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Social Exclusion and Inclusion: Challenges to Orphan Care in Malawi

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ABSTRACT

One of the major effects of the HIV/AIDS pandemic in Malawi as in sub-Saharan African in general is the rising number of orphans. Development practitioners and scholars interested in the topic argue that there is a total breakdown in family structures and social support systems. Safety nets are collapsing and increasing numbers of orphaned children are becoming destitute. This paper argues that granted the social strains caused by the effects of the HIV/AIDS pandemic, families and social support systems are developing adaptive capabilities with varying degrees of success and failure. New strategies are adopted while others are abandoned. There are many conceptions of orphanhood depending on an individual's social and economic position. The size of the family in which the orphans are found, the ages and gender of the orphaned children, the number(s) of losses of the family members, and the economic status of the care givers all have a bearing on the success or failure of the orphan care system.

Keywords: orphan care, orphanhood

INTRODUCTION

In 1999, UNAIDS estimated that some 390,000 children in Malawi had been orphaned due to deaths caused by HIV/AIDS[1]. Since its first diagnosis in 1985, the disease has rapidly spread among adults in the country, especially those aged between 15 and 49 years (see Cheesebrough, 1986a and 1986b; Broadhead and Moorhouse, 1992; Carr, 1992). This is a group that makes up 44% of the country's total population, and is the main child bearing group. It is also the economically productive group (for examples see Chirwa, 1995 and 1997). A large number of orphans are thus being created at unprecedented rate. The problem will increase with the progression of the disease. In 1998, the Malawi AIDS Cases Surveillance report gave a cumulative figure of about 53,000 cases since 1985. The estimated number of the people actually living with the disease during the mid-1990s was put at between 600,000 and 800,000 (see UNICEF Malawi, 1994a and 1994b). In 1999, UNAIDS estimated that 800,000 adults and children were living with AIDS in the country. A year later, the Malawi National AIDS Commission (NAC) estimated that the national HIV/AIDS prevalence rate among adults was 15%, from 11.9% in 1995.

[1] There has been no official census of orphans in the country. The exact figures are unknown.

These figures suggest that as the number of people dying of AIDS increases, the number of orphaned children will also rise (Cook, Ali and Munthali, 1999:5). The linkage between the progression of HIV/AIDS and the increase in the number of orphans means that even if the problem of AIDS were to go in the foreseeable future, the orphan problem will still be there long afterwards (Kalemba, 2000: 2). The social consequences are obvious:

> The selective deaths of young adults is leading to an alarming increase in the number of orphaned children and destitute old people which threatens to overwhelm the usual societal coping mechanisms. The health care services are over-stretched as epidemics of previously controlled diseases such as tuberculosis have soared. The improvements in social indicators gained during the [previous] decades are threatened by AIDS (The AIDS Secretariat, 1994: iii).

Drawing evidence from folklore, the voices of the orphans themselves, and other forms of ethnographic data, this paper discusses the challenges to orphan care in Malawi. It focuses on the problems of definitions and categorizations of orphans, the changing adaptive capacities of families and communities to deal with the orphan problem, and the limitations of the institutional strategies commonly adopted in the country. In addition, the paper discusses the limitations of the social rupture thesis that emphasizes the breakdown of family structures and social safety nets as a result of the impact of HIV/AIDS and the increasing burden of orphan care. The thesis ignores and underestimates the adaptive capacity of the "traditional" Malawian childcare system.

The argument here is that alternative forms of social organisation and new social relationship patterns, with increasingly broad adaptive capacities, are emerging as a result of the HIV/AIDS crisis. Family relations are becoming more elastic and are sometimes over-stretched to accommodate the vulnerable members. The degree of success depends on multiple factors that include: the material conditions of the respective families, the level of integration of the orphans in the new social relationships, the ages and gender of the orphans, the size of the family in which they are found, the willingness of the family members to accommodate more people – as well as the intentions of doing so, and the degree of vulnerability of the orphans themselves. The last includes multiple loss of family members, especially over a short period, the type of loss (status, property, etc) being physically alienated from one's original home through relocation, disability, and lack of trust in the guardian(s) (see Cook, Ali and Munthali, 1999: 36-37). To argue that the orphan care system is developing adaptive capacities is not the same as to argue that it is successful. Rather, it means the system is resilient. Admittedly there is tension, and the structures and social relationships are over-stretched, but they are not totally breaking down. There is a process of social reconfiguration in which some strategies are discarded while others are adopted.

For analytical purposes the account below uses social exclusion and social inclusion as two related concepts that explain the plight of the Malawi orphans.

Social exclusion is “a process through which individuals or groups are wholly or partially excluded from full participation in the society in which they live” (European Foundation, 1995: 4; De Haan, 1998: 10-19; see also De Haan and Maxwell, 1998). It constitutes the multi-dimensional character of deprivation; and the processes, mechanisms and institutions that exclude people. Social exclusion thus goes “beyond static descriptions of situations of derivation, and focuses on the causes and mechanisms that lead to these situations” (De Haan, 1998: 10; see also Kabeer, 2000). It is a useful concept to use in the analysis of the plight of orphans, not just because of the degree of these people’s deprivation, but more so because of the multi-dimensional character of the process of orphanhood, and the causes and effects of the situation. Orphans are most likely to fall into both situational and structural poverty; to have their rights violated in various ways, and, consequently, to less participate in the society in which they live. Social inclusion denotes a process of full or partial integration in the society in which one lives. It includes being allowed space to realize one’s rights, pursue a living, and fully take part in all the affairs of life.

