

Multisectoral Determinants of Orphan Welfare: A Structured Narrative Review

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Abstract

Research on orphan welfare remains fragmented across public policy, social work, public health, education, and psychology, limiting multidisciplinary synthesis of the determinants of child well-being. This study synthesized evidence on orphan welfare and social protection to examine the relationships among governance, care systems, education, health, and community support. A structured narrative review (SNR) was conducted using literature retrieved from Scopus, PubMed/MEDLINE, Google Scholar, and the Philippine E-Journal. Studies published between January 2016 and June 2026 were screened using predefined eligibility criteria, appraised with the Mixed Methods Appraisal Tool (MMAT) and the Critical Appraisal Skills Program (CASP), and synthesized through thematic framework synthesis. The search retrieved 320 records; duplicates were removed manually, after which twenty-three studies met the final inclusion criteria. The synthesis identified six themes: Macro-policy and finance, structural care systems, state welfare systems, educational barriers, health and nutrition, and community initiatives. The findings indicate that governance capacity, care quality, policy implementation, educational access, health conditions, and community participation function as interdependent determinants of orphan welfare. Fragmentation across these domains constrains policy implementation and service coordination. The review proposes a Multisectoral Determinants of Orphan Welfare Framework that synthesizes governance, care systems, education, health, and community participation into a unified analytical model for multidisciplinary research and evidence-based orphan welfare policymaking, aligned with the Sustainable Development Goals (SDGs).

Keywords: Economic Vulnerability, Orphan, Poverty, Social Protection Programs, Sustainable Development Goals.

1. Introduction

Historically, orphanhood referred to the loss of a father, while contemporary definitions encompass the loss of one or both parents (UNAIDS, 2009). Orphan welfare extends beyond legal classification to a child protection and social policy issue requiring coordinated institutional responses. In Islamic tradition, orphan care is a religious obligation that reinforces principles of social responsibility and protection for vulnerable children (Benthall, 2019).

Globally, orphanhood has emerged as a major social protection challenge, with an estimated 1.13 million children losing a primary caregiver and more than 1.56 million losing a primary or secondary caregiver during the COVID-19 pandemic (Hillis et al., 2021). Caregiver loss increases psychological, social, and economic vulnerability, with child outcomes shaped by the interaction of family, community, and broader socioecological systems (Ntshuntshe & Taukeni, 2020; Onayemi & Hapunda, 2023).

In the Philippines, orphan welfare is hindered by deficiencies in governance and social protection. The demand for orphan welfare services surpasses both institutional and fiscal capacity, leaving orphaned, abandoned, and neglected children vulnerable to ongoing



socioeconomic risks (Golosino, 2012; Vergara et al., 2018). While child protection legislation has broadened, its implementation is still restricted by limited institutional capacity, governance issues, and resource shortages, especially in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) (Razonabe & Querubin, 2025). Comparable challenges within local child protection systems reveal that insufficient institutional capacity and weak community outreach diminish the effectiveness of formal protection mechanisms (Roche & Flynn, 2021).

Governance deficits have led to an increased reliance on social workers and community networks to meet the needs of orphaned children affected by poverty, violence, and family disruption (Ofreneo et al., 2020). Evidence indicates that governance and social protection serve as structural determinants of orphan welfare. Factors such as policy adaptation, institutional capacity, sustainable financing, and welfare-state development influence the implementation and continuity of child protection programs (Groome, 2021; Noyoo, 2021; Schinckus, 2017).

Despite the long-term developmental consequences associated with orphan welfare, it remains a lower policy priority than early childhood development, maternal and child health, and universal education (Shawar & Shiffman, 2023). Policy focus has predominantly centered on HIV/AIDS-related orphanhood, leading to fragmented interventions that fail to adequately address the structural determinants of orphan vulnerability (Ansell, 2015). As a result, orphan welfare is insufficiently integrated into multisectoral social protection and sustainable development policies.

Legislative reform alone cannot improve orphan welfare without governance capacity, institutional coordination, and sustained public investment. The quality of care systems and access to essential services also determine child outcomes. Evidence indicates that caregiver competence and supportive caregiving environments improve psychological and developmental well-being, whereas policy reforms increasingly prioritize family-based care and deinstitutionalization over prolonged institutional placement (Blanco & Panao, 2019; Hermenau et al., 2016; Zablotskiy, 2020).

