

Assessing the Efficacy of Drop-In Centres in Reducing the Vulnerability of Girl Children in Harare, Zimbabwe: A Case Study of Musasa Project

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ABSTRACT

The prevalence of child violence and abuse remains a critical psychosocial concern globally, with girl children disproportionately affected. This empirical study aimed to assess the efficacy of drop-in centres in reducing the vulnerability of girl children in urban Harare, Zimbabwe, focusing exclusively on the Musasa Project. Employing a qualitative case study design, data was collected through semi-structured, in-depth interviews with 10 vulnerable girls aged 10–18 years and 3 key informant staff members selected via purposive sampling. Inductive thematic analysis revealed four primary themes: the provision of holistic services (including psychosocial support, legal aid, shelter, and medical care); complex vulnerability profiles characterized by orphanhood, abuse, and homelessness; high service satisfaction culminating in improved quality of life and well-being; and operational challenges including destructive religious beliefs, fear of victimization, and victims' unwillingness to change. Findings indicate that while the Musasa Project is highly effective as an immediate safety net and rehabilitation mechanism, long-term efficacy is heavily mediated by broader socio-cultural barriers and systemic economic challenges. The study contributes empirical insights into non-governmental child protection mechanisms in urban African contexts and offers actionable recommendations for policy, programmatic scaling, and community advocacy.

Keywords: Drop-in Centres, vulnerability, children, gender-based violence, urban Harare, Musasa Project, Child Protection, qualitative research

INTRODUCTION

Children across the Sub-Saharan African region are increasingly experiencing novel and emerging child protection concerns, including physical maltreatment, sexual violence, exploitation, and neglect. In Zimbabwe, the plight of children exposed to abusive environments remains a pressing public health and human rights issue. Data from the Violence Against Children Survey indicates that approximately 26.5% of girls experience some form of violence before the age of 18. While Zimbabwe has ratified international instruments like the United Nations Convention on the Rights of the Child (UNCRC) and promulgated domestic legislation such as the Children's Act and the Domestic Violence Act, poor enforcement, limited funding, and a lack of institutional capacity have severely undermined these protective frameworks. Consequently, vulnerable children particularly girls often rely on non-governmental interventions for immediate survival and rehabilitation. Drop-in centres serve as vital community-based facilities offering immediate refuge, counselling, healthcare, and legal assistance. The Musasa Project, a non-governmental organization established in 1988, responds specifically to violence against women and girls through prevention, response, and advocacy frameworks.

Despite the critical role these centres play, there remains a notable gap in academic literature evaluating the specific efficacy of drop-in centres in urban Zimbabwean contexts. Much of the existing literature focuses on rural settings or broad, multi-demographic inclusive frameworks. This study addresses that gap by critically examining the experiences of vulnerable girl children utilizing the Musasa Project in Harare. The research

assesses the types of services offered, their tangible impacts on reducing vulnerability, and the institutional and socio-cultural challenges hindering absolute protection.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Theoretical Underpinnings: This study is grounded in two complementary frameworks: the Child Rights Based Approach (CRBA) and Gender and Development Theory. Established by the UNCRC in 1989, the CRBA places children's rights at the centre of developmental efforts, emphasizing non-discrimination, the best interests of the child, and meaningful participation. In evaluating drop-in centres, the CRBA serves as a lens to assess whether interventions merely provide charity or actively restore the inherent rights of the child to survival, development, and protection from abuse.

Gender and Development Theory: This theory emerged in the 1970s, highlighting how power relations, social norms, and systemic inequalities disproportionately marginalize females. Applied to this context, the theory elucidates how vulnerabilities such as forced marriages, sexual violence, and educational deprivation are structurally tied to gender. It provides a framework for analyzing whether centres like the Musasa Project successfully empower girls to challenge harmful gender norms and achieve self-sufficiency.

Interventions at Drop-In Centres: Global literature indicates that drop-in centres effectively mitigate vulnerability through integrated, one-stop service delivery. Research underscores that access to basic shelter, meals, and hygiene facilities immediately restores a degree of dignity and reduces exposure to street-based risks. Psychosocial support and regular counselling are paramount for trauma processing, helping victims of sexual and physical abuse recover and build resilience.

Furthermore, vocational and non-formal education programs have proven instrumental in equipping marginalized youth with the foundational and income-generating skills necessary for autonomy. However, drop-in centres face operational difficulties, including inconsistent donor funding, stigmatization by surrounding communities, and a profound lack of trust from highly traumatized children who resist rehabilitation efforts.

METHODOLOGY

Research Paradigm and Design: The study was conducted within a qualitative research paradigm, utilizing a qualitative case study design. This approach was selected to facilitate an in-depth, nuanced exploration of a specific, bounded phenomenon: the efficacy of the Musasa Project in urban Harare. A qualitative case study allows for circumstantial analysis and the capturing of subjective, lived experiences regarding violence, trauma, and recovery.

Participants and Sampling: The target population comprised vulnerable girl children who had experienced exploitation, abuse, or neglect, and staff members operating the Musasa Project. Purposive sampling was utilized to select 10 female beneficiaries aged between 10 and 18 years. Additionally, 3 key informant staff members (including a counselling staff member and two shelter coordinators) were purposively selected for their expert insight into program delivery and institutional challenges.

Data Collection and Analysis: Primary data were collected via face-to-face, semi-structured in-depth interviews. Beneficiary interviews and key informant interviews were conducted separately to prevent bias and encourage free expression. The semi-structured format provided flexibility, allowing the researcher to probe sensitive topics effectively. Data were analysed using thematic analysis, involving the systematic coding of narrative data to identify recurring patterns of meaning, which were subsequently categorized into distinct themes aligned with the research objectives.