1. Orphanhood: A Condition Of Living, A Social Process

Ethnographic data suggests that in Malawian culture the concept of orphanhood is much wider than defined in the official documents. It is a social and economic process that goes beyond the biological situation entailed in the demise of a parent or both parents. Both social exclusion and inclusion are implied in the "traditional" definitions and conceptualizations of an orphan. Folklore also suggests that there is unique behaviour and treatment for orphans. This is in contrast to the two definitions of an orphan that emphasize biological stages of human development. One is that of “a child who has lost one or both parents because of death, and is under the age of 18”; and the other is that of a child who has lost a mother because of death and is under the age of 18. These definitions put emphasis on biological situations or stages: the loss of a parent or both parents (parents’ loss of life), and chronological age. The use of chronological age ignores the many young persons above 18 years whose parents are deceased and they are bereft of family support. Their plight may not be any different from those below that age and in similar situations. The definition implies a dangerous transition from orphanhood to non-orphanhood at the attainment of the majority age of 18 years. Once that age is attained, all of a sudden a person ceases to be an orphan. Second, it ignores the socio-cultural categories of age that might be of relevance in the societies of the south (see Chirwa, 1993). A married young person or one with a child, at the age of 16 or 17, may not be regarded as a child. He/she would be regarded as an adult. But this would not mean that he/she is less of an orphan than one who is 13 or 14 years of age. The definition that emphasizes the loss of a mother creates a danger in societies

where “traditionally” the male is regarded as the “bread winner”. The loss of a man may put the children and their mother in serious conditions of deprivation and want.

In most Malawian languages the terms used to define an orphan and orphanhood include loss of parents; the rupture of social bonds; lack of family support; the process and situation of deprivation and want; and the lack of money or means of livelihood. Some of these are, indeed, the effects of orphanhood. However, the Malawian equivalents of orphanhood treat these as integral parts of the totality of the process of orphanhood. For example, among the Yao of southern Malawi, the term *ulanda*, which translates into orphanhood, is stretched to include poverty, physical want, or lack of family resources. It is quite close to the Chichewa word *kusowa*, meaning lacking or missing something. Thus, *ulanda* among the Yao is often loosely applied to anyone in need of material support. It is a poor condition of living that might be temporary.

The Tumbuka and Tonga of the northern region use the same term, with a slight difference in the pronunciation. Among the Tonga, the origins of the term are rather different. *Ulanda* comes from the word *kulanda*, which means to go astray, get lost, or lose one's bearings. *Mlanda*, an orphan, is conceptualized as a person who has gone astray, has lost his/her bearings because he/she is no longer in the protection of the family system. The term is similar to falling out of the social safety net. A popular Tonga funeral song captures this very well:

Mlanda iwe were kwaku awusu wadana...
Mlanda iwe were kwaku nkhupusa kuswera
Were, were, were were kwaku
Were, were, were, were kwaku
Mlanda iwe were kwaku ungaswere nchene...

Orphan child return to your home your father is calling you...
Orphan child return to your home, it is foolish to delay
Return, return, return, return to your home
Return, return, return, return to your home
Orphan child return to your home do not deliberately delay

In this case the orphan has a father, but it still requires the orphan him-/herself to accept to come back home. To mend the broken social bonds and the ruptured social structure both the father and the child have a role to play. The success of the care of this orphan will depend on the capabilities of the father as well as on the orphan's own willingness to be socially integrated.

The Chewa of the central region use the word *umasiye*, which originates from the word *kusiya*, to leave behind or to abandon. An orphan is a child who has been left behind by one or both parents. According to Rudo Mkukupa, a gospel singer,

Ndine mwana wa masiye
Ndiribe mai ndi bambo
Makolo anga onse anafa...
Ndine mwana wa masiye,
Mundilere bwino...

I am an orphan child
I have no father and mother
Both my parents died...
I am an orphan child
Bring me up well...

In this case the definition of an orphan is the same as that found in the official documents. The only differences are lack of reference to chronological age, and the call for the social responsibility for orphan care. The song is a voice of an orphan calling for support. The phrase *mundilere bwino*, bring me up well, indicates that there is special treatment the orphan deserves. The humane treatment of orphans is a theme quite dominant in Malawian folklore. This verse from Allan Namoko's song emphasizes the point:

Ana osiyidwa, ana osiyidwa wo
Alibe mai wawo
Chonde abale asamaleni...

The children left behind [meaning orphans], the children left behind
They have no mother
Please take good care of them...

Folklore further indicates that depending on the situation, even an adult, and a married person, could be an orphan. Orphanhood is a social category or/and status, as well as a material condition for those who have lost their parents. It is both a process and a situational or/and structural condition. It can be heightened and highlighted, or suppressed, depending on the material and social conditions of those who experience it at any particular time. Consider the following popular Tumbuka song from a local music group:

Zabatonda badada binu mwa bana, ulanda ine, ndaziona!
Zabatonda badada binu mwa bana, ulanda ine, ndaziona!
Ndarama zose bamwera mowa, ulanda ine, ndaziona!
Ndarama zose bamwera mowa, ulande ine, ndaziona!
Para ndarama ziripo, ulanda ukumala
Para ndarama palije, ulanda ukunjira…

My children, your father has failed, I am an orphan, what an experience!
My children, your father has failed, I am an orphan, what an experience!

All the money he has spent on beer, I am an orphan, what an experience!
All the money he has spent on beer, I am an orphan, what an experience!
When there is money in the house there is no orphanhood
When there is no money in the house, orphanhood sets in…

The song is a story of a woman who married a drunkard who spends his money on beer. The woman views her condition as orphanhood.