Educational disadvantage similarly reflects structural constraints. Financial hardship and limited institutional support reduce educational participation among orphaned children (Akbari & Sahibzada, 2019; Mwoma & Pillay, 2015; Rimi et al., 2025). Health vulnerabilities also arise from interconnected factors, including malnutrition, limited healthcare access, developmental delays, and psychosocial challenges (Kamath, 2017; Sewnet et al., 2021; Soyobi et al., 2024). Community participation complements formal welfare systems by expanding social support, advocacy, and livelihood initiatives that strengthen local service delivery (Cheney & Ucembe, 2019; Katunga & Lombard, 2016).

The literature identifies governance, education, healthcare, and social protection as key determinants of orphan welfare but reveals three evidence gaps: limited longitudinal evidence on educational outcomes, insufficient research on mental health, and a lack of integrated analyses examining interactions among governance, education, healthcare, and community systems. This review addresses these gaps by developing a Multisectoral Determinants of Orphan Welfare Framework that integrates governance, care systems, education, health, nutrition, and community participation into a unified analytical model for policy and multidisciplinary research aligned with the Sustainable Development Goals (SDGs).

2. Literature Review

2.1. Conceptual Framework

The conceptual framework was developed through the thematic synthesis of the reviewed literature by integrating the six analytical themes into broader intervention domains that explain the relationships among the determinants of orphan welfare. It illustrates the relationships among the identified domains and provides a structured basis for interpreting how coordinated interventions contribute to orphan welfare and broader sustainable development. The framework serves as an analytical guide for synthesizing the evidence presented in this review.

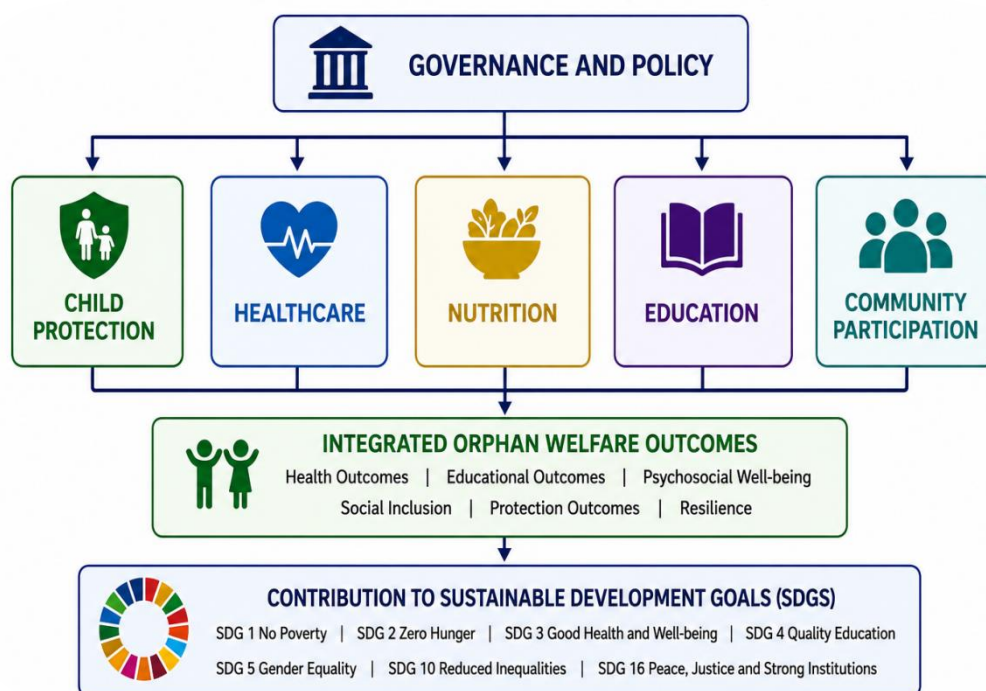


Figure 1. Conceptual Framework of Multisectoral Determinants of Orphan Welfare

Source: Developed by the author through thematic synthesis of the reviewed literature

The conceptual framework as seen in figure 1 positions governance and policy as the enabling foundation for orphan welfare. Rather than representing a linear sequence, the framework conceptualizes governance, child protection, healthcare, nutrition, education, and community participation as mutually reinforcing domains, whose interaction shapes orphan welfare outcomes. These domains operate as complementary components, and their interaction generates integrated orphan welfare outcomes.

Integrated orphan welfare outcomes are reflected in health outcomes, educational outcomes, psychosocial well-being, social inclusion, protection outcomes, and resilience. These outcomes represent the combined effects of coordinated multisectoral interventions.

