrawal. Church interventions, on the other hand, were limited by the capacity of churches and donations received by individual churches. Similarly, the traditional setup could influence protection policies, but did not have any way of raising funds to meet this objective. The results of this study are supported by literature about communities' reactions to donor exit in sub-Saharan Africa. According to Foster (2019) and Chikadzi & Hodzi (2021), the mukando system, churches, and kinship networks offer limited assistance after the exit of NGOs from the area, mainly focusing on families with previous connections. UNICEF (2022) states that even though communities are resilient, their systems are unable to cope with the magnitude of problems resulting from the breakdown of programs provided by donors, especially those involving specific assistance such as ARVs and people with disabilities.

According to the Resource Dependence Theory (RDT) by Pfeffer and Salancik, 1978, the community-based alternatives have revealed how difficult it is to substitute external flow of resources for locally owned resources. According to RDT, it is possible to reduce dependence on a resource only when alternative means of equivalent capacity and reliability are identified. In Ward 3, community actors were using small-scale, sporadic resources that could not equal the amount and the regularity of donor funding. According to RDT, the lack of alternatives was determined by the limited capacity of the resource endowment, which was internal to already stressed-out households and lacked means of pooling external resources. Thus, community

solutions managed to minimize vulnerability somewhat, but not to solve the problem of dependence.

4.4.3. Recommendations from Participants for Sustainability

Among all groups of respondents from Karoi Ward 3, three areas were highlighted for ensuring the future reduction in vulnerability to donor withdrawal. These included gradual exit with a handover plan being funded; enhancing local mobilization of resources, and livelihood enhancement initiatives for caregivers. It was noted that this was done out of recognition that donors could not withdraw their funding in a sudden manner due to the unsustainability of such a move and needed time to develop capacity at various levels prior to withdrawal. It was pointed out that while sustainability was not a matter of NGOs always being around, it was simply a matter of timing of their withdrawal.

> *Vatsigiri vanofanira kutsigira DSD nekanzuru kuti vawedzere simba mwedzi 12 vasati vabuda. Haugone kupa nyaya wotarisira kuti zvishande pasina mari nevashandi. "Donors should fund DSD and council capacity 12 months before exit. You cannot hand over cases and expect it to work without money and staff."*

A community leader suggested,

> *Tinoda kusimbisa mukando, kereke, uye kudyidzana nemabhizinesi muWard 3 kuitira kuti rubatsiro rurege kungobva kunze chete. "We need to strengthen mukando, church, and business partnerships in Ward 3 so that help does not only come from outside."*

A caregiver stated,

> *Kana mupi werubatsiro akadzoka mangwana, vanofanira kutanga vatsigira mapurojekiti ekutsvaga mari kwatiri. Kana tine mari, tinogona kuchengeta vana vedu kuchikoro isu pachedu. "If a donor came back tomorrow, they should fund income projects for us first. If we have money, we can keep our children in school ourselves."*

When combined, it can be seen that these quotes reveal that sustainability was defined by the participants as a synergy of institutional building, local resource mobilization, and household self-reliance. From an interpretive perspective, it is evident that the suggestions made by the participants took into account the limitations associated with external dependency and

community-level responses. In relation to the latter, a funded handover process accounted for the issue of capacity within the government, whereas local resource mobilization emphasized the role of already existing social structures in filling gaps that exist. Income generation activities for caregivers revealed an understanding of the core issue of dependency through empowerment by making the households self-sufficient when it comes to access to resources required for education, healthcare, and nutrition. This indicates that the problem identified by the participants was not related to the issue of lack of goodwill, but rather an imbalance between available resources and responsibility during the exit process. Chikadzi and Hodzi (2021) recommend integrating household economic strengthening into OVC programs to reduce long-term dependence on external aid. The Karoi Ward 3 recommendations therefore mirror established best practice, confirming that participants identified solutions consistent with evidence from comparable contexts.

Using Resource Dependence Theory, these recommendations serve as mechanisms of decreasing dependence while increasing the autonomy of the local actors. According to the theory, organizations and individuals may be able to decrease their vulnerability by relying on a diversity of resources, generating interdependence to share control, and developing their capabilities to take care of critical processes. The funding requirement for handover plans seeks to gain control of resources on the part of the government before the donors leave. Developing relationships among the mukando network, churches, and businesses will ensure that there is an alternative resource base locally. Creating income-generating projects will help households to become independent from other resource bases.