2. Orphan Care, Family and Kinship Structures

Evidence from folklore suggests that orphanhood associated with deprivation and other material conditions can end through a process of social fostering and provisioning. There is a popular Chichewa proverb that goes like:

Mwana wa mnzako ndi wako yemwe
Ukuchenjera manja udzadya naye

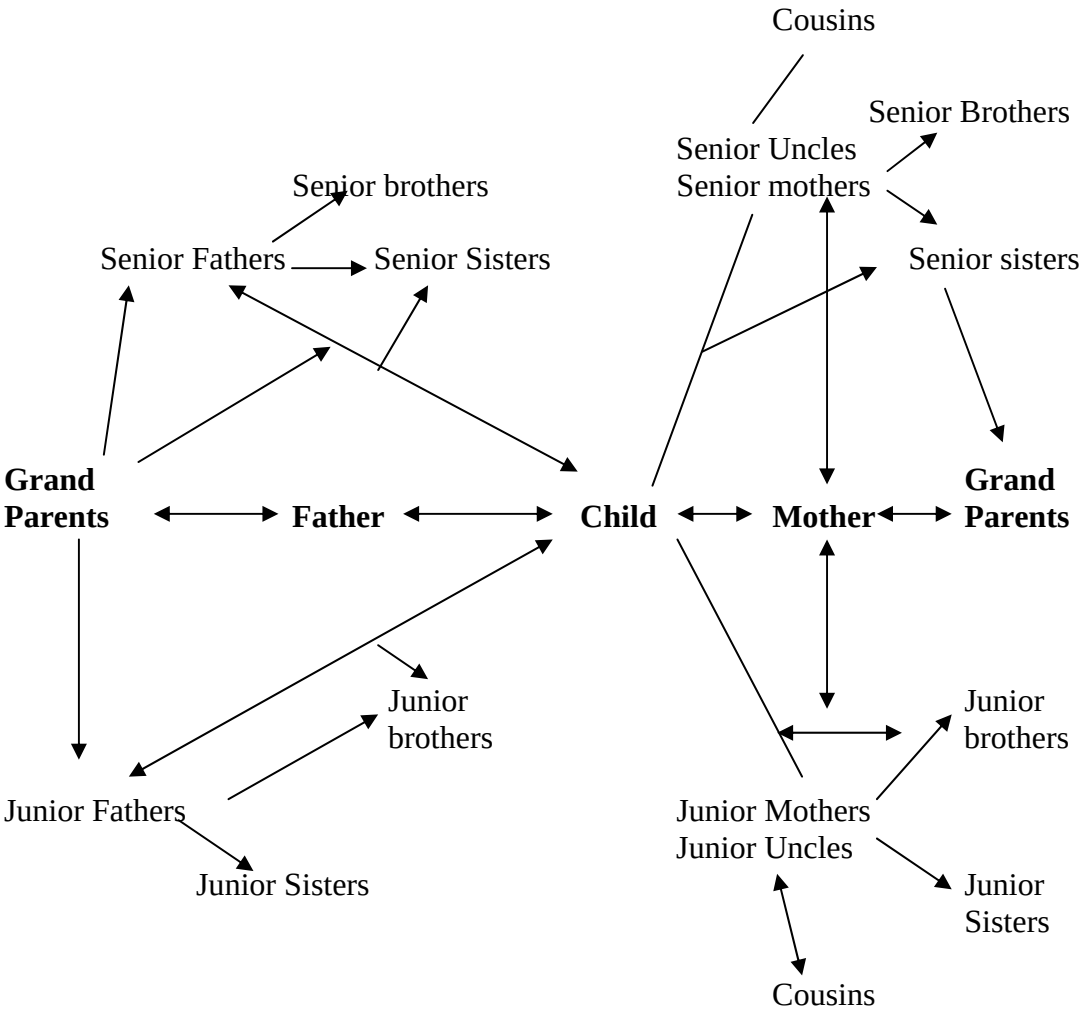
Your friend's child is your own child
If you are flexible (or fast) with your hands
You will benefit from him/her.

The idea is that one can take over the status of a parent for any child by having "flexible (or fast) hands", meaning being generous. Such a child cannot be regarded as being an orphan because he/she will have acquired a parent.

This understanding is closely linked to the conceptualization of parenthood in Malawian society. Parenthood, itself, is linked to the structure of kinship relations. In Malawian society, a child has more than two parents. The siblings of the biological parents are classified as "senior" and "junior" parents according to their order of birth. The "senior" and "junior" fathers are the elder and younger brothers of the father, respectively. The "senior" and "junior" mothers are the elder and younger sisters of the mother. Their children are also classified as "senior" and "junior" sisters and brothers according to the order of their parents' birth. The term "cousin" is limited to the children of the maternal uncle (mother's brother) or aunt's (father's sister's) children. The term aunt is limited to the father's sister, just like the term uncle is limited to mother's brother.

An individual is connected to all these relatives through a broad network of blood relations. These are the ones that define the social adaptive capacity of the families to deal with crisis such as child and orphan care. The larger and the more cohesive the network, the greater the capacity to deal with the problem. A simplified picture of these networks would look like this:

Figure 1. Parenthood, Family and Kinship Structures.