The framework further conceptualizes integrated orphan welfare outcomes as contributing to the achievement of the SDGs, specifically SDG 1 (No Poverty), SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 10 (Reduced Inequalities), and SDG 16 (Peace, Justice, and Strong Institutions).

3. Methods

3.1. Research Design

This study employed a structured narrative review (SNR) using a systematic literature search and thematic synthesis approach. An SNR was selected because the topic of orphan welfare encompasses diverse disciplines, including public policy, social work, public health, psychology, education, and development studies. Unlike a conventional systematic review designed to answer a narrowly defined clinical question, the structured narrative approach enables the integration and critical interpretation of heterogeneous qualitative, quantitative, and mixed-methods review articles and policy documents while maintaining a transparent and reproducible methodology. The review focused on studies published between January 2016 and June 2026.

3.2. Information Sources and Search Strategy

The electronic database search was conducted between January and July 2026. A comprehensive literature search was performed using four electronic databases which are Scopus, PubMed/MEDLINE, Google Scholar, and Philippine E-Journal. Searches were performed using combinations of controlled vocabulary and free-text keywords connected through Boolean operators (AND, OR). The primary search concepts included orphanhood, poverty, social protection, government policies, community interventions, health, education, and the SDGs. For Google Scholar, the first 200 records sorted by relevance were screened, consistent with previous literature review practices. Thematic search clusters and representative strategies are summarized in Table 1.

Table 1. Thematic Search Clusters and Representative Search Strategies

Cluster	Theme	Representative Search Strategy
Baseline	Population and Context	("orphan*" OR "orphaned children") AND poverty
Cluster 1	Macro-Policy and Finance	("orphan*" OR "orphaned children") AND ("Sustainable Development Goals" OR SDGs) AND "sustainable financing"
Cluster 2	Structural Care Systems	("orphan*" OR "orphaned children") AND ("family-based care" OR "institutional care")
Cluster 3	State Welfare Systems	("orphan*" OR "orphaned children") AND ("social protection" OR "economic vulnerability")
Cluster 4	Educational Barriers	("orphan*" OR "orphaned children") AND ("government assistance" OR "educational challenges")
Cluster 5	Health and Nutrition	("orphan*" OR "orphaned children") AND (health OR nutrition OR "mental health")
Cluster 6	Community Initiatives	("orphan*" OR "orphaned children") AND ("community intervention" OR NGO OR "faith-based organization*")

Source: Author compilation, 2026

Database-specific search syntax was adjusted where necessary while preserving equivalent search concepts across all databases. Reference lists of relevant review articles and key publications were also manually examined to identify additional eligible studies.

3.3. Study Selection

Retrieved records underwent a structured, multi-stage screening process. The electronic search retrieved 320 records; duplicates were removed manually, after which twenty-three studies met the final inclusion criteria. Abstracts were screened for relevance to the objectives of this review. Potentially eligible studies subsequently underwent full-text assessment using

the predetermined inclusion and exclusion criteria. During this process, studies were excluded if they were not peer-reviewed, did not address orphan welfare or social protection, focused on unrelated medical conditions, lacked sufficient methodological information, or otherwise failed to meet the eligibility criteria.

Following the screening and eligibility assessment, 23 studies satisfied all inclusion criteria and were incorporated into the final thematic synthesis. This structured screening process enhanced the transparency, consistency, and reproducibility of the review while ensuring that only studies directly relevant to the research objectives informed the synthesis.

3.4. Eligibility Criteria

Studies were included if they were published between January 2016 and June 2026; were published in peer-reviewed journals in English; consisted of empirical studies, systematic reviews, meta-analyses, or policy reports relevant to orphan welfare; examined orphanhood, social protection, poverty, education, health, institutional or family-based care, or community interventions; and addressed orphan welfare from local, national, or international perspectives. Studies were excluded if they were editorials, opinion papers, conference abstracts, dissertations, or book reviews; focused exclusively on orphan diseases or unrelated medical conditions; lacked sufficient methodological information; or did not address the objectives of this review.

3.5. Data Extraction

Eligible studies were extracted using a standardized data extraction form. The following information was collected: author(s) and publication year; country or geographical setting; study design and methodology; participant characteristics or study population; intervention, policy, or program evaluated; principal findings; and thematic classification. Data extraction was conducted consistently to ensure systematic comparison across studies.