4.5. Discussion of Findings

The priority areas for reducing vulnerability in the event of donor pull-out as indicated by the respondents in all groups in Karoi Ward 3 were gradual pull-out with funding for an exit strategy, enhanced resource mobilization within the area, and income generation activities for caregivers. It became clear that the exit of donors would be too much to handle if done abruptly, hence the need for building capacity within government agencies, communities, and households before the withdrawal process. Sustainability was not seen as the replacement of NGO support forever; rather, it involved sequencing of the aid program until local bodies were ready to shoulder the responsibilities without interruption.

These recommendations' substance is reflected in the respondent's quotes. A manager in an NGO said, "When there is exit funding, donors should start funding capacity of DSD and

council 12 months prior to their exit date. You cannot simply give the cases to another office without money and manpower." Community members noted that "mukando, church and businesses need to be made stronger in Ward 3 because help is supposed to come from within." A caregiver said, "If a donor comes back to us tomorrow, they should first fund income-generating projects to us so that if we have money, we can send our kids to school on our own".

Interpreted from an interpretive lens, the recommendations show that the participants were aware of the constraints involved in relying on external assistance as well as solely on the community response. A project that entailed funding for handing over responsibilities was designed to overcome the incapability of the government in terms of capacity. The resource mobilization from within the locality also shows how the participants realized the importance of social structures in filling any gaps. Initiatives related to income generation for caregivers were made because of the realization that the fundamental issue was not the absence of good will but resource mismatch.

The recommendations generated for this program are similar to what the literature suggests regarding sustainable exit strategies in the context of OVC programming. According to Foster (2019) and UNICEF (2022), gradual withdrawal along with capacity building and budget allocation to governments is important in reducing fragmentation of services. Chikadzi and Hodzi (2021) suggest including household economic strengthening in OVC projects as an approach to minimize dependency on outside assistance.

From the perspective of Resource Dependence Theory (Pfeffer and Salancik, 1978), these recommendations appear to be an attempt to decrease dependency and increase autonomy among local stakeholders. According to the theory, organizations and households have the opportunity to minimize their vulnerability through the process of diversification of resource sources, development of mutual dependencies that will shift the power structure, and creation of internal capacity for dealing with important functions. The idea of funded transition plans is connected with the need to transfer the control over resources into the hands of government agencies before donors leave the country. Increased cooperation between the mukando, church, and business communities appears to be another way of creating local resource pools.

4.6. Chapter Summary

Findings related to services impacted by donor withdrawal in Karoi Ward 3, socio-economic implications of such a phenomenon, and coping mechanisms adopted by local people have

been discussed in Chapter Four. Data collected from NGOs, the government, community leaders, caregivers, and OVCs suggest that there were gaps in services provided, which led to an increase in vulnerability, especially pertaining to education and health services.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.0. Introduction

The chapter summarizes and highlights implications that follow from the information provided by the findings of Chapter Four with regard to the consequences of donor money withdrawal on orphans and vulnerable children in Karoi Ward 3. First comes a description of main findings, followed by conclusions based on the answers to research questions posed. Recommendations for future policies, practices, and research are outlined at the end of the chapter. The conclusions are drawn from the empirical evidence obtained during the interviews with representatives of NGOs, the local government, community members, OVC caregivers, and older OVCs.

5.1. Summary of Findings

It was clear from the study that the loss of donor funding led to immediate and observable negative changes in the welfare of OVCs and their households. Up to 160-200 children per NGO were unable to continue using vital services offered by NGOs and only statutory child protection cases remained at the Department of Social Development post-withdrawal. These included increased school dropout rates, interruptions of ART and clinic attendance, fewer meals and early marriages among adolescent girls. The households resorted to distress sale of assets, borrowing and greater work pressure on caregivers, particularly women.

There was variation within the population in terms of how the withdrawal affected them. HIV-positive children, children with disabilities and child-headed households faced the most serious negative consequences as a result of their need for specific and expensive services that cannot be substituted easily. The interventions offered by NGOs and the government comprised partial transfers of cases without transferring resources and hence a restricted protection function excluding development. Community-based options like mukando, help from churches and traditional conflict resolution were available only occasionally and could not substitute formal service provision.

5.1.1. To identify the specific services and support systems that were affected by donor funding withdrawal in Karoi Ward 3

The pull-out negatively impacted the bundle of services being provided by NGOs. Among the lost core services were those associated with paying school fees, providing uniforms and educational material, providing food and nutrition, transporting children to health facilities, and providing psycho-social services. Also, the mechanisms for case management and referrals ceased when the data collection and case worker services provided by NGOs were ended. After pulling out, the Department of Social Development kept only the statutory cases of child protection, whereas no organization was responsible for education, health, nutrition, and economic services. The 160-200 children served by each NGO lost access to these services.