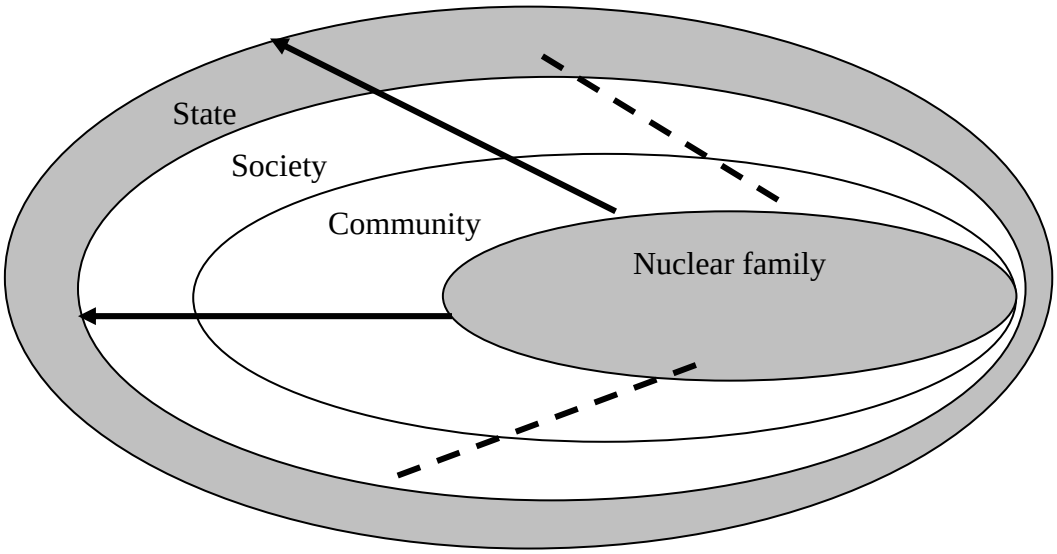


On the right hand the child is connected to all the relatives on the mother's side. Those on the father's side are on the left. This structure can be stretched by including aunts (father's sisters) and their children (paternal cousins) on the left side, affines (marital) relatives, and the siblings and marital relatives of the grandparents on both sides. The responsibility for the care of orphans and the processes of social fostering and material provisioning will normally follow the hierarchy of these kinship structures.

3. THE SOCIAL RUPTURE THESIS

The dominant theme in the scanty literature on orphan care in Malawi is the breakdown of families and the reduction in community capacity as a result of the rapid increase in the number of orphaned children (see also Williamson, 1995). The starting point is the organisation of the “traditional” childcare system, presented as concentric circles of blood and other family relations. Orphan care is understood to fit into this organisation.

Figure 2. The "Traditional" Childcare System.



It is argued that the nuclear family is at the centre of the system, followed by the extended family and the immediate community: the neighbourhood, clan, tribe, and society at large. The responsibility for the care of children primarily rests with the nuclear family and diminishes as the children grow up towards greater and increasing independence from it. When the nuclear family becomes incapable of providing care, say through disability, impoverishment, parental incompetence, poverty or death, the responsibility is increasingly assumed by the extended family through the "economy of affection". Beyond the extended family, the responsibility for the care of children rests with the community, usually consisting of the people in the same neighbourhood, or belonging to the same clan or tribe. Both social proximity and residential patterns may play an important role. Further outward there is the state. It provides childcare through a series of measures that include laws, social policies and various welfare programs. Beyond the state is the international regime characterized by legal instruments and human rights standards governing the care of children.