3.6. Quality Assessment

Methodological quality was assessed according to the research design of each included study. Quantitative and mixed-methods studies were evaluated using the Mixed Methods Appraisal Tool (MMAT), while qualitative and policy-oriented studies were assessed using the Critical Appraisal Skills Program (CASP) checklist. Studies were not excluded solely because of methodological limitations. Instead, methodological strengths and weaknesses were considered during the interpretation and synthesis of findings to minimize publication bias while maintaining a comprehensive evidence base.

3.7. Data Synthesis

Because the included studies varied substantially in research design, participant populations, interventions, and outcome measures, a quantitative meta-analysis was not appropriate. Therefore, findings were synthesized using Thematic Framework Synthesis. The synthesis followed three sequential stages: initial coding of findings from each included study, grouping related codes into descriptive themes, and development of broader analytical themes corresponding to the six thematic clusters established during the literature search. This approach enabled the integration of evidence from multiple disciplines while preserving the contextual differences among studies.

3.8. Measures to Enhance Trustworthiness

Several strategies were employed to enhance the rigor and credibility of the review. These included predefined eligibility criteria, systematic database searching, standardized data extraction procedures, methodological quality appraisal using established assessment

tools, and manual screening of reference lists from relevant publications. Taken together, these procedures reduced selection bias and improved the transparency and reproducibility of the review process. Although the review focused on literature published between January 2016 and June 2026, seminal studies published before 2016 were retained solely to provide conceptual definitions and historical context. These foundational references were not included in the thematic synthesis.

4. Results and Discussion

4.1. Research Results

The synthesis of the 23 included studies identified six interrelated themes: Macro-Policy and Finance, Structural Care Systems, State Welfare Systems, Educational Barriers, Health and Nutrition, and Community Initiatives. Across these themes, orphan welfare emerges as a multidimensional governance issue in which policy, institutional capacity, service delivery, and community support operate as interconnected determinants of child well-being.

Although the studies examine different sectors, they consistently demonstrate that weaknesses in governance, caregiving systems, education, health, or community support reinforce vulnerabilities across the orphan welfare system. Variations among countries primarily reflect differences in implementation capacity rather than differences in policy objectives. The following thematic synthesis in table 2 examines these six domains and their implications for integrated orphan welfare and social protection.

Table 2. Thematic Synthesis of Orphan Welfare and Social Protection Literature

Theme	Representative Studies	Core Findings	Analytical Synthesis
Macro-Policy and Finance	Blanco & Pano (2019); Groome (2021); Noyoo (2021); Schinckus (2017); Shawar & Shiffman (2023)	Social protection financing, governance, policy reform, and SDG alignment determine welfare capacity.	Institutional capacity is determined by fiscal sustainability, governance quality, and policy integration.
Structural Care Systems	Benthall (2019); Hermenau et al. (2016); Ofreneo et al. (2020); Zablotskiy (2020)	Family-based care, institutional care, deinstitutionalization, caregiver quality.	Developmental outcomes are determined by the quality of care, placement stability, and family integration.
State Welfare Systems	Razonabe & Querubin (2025); Roche & Flynn (2021); Vergara et al. (2018)	Child protection policy, governance, implementation, social protection programs.	Policy effectiveness depends on institutional capacity, interagency coordination, and implementation.
Educational Barriers	Akbari & Sahibzada (2019); Mwoma & Pillay (2015); Rimi et al. (2025)	Educational access, financial constraints, school participation, educational support.	Educational inequality reflects socioeconomic disadvantage and inadequate institutional support.
Health and Nutrition	Hillis et al. (2021); Kamath (2017);	Malnutrition, developmental delay,	Health outcomes are shaped by

Theme	Representative Studies	Core Findings	Analytical Synthesis
	Ntshuntshe & Taukeni (2020); Onayemi & Hapunda (2023); Sewnet et al. (2021); Soyobi et al. (2024)	mental health, healthcare access, psychosocial well-being.	interconnected nutritional, developmental, psychological, and socioeconomic factors.
Community Initiatives	Cheney & Ucembe (2019); Katunga & Lombard (2016)	NGO interventions, faith-based organizations, social entrepreneurship, community support.	Community initiatives expand service capacity but require integration with formal child protection systems.

Source: Processed data, 2026

The six themes describe complementary levels of the orphan welfare system. Macro-policy and finance establish institutional capacity; structural care systems determine caregiving environments; state welfare systems translate policy into services; educational barriers and health and nutrition influence developmental trajectories; and community initiatives extend service delivery through local participation. Their interaction indicates that orphan welfare is governed by institutional coordination across multiple sectors rather than by isolated interventions.