5.1.2. To evaluate the social and economic effects of reduced funding on the well-being of vulnerable children and their households

The consequences came fast and varied. On the child level, more cases of dropping out of school, interruption of ART and clinic visits, decreased food intake, and early marriages among adolescent girls were observed. On the household level, higher financial problems, lower levels of child care, and adoption of risky coping methods like selling possessions and borrowing from mukando were reported. Women caregivers and child-headed households were more vulnerable due to lack of adults who can generate income for them. Positive HIV status, disability, and child-headedness were the most affected due to their specific needs that couldn't be compensated through other household members' activities. Psychologically, the caregivers felt stressed, helpless, and unable to represent children in schools and health facilities.

5.1.3. To explore the local coping mechanisms and alternative sustainable strategies adopted by the community and local authorities

To address the gap in services, households and communities turned to informal safety nets in the form of mukando groups, assistance from churches, gardening within households, doing piece jobs, and settling disputes using the dare process. While these strategies offered intermittent relief, they were inconsistent, lacked scale, and could not substitute for the more formal service package. NGO and governmental interventions included partial case handing over to DSDs; however, the lack of budget, staff, and operational funds meant that these efforts contributed to an exclusive protective function. Conditions for sustainability proposed

by the participants included phasing out of services with funded handovers to governments, increased mobilization of local resources via community structures, and income generation projects for caregivers. The recommendations can be linked to Resource Dependence Theory in that dependence on one resource needs to be minimized by diversifying resource bases and building internal capacity.

5.2. Conclusions

Conclusions supported by the evidence include the following. First, high reach during the donor-funded programming is not synonymous with protection in the long run as soon as resources are taken away due to the lack of an identification system, case management and service delivery within governmental and communal structures. Second, reliance on only one source of external funding makes communities and individuals vulnerable in their own way, especially for those marginalized children who face more severe consequences of the end of donor funding. Third, informal safety nets in the community can be beneficial yet insufficient in the absence of well-established multi-sectoral services required by some categories of children.

Taking into account the concepts of Resource Dependence Theory, the conclusions reached can be explained easily from this perspective. The end of service provision in Ward 3 can be described not as a lack of good intentions but rather a structural failure in the sense of dependency on only one type of funding with no other sources available.

5.3. Recommendations

For Donors and NGOs

1. 1. Implement phased exit strategies with at least one-year transition periods which should include budget lines for capacity-building of the government and case transfer. Any handover without resource transfers is just an administrative exercise.

2. Incorporate household economic strengthening as a component of OVC interventions from the beginning. Caregiver income generating activities help avoid dependency and increase the chances that fees, transport, and nutrition will continue even after exiting the program.

3. Develop databases that are interoperable with the government. This way, a joint database system between NGOs and DSD ensures no loss of beneficiary information, thus enabling better responsibility transfer.

For Government

1. Ensure that funds set aside for the funding of non-statutory OVC programs within the DSD and local authority sectors are ring-fenced.

2. Work with existing community structures like the mukando groupings and churches by recognizing and giving small grants to these structures.

3. Increase the staffing levels within the ward levels to facilitate case management.

For Communities and Households

1. Scale and formalize local resource pooling mechanisms to increase predictability of support for school fees and emergency needs.

2. Engage caregivers in savings and income groups prior to donor exit to build buffers against service loss.

5.4. Areas for Further Research

Future research should look at the longer-term effects of the effects of donor withdrawal in the case of children beyond the 6-12 months discussed above, with a special focus on educational and health effects. Research conducted comparing the ability of various wards to cope after donors withdraw, depending on the capacity of institutions, would highlight the institutional aspects that contribute to resilience in the event of withdrawal.

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APPENDICES

INTERVIEW & FGD GUIDE

Study: Assessing the Impact of Sudden Donor Funding Withdrawal on Vulnerable Children Programs in Karoi Ward 3

KEY INFORMANT INTERVIEW GUIDE

For NGO Managers/Staff – Formerly Funded Programs

Objective 1 & 2: Services affected + Socio-economic effects

Section A: Background

1. What was your role in the vulnerable children program before funding stopped?

2. When exactly did donor funding stop? Was there warning?

Section B: Services Affected – Objective 1

3. Which specific services did your NGO provide to vulnerable children in Karoi Ward 3 before withdrawal?

Probe: Health, education, food, psychosocial, child protection

4. Which of these services stopped completely after funding withdrawal? Which were reduced?

5. How did you decide what to cut first? What criteria were used?

6. How many children/households lost services? Do you have numbers?

7. What happened to assets like vehicles, food stores, or safe spaces your program used?

Section C: Socio-economic Effects – Objective 2

8. From your records or observations, how has funding withdrawal affected children's:

a. School attendance and dropout?

b. Clinic/ART attendance?

c. Nutrition and number of meals?

d. Safety and cases of abuse/neglect?