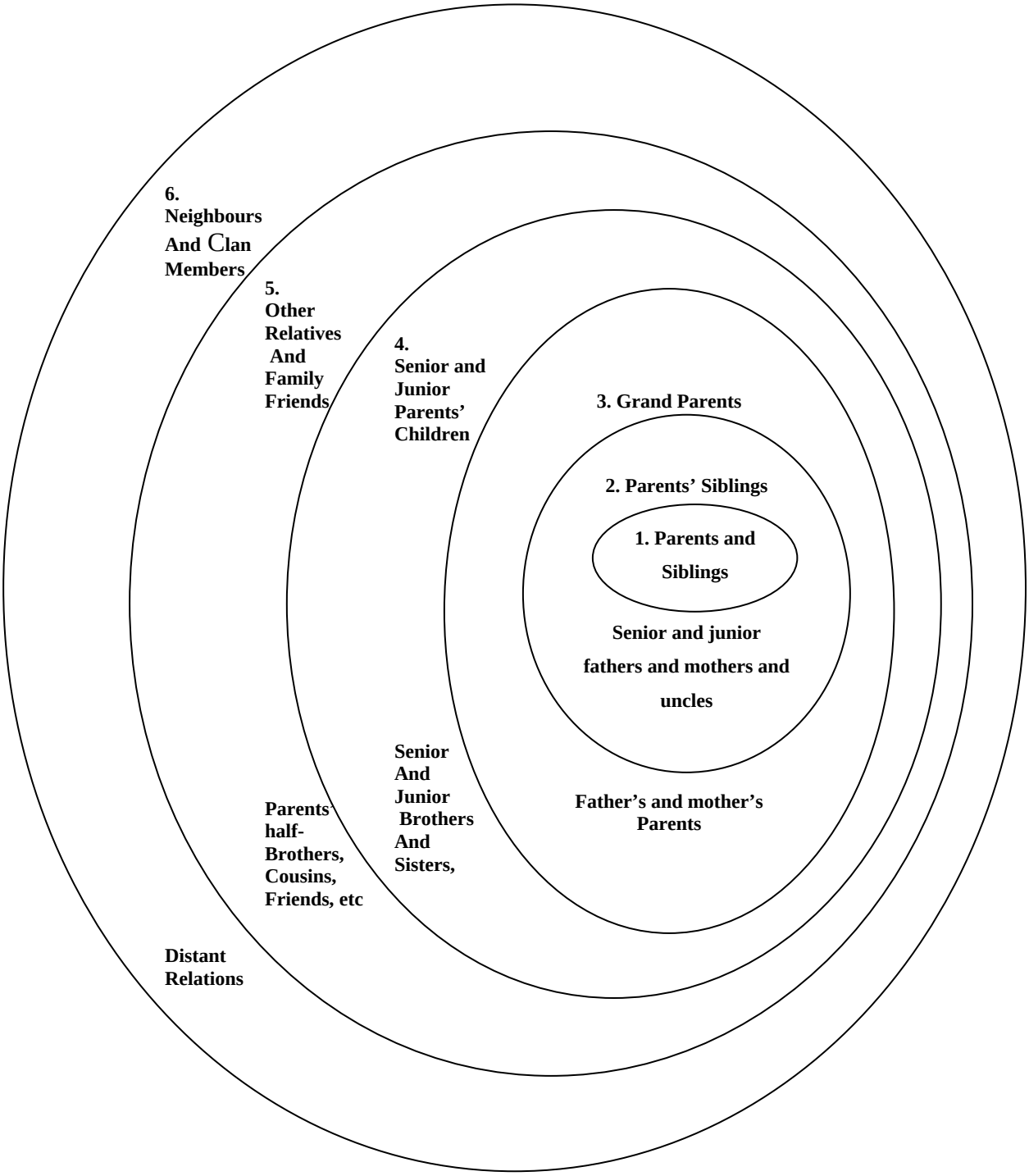
Social rupture occurs when HIV/AIDS attacks, weakens and destroys the inner circle, and the effects spread outwards until they affect society at large (Kalemba 2000: 7). The impact of HIV/AIDS goes beyond the actual sufferer, and affects all those that are close to him/her. In relation to orphans the impact starts before the actual death of the parent(s). As the disease progresses, the children fail to comprehend and understand the situation, and why it cannot be controlled. These lead to feelings of uncertainty, guilt, depression, fear, withdrawal, confusion stigma, grief, trauma and shame, which may mark the beginnings of psychological and health problems such as malnourishment. The longer the parent(s) suffer the greater the trauma. Social roles also begin to change. As the parent(s) become incapacitated through death, children may take up some of the adult chores: patient care, fellow- childcare, fetching food, water and firewood and many other roles. Depending on the "traditional" culture, the impact may affect the girl more than the boy child. It may also vary according to the ages of the children.

The orphans' rupture may be accompanied by, or reflected in, other social risks such as reversion to prostitution, dropping out of school, crime and delinquency. During the period of the illness, the demand for family resources increases as the patient seeks medical and other assistance. Reserves of household resources and savings may be depleted. As the resource become scarce, the family's standard of living may also drop. By the time the parent(s) die, the orphaned children may not have adequate safety nets. After their parents' death, the children may be alienated from the comfort of their home to live with a single parent or relatives. The relatives of the parents, further weakening the orphans' safety net may grab family property.

The contention of the present paper is that though valid, the above framework is rather simplistic. It does not adequately outline and discuss the factors that influence the social inclusion or/and exclusion of orphans at the various levels. The framework emphasizes the importance of structural conditions in the social sub-systems at the expense of social relationships and processes. It also does not pay much attention to the orphans as the shapers of their own destiny. The linkages between human agency and structural conditions are not fully analyzed. The account below highlights the need to adopt a process approach that links structural conditions to factors of human agency. It attempts to answer questions such as: how does the level of social and material deprivation relate to the structure of the orphan's families, and the ages and gender of the orphaned children, are orphans passive victims or active shapers of their social and material world?

The voices of the orphans (see Box 1) indicate that the concentric circles that represent the orphan care system are more complex than suggested in Figure 2 above. In fact, they follow the hierarchy of the family structures and kinship patterns represented in Figure 1, presented in Figure 3 in a circular form.

Figure 3. Kinship Relations and the Orphan Care System.



The ages of the orphaned children and the material conditions and capabilities of a particular relative, at a particular time, will determine who first assumes the responsibility. The first call is usually on those who occupy the first two inner circles. Priority will depend on the ages and material conditions of the siblings in the first inner circle. The younger orphans will first be entrusted to their elder brothers or sisters who may be married, working or living independently in their own nuclear families. Gender will also matter. Usually, the younger girl orphans tend to be given to their elder sisters, and "senior" or "junior" mothers. The boys will go first to their elder brothers or "senior" or "junior" fathers. Should the elder siblings of the orphans not be in a position to assume the responsibility of their younger brothers and sisters, the responsibility goes to the siblings of their parents. This means that the larger the two inner circles are (meaning having more members) and the better their material position is, the greater the adaptive capacity of the family structure to cope with the orphan problem. The biggest challenge come in when there are multiple losses of members in the inner circles. It is at this stage that the orphans become extremely vulnerable to hostile social and economic environments.