Ethical clearance was obtained from the Africa University Research and Ethics Committee (AUREC) and the Ministry of Public Service, Labour and Social Welfare. Informed consent was secured from guardians, and assent was obtained from the minors themselves. To protect participant identities and ensure confidentiality, pseudonyms were utilized exclusively in data reporting.

FINDINGS

Vulnerability Profiles

Participant accounts highlighted severe and compounding factors driving vulnerability. Orphanhood (single and double) was a prominent driver, often resulting in children being placed in abusive environments with step-parents or relatives. Participant Grace noted, "I lost both my parents and I left home because I could not stay with my mother's relatives. I then moved to the streets...". The findings demonstrated a high prevalence of physical and sexual abuse, frequently perpetrated by trusted family members or partners. Education deprivation was also a defining characteristic, with many girls reporting prolonged absences from formal schooling due to poverty and homelessness.

Service Interventions and Efficacy

The Musasa Project's efficacy was heavily linked to its multi-dimensional service delivery:

Psychosocial Support: All participants reported utilizing counselling services, which acted as a catalyst for emotional rehabilitation. Participant Rudo stated, "counselling was very helpful and now I am learning to be confident with myself...".

Legal Aid: The provision of legal advice, coordinated with the Zimbabwe Republic Police Victim Friendly Unit, enabled survivors to seek justice and secure protection orders.

Shelter and Medical Care: Providing a secure physical environment shielded girls from immediate harm. Access to crucial medical interventions, including Post Exposure Prophylaxis (PEP) within 72 hours of sexual assault, mitigated risks of HIV and STIs.

Livelihoods Training: Empowering girls through vocational skills (e.g., dressmaking, poultry farming) was perceived as a critical bridge to long-term autonomy.

Improved Quality of Life and Areas for Improvement

Beneficiaries reported a profound improvement in their general sense of well-being, safety, and self-worth. However, gaps were identified. Participants explicitly requested assistance in securing national birth registration documents, a crucial prerequisite for school re-integration. Additionally, beneficiaries suggested that the provision of start-up financial capital or starter packs would highly increase their chances of sustainable reintegration post-shelter.

Institutional and Socio-Cultural Challenges

Key informants detailed substantial systemic barriers to absolute efficacy. Chief among these were destructive religious and traditional doctrines (such as those within conservative Apostolic sects) that normalize child marriage and actively shield perpetrators from legal scrutiny. Furthermore, fear of victimization and extreme poverty often forced victims to retract police reports or return to abusers who served as primary financial providers. The cyclical nature of street life and substance abuse also rendered some survivors unwilling to engage in sustained rehabilitative processes.

DISCUSSION

The findings affirm that the Musasa Project acts as a highly effective, immediate safety net for vulnerable girls in Harare, aligning robustly with the foundational principles of the Child Rights Based Approach (CRBA). By providing shelter, trauma counselling, and emergency medical access, the centre actively upholds the child's right to survival, protection, and development. Viewed through the lens of Gender and Development Theory, the interventions directly target the systemic disempowerment of girls. The provision of legal advocacy and livelihoods training challenges the patriarchal power dynamics that leave orphaned and impoverished girls

reliant on abusive male relatives or street predators. The reported improvements in self-esteem and the active pursuit of justice through the courts indicate a successful shift towards victim empowerment. However, the efficacy of the drop-in centre is inherently bounded by the macro-environment. The challenges identified specifically, the normalization of abuse through cultural/religious dogma and the economic coercion forcing victims back to perpetrators, demonstrate that institutional care cannot entirely resolve vulnerability in a vacuum. While the centre effectively treats the symptoms and immediate crises of SGBV, the structural causes require a multi-sectoral governmental response.

CONCLUSION

This study establishes that drop-in centres, typified by the Musasa Project, are critical, efficacious mechanisms for reducing the immediate physical and psychological vulnerability of girl children exposed to SGBV and homelessness in urban Harare. Interventions that combine psychosocial therapy with tangible legal, medical, and shelter support foster significant positive outcomes in victim resilience and autonomy. Nonetheless, the long-term rehabilitative success of such centres is frequently jeopardized by entrenched religious conservatism, community stigma, and a lack of post-shelter economic sustainability for survivors.

LIMITATIONS

The study's findings are geographically bound to urban Harare and exclusively reflect the operations of a single institution, limiting broad generalizability to rural areas or differently structured interventions. Furthermore, the small qualitative sample size (N=10 beneficiaries), while providing depth, inherently restricts broad statistical representation.

RECOMMENDATIONS

Based on the empirical findings, the following recommendations are proposed to enhance the efficacy of child protection responses:

Systemic Integration for Identity Documents: Drop-in centres must establish streamlined synergies with the Department of Social Services to expedite the acquisition of birth certificates, a fundamental barrier to educational and economic re-integration.

Economic Transition Support: Implement micro-finance initiatives or provide material start-up kits (e.g., poultry stock, sewing materials) to graduating beneficiaries to sever financial dependency on abusers.

Community and Religious Advocacy: NGOs must aggressively expand advocacy networks to include traditional and religious leaders, utilizing dialogue to dismantle doctrines that enable child marriage and SGBV.

Extended Psychosocial Programming: Incorporate long-term peer counselling and specialized therapies (e.g., play and arts therapy) to overcome resistance to rehabilitation among deeply traumatized, street-entrenched youth.

Governmental Scaling: The Ministry of Public Service, Labour and Social Welfare should structurally and financially support the replication of the drop-in centre model across broader geographic zones to meet escalating urban needs.

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