4.2. Discussion

4.2.1. Macro-Policy and Finance

To prevent analytical overlap, this framework explicitly distinguishes between macro-policy formulation and state welfare execution. Macro-Policy and Finance (Theme 1) encompasses the top-down legislative authorization, national strategic planning, and fiscal appropriation models that dictate a state's structural capacity for social protection (Groome, 2021; Noyoo, 2021). Conversely, State Welfare Systems (Theme 3) operate at the meso- and micro-levels. They represent the administrative mechanics, institutional networks, and interagency coordination protocols required to translate those macro-appropriations into accessible, frontline child protection services (Vergara et al., 2018). High legislative intent at the macro-level frequently fails to yield positive child outcomes due to operational breakdowns within these state welfare delivery mechanisms.

4.2.2. Structural Care Systems

The literature consistently demonstrates that the effectiveness of orphan care is determined primarily by the quality, continuity, and stability of caregiving relationships rather than by the care setting itself. Across diverse contexts, family-based care, caregiver competence, placement stability, and supportive community environments are associated with improved psychological, emotional, and developmental outcomes (Benthall, 2019; Hermenau et al., 2016; Ofreneo et al., 2020; Zablotskiy, 2020). This convergence suggests that structural care systems should prioritize stable caregiving relationships, family integration, and sustained developmental support over prolonged institutional placement.

4.2.3. State Welfare Systems

Building on the macro-policy environment in section 4.1, this section examines how those policies are operationalized through state institutions and service delivery. Macro-policy

and finance concern the formulation and resourcing of welfare policies, state welfare systems focus on how these policies are implemented through institutions, interagency coordination, and service delivery. The evidence shows that governance capacity is the critical factor linking child protection policies with effective service delivery. Across different policy contexts, institutional fragmentation, limited interagency coordination, and weak implementation capacity reduce the effectiveness of social protection programs despite the existence of legislative frameworks (Razonabe & Querubin, 2025; Roche & Flynn, 2021; Vergara et al., 2018). Taken together, these findings demonstrate that legal protection alone cannot improve orphan welfare without accountable institutions, coordinated governance, and adequately resourced child protection systems.

4.2.4. Educational Barriers

The results consistently indicate that educational inequality among orphaned children is driven by structural socioeconomic disadvantage rather than orphanhood alone. Financial hardship, limited institutional support, and restricted access to educational resources interact to reduce school participation and long-term educational attainment (Akbari & Sahibzada, 2019; Mwoma & Pillay, 2015; Rimi et al., 2025). This synthesis suggests that improving educational outcomes requires integrated social protection policies that simultaneously address economic constraints and institutional barriers to educational access.

4.2.5. Health and Nutrition

The literature consistently demonstrates that health outcomes among orphaned children arise from the interaction of nutritional, developmental, psychological, and socioeconomic factors rather than from isolated health conditions. Malnutrition, caregiver loss, psychosocial vulnerability, and limited access to healthcare collectively reinforce developmental disadvantage, resulting in poorer physical, cognitive, and emotional well-being (Hillis et al., 2021; Kamath, 2017; Ntshuntshe & Taukeni, 2020; Onayemi & Hapunda, 2023; Sewnet et al., 2021; Soyobi et al., 2024).

This convergence indicates that orphan health cannot be effectively addressed through single-sector interventions. Instead, improving child outcomes requires integrated welfare models that combine nutrition, primary healthcare, mental health services, developmental support, and coordinated social protection within comprehensive orphan welfare systems (Onayemi & Hapunda, 2023; Soyobi et al., 2024).

4.2.6. Community Initiatives

The literature consistently positions community participation as an essential complement to formal child protection systems. Community-based organizations, faith-based institutions, and social enterprises play significant roles in expanding service delivery, strengthening local support networks, and enhancing the responsiveness of welfare interventions to the needs of the community (Cheney & Ucembe, 2019; Katunga & Lombard, 2016).

However, a critical synthesis indicates that over-reliance on these voluntary initiatives introduces severe systemic risks. Without strict state oversight, community aid often results in highly fragmented service delivery, geographic disparities in care quality, and financial dependency on volatile international donor cycles. To achieve sustainable outcomes, community initiatives must be formally integrated into state child protection systems through binding public-private partnerships and shared reporting registries, rather than acting as a permanent replacement for state responsibility.