In addition to age, sibling relations, and relationships of "seniority" and "juniority" two other factors are important in deciding responsibility for orphan care at the family level. The first is the understanding that in every family there is a primary care giver, or more than one of them. Due to the affectionate and cordial relationship between the grandparents and the grandchildren, the former are usually taken to be the primary care givers. However, their material position may not allow them to assume such a responsibility. As a result, they may be regarded as the primary care givers only in name and theory while the siblings of the parents or the siblings of the orphans assume the tasks themselves. Grandparents may assume the responsibility for orphan care also for their own support since they need someone to run errands and do "minor" domestic chores for them. The "secondary" primary givers, who are the "senior" and "junior" fathers and mothers of the orphans, also find it easier to provide support to both the grandparents (who are their own parents) and the orphaned children of their siblings as a unit. It avoids the strain that arises if the care is given to a number of people scattered in different places and families. The second factor is the individual's material position relative to his/her responsibility. As a result, orphan care falls first on those that are closest to the orphans and are regarded as being capable of carrying out that responsibility. The preference is for the living parent, if one is still alive, and for the elder siblings among the orphans themselves. Where both parents are dead, the ages of the orphan siblings and the social and material positions of the "senior" and "junior" parents, if available, will determine who will assume the responsibility for the children. The orphan's story (in Box 1 below) shows how siblings assume the responsibility of the primary care giver:

> My name is Ray and I am eighteen years old. I have three sisters and two brothers. My eldest brother does not stay with us. He moves about doing odd jobs and comes every once in a while to give us some money. My

> elder sister is married. She is twenty and comes every day to see if we have food. She only got married last year. Eleanor (sixteen), Ena (fourteen), Leo (twelve), and I live together... I have to look after these three. The care that I give them cannot match the one my parents gave us. All three of them go to school. I left school because I do not have money for school fees. My elder brother also left school because of the same problem.

This is a typical case of an orphan-headed household that highlights several important issues: the failure of the family structure; the coercive alternatives and survival strategies available to the orphans under crisis conditions; and the human agency, personal initiative, and entrepreneurial spirit of the orphans themselves. The coercive alternatives include wage employment, early marriage, and dropping out of school. Human agency and personal initiative, in this case, includes the protection of family property: "my eldest sister was clever. When she saw that things were bad, she hid most of the furniture at a neighbour's house so there was nothing for them to take. We still have most of the furniture... They still wanted the furniture and they wanted this house. My sister argued with them everyday about this."

What is striking about this story is that the grandparents and uncles were first tried before the orphans took the option of living alone:

> When my mother died we went to live with our grandmother but they were so cruel to us. They still wanted the furniture and they wanted this house. My sister argued with them everyday about this. In the end, we decided to go and live on our own in the same house they wanted. In the first few months, things were not easy. My uncle came almost everyday trying to get us to sell the house or give him the house but my sister and brother argued with him. No, they do not help us. We are on our own.

Difficult to explain in this case are the motives and interests in property grabbing on the part of the grandparents and uncles. An obvious explanation is that of greed. But it could be indicative of the poor material position of these people relative to their social responsibility.

This case also highlights the power and the adaptive capabilities of the inner circle (see Figure 3). There are a number of factors at play here: the number of the orphaned children in this family (6 of them), their ages (ranging from 12 to above 20), marital and economic status (some of them working and/or married), possession of property, and residence (at least four of them) in their natural environment to which they were used when their parents were still living. These assist them to re-bond and thus avoid complete social rupture. The case would surely have been different if these orphans had experienced multiple losses such as a few of them dying shortly before or after their parents' deaths, losing their family property, and being taken away to live with relatives elsewhere. These are the factors that increase the orphans' deprivation and social exclusion.

Box 1. The Voice of an Orphan.

My name is Ray and I am eighteen years old. I have three sisters and two brothers. My eldest brother does not stay with us. He moves about doing odd jobs and comes every once in a while to give us some money. My elder sister is married. She is twenty and comes every day to see if we have food. She only got married last year. Eleanor (sixteen), Ena (fourteen), Leo (twelve), and I live together. All three of them go to school. I left school because I do not have money for school fees. My elder brother also left school because of the same problem.

My father built this house we are living in, but he died before he could finish it. My father died in 1995 and my mother died the following year. My elder sister is the one who took care of them during their illness. Our relatives did not want anything but their property. They used to tell us that we would suffer once our parents were dead. My eldest sister was clever. When she saw that things were bad, she hid most of the furniture at a neighbour's house so there was nothing for them to take. We still have most of the furniture. When my mother died we went to live with our grandmother but they were so cruel to us. They still wanted the furniture and they wanted this house. My sister argued with them everyday about this. In the end, we decided to go and live on our own in the same house they wanted. In the first few months, things were not easy. My uncle came almost every day trying to get us to sell the house or give him the house but my sister and brother argued with them. No, they do not help us. We are on our own.

We face many problems. We lack food, clothes and school fees. School fees are a real problem. Even when we work hard there is no way we can stay in school because we do not have enough money to pay for school. We have to pay MK100.00 a month. Ena has just written her standard eight exams and is worried. She does not know if she has passed and does not know if she is going to find a place in a secondary school. She has big dreams. She wants to go to the University to get a diploma in tourism. She wants to visit all the countries she has learnt about.

Eleanor does not care what she does. She just wants to get any job that can be found or run her own business. Leo wants to become a pilot but always complains because he does not have tea in the in the morning anymore. I guess that he does not understand that times are hard. This is not the only meal that we go without. Sometimes we do not have food at all. When we eat, it is usually nsima and boiled vegetables with salt. On days that we can say that we have had a good meal then, it is nsima and fish. This is rare.

I have to look after these three. The care that I give them cannot match the one my parents gave us. I wish our parents were still alive. Every morning I wake up and try and think of ways of getting a meal. When our clothes are looking worn, I have to think of ways of getting us some. I know my sister got married so that she could get away from these problems. At least she tries to share with us the little she has, but she does not have much. Maybe one day we will be lucky and work in an office, but with the way things are, I don't think I will get to do that.