9. How have caregivers/households been affected economically?

Probe: Income, debt, child labour, migration

10. Were some groups of children more affected than others? Probe: HIV+, disabled, child-headed

Section D: Coping & Sustainability – Objective 3

11. What did your NGO try to do to keep services running after funding stopped?

12. Did you hand over to DSD, Council, or community? How successful was that?

13. What local alternatives have you seen communities use to fill the gap?

14. In your opinion, what 3 things would help Karoi Ward 3 sustain vulnerable children programs without donors?

2.2 For Government Officials – DSD, Ministry of Health, Karoi Town Council

All Objectives

1. What role did DSD/Council play in vulnerable children programs before donor withdrawal?
2. Which services were most disrupted in Ward 3 when funding stopped? Probe: Statutory vs. NGO
3. How has the withdrawal affected your department's workload and budget?
4. What socio-economic changes have you observed in Ward 3 households with OVCs since withdrawal?
   Probe: School dropouts, clinic defaulters, street children
5. What coping mechanisms have communities adopted? Are they working?
6. What is government's plan to absorb or replace donor-funded services? Barriers?
7. What policy changes would help prevent this shock in future?

2.3 For Community Leaders – Councillor, Sabhuku, Church Leaders

Objective 2 & 3: Effects + Coping

1. How did you first hear that donor funding for children had stopped?
2. What changes have you seen in families with orphans/vulnerable children since then?
   Probe: Hunger, school, sickness, behaviour
3. What are families in your area doing to cope without NGO help?
   Probe: Mukando, piece jobs, sending children away, early marriage
4. What has the dare or church done to help affected children?
5. If a donor came back tomorrow, what should they fund first in Ward 3? Why?

FOCUS GROUP DISCUSSION GUIDE

FGD 1: Caregivers of Vulnerable Children – 6–8 participants

Theme 1: Services Lost – Objective 1

1. What help did you receive from NGOs for your children before funding stopped?
   List on flipchart: fees, food, clinic, blankets, counselling
2. Which of these stopped? Which reduced? How did you find out?
3. Of all the things that stopped, which hurt your household most? Why?

Theme 2: Socio-economic Effects – Objective 2

4. How has your child's life changed since the NGO left?
   Probe: School, health, food, happiness, behaviour
5. How has your household changed? Probe: Income, debt, meals, stress

6. Complete this sentence: “Since the NGO left, the hardest day for me was when…”

Theme 3: Coping & Alternatives – Objective 3

7. What are you doing now to replace the help you lost?
   Probe: Mukando, gardening, relatives, church, piece jobs, selling assets
8. Which of these coping strategies work? Which make life harder?
9. Who in Ward 3 is helping children now? Probe: DSD, church, sabhuku, neighbours
10. If you were councillor, what 2 things would you do to protect vulnerable children without donors?

FGD 2: Older OVCs aged 15–17 – 6–8 participants

Theme 1: Services Lost – Objective 1

1. What did the NGO help you with? Probe: School, food, clinic, clubs
2. What stopped? How did you feel when it stopped?

Theme 2: Effects on Your Life – Objective 2

3. How has your day changed since NGO support stopped?
   Probe: School, work, food, friends, clinic visits
4. Have you or friends had to drop out of school? Why?
5. How has your health been? Do you still get medicine?
6. What do you worry about most now?

Theme 3: Coping – Objective 3

7. What are young people in Ward 3 doing to survive without NGO help?
   Probe: Piece jobs, farming, vending, bad behaviours, migration
8. Who do you go to when you have a problem now?
9. If you could ask government for one thing to help youth like you, what would it be?

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SUSTAINABLE DEVELOPMENT DEPARTMENT

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BINDURA UNIVERSITY OF SCIENCE EDUCATION

CHAIRPERSON'S OFFICE

Friday, 17 October 2025

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: RESEARCH SUPPORT LETTER FOR SUSTAINABLE DEVELOPMENT STUDENT

This is to confirm that **MAZARURA ROSELYN** Registration Number **B222637B** is our fourth-year student doing Bachelor of Science (Honours) Degree in Development Studies (HBSc.DG) at Bindura University of Science Education in the Sustainable Development Department.

In the fourth-year, students are required to do field research which require them to do data collection for their research purposes from various sources as part of their degree programme.

Kindly accord him/her the due cooperation the student truly deserves.

Yours faithfully,

CHAIRMAN
GEOGRAPHY DEPARTMENT
FACULTY OF SCIENCE

Dr. J. Bowora (PhD)
(Chairperson)

Roselyn Mazarura

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