4.2.7. Policy Implications

The reviewed literature identifies orphan welfare as a persistently underprioritized policy domain despite its long-term implications for child development and social protection (Shawar & Shiffman, 2023). Evidence further indicates that reliance on residential care reflects persistent deficiencies in family-based care and community support systems (Roche, 2020).

Structural reforms should be anchored within localized governance networks. In the Philippine context, this involves building the administrative capacity of Local Councils for the Protection of Children (LCPCs) and Barangay Councils for the Protection of Children (BCPCs). In underserved and post-conflict regions like BARMM, it is essential to formalize interagency coordination protocols between the Ministry of Social Services and Development (MSSD) and local traditional or faith-based leaders. By channeling national social protection budgets directly into these local councils, states can create decentralized, culturally responsive, and sustainable case-management networks that effectively prevent child abandonment and promote family reintegration.

Comparative evidence shows that high-capacity governance systems are marked by sustained financing, stronger institutional coordination, integrated case management, and effective monitoring mechanisms, all of which enhance the continuity of orphan care. In contrast, low-capacity governance settings face challenges such as fragmented service delivery, inconsistent funding, weak interagency collaboration, and limited implementation capacity, which diminish the effectiveness of otherwise well-designed child protection policies.

Overall, the evidence supports rights-based, family-centered, and governance-oriented reforms that strengthen institutional capacity, interagency coordination, sustainable financing, integrated education and health services, and monitoring systems for orphan welfare (Blanco & Pano, 2019; McMillan, 2026).

4.2.8. Sustainable Development Goals (SDGs) for Orphan Care

The examined literature categorizes orphan welfare as a cross-sector development issue aligned with multiple SDGs. Achieving these goals requires coordinated action across governance, child protection, healthcare, education, nutrition, and community participation rather than isolated welfare interventions. The evidence emphasizes targeted policy measures that address the multidimensional vulnerabilities of orphaned children while identifying political commitment, policy coordination, and care reform, including deinstitutionalization, as prerequisites for sustained implementation (Onayemi & Hapunda, 2023; Shawar & Shiffman, 2023).

Because orphan welfare encompasses poverty, health, education, gender equity, and institutional governance, it represents a cross-cutting development issue that requires integrated implementation across multiple SDGs. Beyond government action, sustainable orphan welfare depends on partnerships among public institutions, civil society, faith-based organizations, and international agencies. Zakat institutions contribute to multiple SDGs by strengthening social protection and reducing socioeconomic vulnerability, while integrated frameworks that combine governance, advocacy, evidence generation, community empowerment, health systems, nutrition, and mental health provide a comprehensive approach to orphan care (Abdelkarim, 2026; Mehta & Sharma, 2026).

Overall, these findings position orphan welfare as an integral component of sustainable development, requiring its systematic incorporation into national policy planning, implementation, monitoring, and evaluation.

4.2.9. The Care and Protection of Orphans in Islam

Islamic principles conceptualize orphan welfare as a rights-based obligation grounded in maqasid al-Shari'ah, emphasizing the preservation of human welfare, dignity, and social justice. The literature indicates that Qur'anic injunctions and Prophetic teachings establish ethical and legal foundations for orphan protection through caregiving, institutional responsibility, and community participation, extending beyond financial assistance alone (Benthall, 2019; Mohd et al., 2017; Mudrikah et al., 2020; Rianti & Fatkhi, 2026). Collectively, these principles align with contemporary orphan welfare models that prioritize rights-based governance, family support, and community participation.

5. Conclusion

This SNR synthesized evidence from 23 studies and identified six interdependent determinants of orphan welfare: Macro-policy and finance, structural care systems, state welfare systems, educational barriers, health and nutrition, and community initiatives. The evidence indicates that macro-policy and financing establish the institutional capacity for orphan welfare; structural care systems shape caregiving quality and developmental stability; state welfare systems determine the implementation of social protection; educational barriers constrain long-term human capital development; health and nutrition influence physical, cognitive, and psychosocial outcomes; and community initiatives extend the reach of formal welfare systems.

Ultimately, strengthening orphan welfare requires coordinated governance, sustained social investment, and multisectoral collaboration that places orphaned children at the center of national development and social protection strategies. Future research should evaluate integrated orphan welfare models using the multisectoral determinants framework proposed in this review to assess how coordinated multisectoral interventions influence long-term outcomes for orphaned children. This study has several limitations. As an SNR, its findings depend on the scope and selection of the included studies. The review did not conduct a quantitative meta-analysis because of methodological heterogeneity.

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