When we are sick, we look after ourselves. I usually take them to the hospital by bicycle. It is the best I can do. We all have friends but do not have too much time to spend with them because we have work around the house. The girls work around the house while Leo works in a shop in the market during the weekend. I look for work everyday so that we can have food. We have closed off one side of the house and let that out so that the rent from there helps us. Most of the people from here are nice to us but some of them tell us to get out of their sight because we are orphans. This is hurtful but what can we do? There is nothing we can do because we are orphans after all. We really miss our parents especially when there is nothing to eat. We used to dream of our parents for a long time but nowadays we don't. Sometimes we sit and chat about them and what we used to do with them. I remember that my father suffered a lot during his illness but he wasn't sick for a long time. His relatives were so happy that he was sick, it was horrible. Even though they treated him like this, he left a will leaving some money for my grandparents but they still do not treat us nicely. I really wish our parents were alive. At least they would know what to do.

From Cook, Ali and Munthali, 1999.

In the event of multiple losses orphans are bereft of immediate family support and become extremely vulnerable to social and economic forces. It is at this stage that they fall into the network of support provided by the extended family and the community, making the care of orphans a collective responsibility as implied in this Tonga funeral hymn:

Wa mwana mlanda tiye kwidu
Watikulindizga, watuma pakhomo po muduzi uvimba
Wa mwana mlanda tiye kwidu

Orphan child come let's go home
They are waiting for you at the door
Under the thick shade
Orphan child come let's go home

Folklore and other forms of ethnographic evidence indicate that collective responsibility for those who have fallen out of the immediate family support is emphasized in almost all Malawian cultures, as reflected in this Chichewa song:

Mwana wa masiye, mwana wa masiye
Akamalira mperekeze kuli amawo

When the orphan child cries
Take/escort him/her where the mother is

The orphan in this case is one who has lost a mother. In the wider context it means taking the child to where he/she can have support. This, is a collective responsibility of the community. The song also suggests that, if literally understood, *wa masiye* is one who has been "left behind", not only physically, but also socially and materially. What matters are not just the actual loss of a parent, or parents, but the process of "being left behind" by everybody and the resultant social and material deprivation.

4. Limitations of Institutional Strategies

The official orphan care strategies in Malawi are heavily influenced by the social rupture thesis. The national orphan care program coordinated by the Ministry of Gender, Youth and Children Affairs is premised on the conviction that "the HIV/AIDS pandemic is tragically affecting the lives of children. Family structures are being disrupted. Thousands of children are being orphaned by the death of their mother and/or their father as a result of AIDS" (Ministry of Women and Children Affairs, 1996: 1). The disruption of family structures and the social support systems result in increasing socio-economic vulnerability and

deprivation of orphans. These, in turn, reduce the survival chances and the participation of the orphans in the society in which they live.

The HIV/AIDS pandemic is not the only cause of the disruption of the family support systems, and the resultant vulnerability and plight of the orphans. Three other causes are put forward. First, the monetization and modernization of the economy "has led to a situation where extended family and clan ties are not as cohesive any more, and the spirit of voluntarism has been eroded." Second, the "orphans seem to lack any legal backing to protect them against relations who are only interested in their deceased parents' estate, so that when the property is appropriated by relatives the orphans are left with nothing" (Ministry of Women, Children Affairs and Community Services, 1992: 1). Third, as a result of the weakening of the traditional care system, "there have been temptations to go institutional". The institutions, such as orphanages, "create the danger of stigmatizing children and abuse by the service providers". They uproot the children from their cultural environments, and are unable to provide the love, care and attention that the children need. Furthermore, they are expensive to run and do not offer a reliable solution in the face of the large numbers of the orphans created by the AIDS pandemic (*ibid*: 2).

These observations have influenced the policy guidelines on orphan care in the country. The official view is that the institutionalization of orphans should be the last resort. The preference is for continued familial support, popularly known as home-based care. The emphasis is on "assisting/empowering the extended families with skills to earn income to meet cash needs on the one hand, and inputs like fertilizers, etc, and to enable them produce enough food for the family, on the other" (*ibid*: 2). The danger with this view is that it contains an inherent contradiction. If the observation that the family structures are being disrupted and weakened by multiple factors is correct, then one wonders how a social fabric capable of effectively providing support to the orphans, based on social morality, can be reconstructed out of a collapsing system. Can the process of the erosion of family ties and the "collapse of the spirit of voluntarism" as a result of the rising individualism (that arises from the monetarization and modernization of the economy) be reversed? The contention of this paper is that these processes will be accelerated by the modern development philosophies enshrined in economic liberalization. There is therefore need to critically interrogate the social effects of economic liberalization, and the related development philosophies, on the vulnerable groups such as orphans.

Liberalization is also a cause for the proliferation of the institutions that claim to care for the orphans. There is no doubt that the philanthropic interests in this approach are mitigated by vested material benefits. Most of these institutions are run almost in the same manner as the private schools. They are investments that bring material and social benefits to those that operate them. The benefits include publicity, socio-political status, and honour. With these, the operators of the institutions that care for the orphans may get access to economic facilities and support provided by donors, governments and other development agencies. Though such outcomes, by themselves, might not be wholly bad, the

methods and processes involved are rather controversial. They constitute banking on the poor and the vulnerable, and exploiting their plight, which in turn reinforce the process of social exclusion.

A workshop report on "best practice in orphan care" issued in 1998 observed that "the growth of the AIDS problem and its resultant orphan problem has led to a proliferation of orphan care programs of various organizational structure, style, and activities" (Ntata, 1998: 1). By October 2000, there were not less that 231 well-known institutions of various type and sizes working on issues relating to HIV/AIDS in the country (US Peace Corps, 2000).[2] At least 72 of these were working on topics relating to orphans, widows and widowers, or supporting those organizations working on these topics. Of late, there has been a proliferation of these organizations, and especially those commonly referred to as "community-based", which tend to be "informal" and unregistered. Analysts have observed that while all such organizations may have the interests of orphans at heart, limited knowledge levels may result in a situation where in some areas the needs of the orphans are not met in the best possible way. In addition, without proper (read official) guide a situation of contradictory activities among the organizations is possible (Ntata, 1998: 1).

It is worth noting that the majority of the organizations that care for orphans in Malawi are either urban-based or attached to ideologically biased institutions. These raise the problem of access. For example, most religious organisations are influenced by their ideologies, and thus may not pursue an open door policy to all the orphans. Though discrimination may be officially discouraged, some of the would-be beneficiaries may be put off by the religious and ideological stance of the services providers. The latter may also use the facilities to lure the beneficiaries to their faith. This may result in the would-be beneficiaries compromising their own religious beliefs and ideologies, just for the sake of gaining access to the facilities and services. Also compromised would be some fundamental rights: of freedom of association (and disassociation), religion, faith and conscious.

Another challenge to orphan care in the country relates to the incorporation of a rights-based approach to the problem. It has been noted above that the process of orphanhood may include loss of access to the property of the deceased parents through grabbing by relatives. This increases the vulnerability and socio-economic deprivation and exclusion of the orphans. Particularly worrying in this respect is the fact that the property is often grabbed by family members of the deceased parents, ironically in the name of “guardianship” of the children. Their argument is that they claim the property for the benefit of the children of the deceased. Here lies a worrying tension in the “traditional” orphan care system. The system provides for some of the gross violations of the orphans’ rights.

[2] There has been no detailed survey of these organizations and their operations. Some of them have come and gone.

Some of these violations arise from the lack of comprehensive legal provisions on the protection of orphans. The current legal regime is rather inadequate. There are provisions for the adoption of such children (The Adoption Act); for foster care and affiliation (The Affiliation Act); the registration of institutions engaged in the protection of orphans (The Children and Young Persons Act); and for the general welfare of children through association with their widowed mothers (The Maintenance of Married Women Act and the Wills and Inheritance Act). These are general pieces of legislation. They are not specifically for the orphans. However, they do provide some opportunity for the protection of these people. What is not clear is the effectiveness of these legal instruments, their enforcement and monitoring of implementation.

The Ministry of Gender, Youth and Community Services is the principal institution for the administration of these legal instruments. The Ministry also provides services such as foster care placement, guardian *ad litem* in the case of adoption (done through the courts of law), and public assistance: short-term relief and public assistance such as food, shelter and clothes. Like any other government institution, the Ministry is a cash-trapped institution. Budgetary constraints limit its degree of effectiveness in the provision of facilities and the delivery of services to the orphans. The facilities and services may be inadequate and rather poor in quality, resulting in insufficient attention to the special needs of orphans. The public is also generally unaware of the existence in government of the orphan care schemes.

In addition to the Ministry, several institutions offer similar facilities and services. Available evidence suggests that some of these do not comply with the legal requirement for registration, and the acceptable moral and social standards for the care of orphans. These raise the crucial issues of “policing”, monitoring and enforcement of required procedures and standards. The current set up in the Ministry of Gender, Youth and Community services does not provide adequate mechanisms for these functions. In fact, they would constitute a further burden to the cash-trapped and human-resource deficient Ministry.

5. New Approaches: Is it "Best Practice"?

Until very recently, the advocates of the "best practice in orphan care" emphasized the formal institutional approaches: planning and programming; consultation and coordination; formation of tasks forces - or the creation of more structures; advocacy and networking; transparency and good management; holistic approaches in the design of interventions; and project evaluation and monitoring, using set indicators. Of late, the focus is increasingly shifting towards what are known as "bottom up" approaches. These include: community mobilization and the involvement of community leaders, use of traditional structures and channels of communication, voluntarism and voluntary

participation, life skills training (including HIV/AIDS education), civic education on child rights, child participation, gender sensitization, traditional forms of counseling and rehabilitation, and the integration of orphans in the community.

This "new" thinking is accompanied by the acceptance of the importance of local communities as change agents. Hence the call now is for the "community-based" organizations (CBOs) to take a leading role in orphan care. The CBOs include religious-based or village-based committees charged with the responsibility for orphan care. Non-governmental organizations (NGOs), multilateral and bilateral aid agencies, government and religious institutions are now setting up these CBOs as their "best practice" in orphan care. The system operates at three levels. First are the village level CBO committees. These are for planning and coordinating village-level activities relating to orphan care. They also serve to network with other levels of orphan care in the overall national program (Ntata, 1998: 9). The second level is that of volunteers who carry out specified activities identified at the planning stage by the orphan care committees. The volunteers identify, register, and monitor the wellbeing of the orphans; and report to the orphan care committee. Third is the level of external assistance from donor agencies, NGOs, government, and other institutions. One can therefore argue that this approach is just as formal as any other approaches in the past. The linkages (see Box 2) between the CBO structures and the external institutions demonstrate the degree of formality. The community committees are linked to district committees, donor agencies and other outside support groups such as lending institutions. These are linkages that can easily lead to the strengthening of dependency relations.

From an intellectual point of view, the importance of the "new" approach is that it challenges the logic in the social rupture thesis because it recognizes the existence, and the adaptive capabilities, of the family and community structures. It is a tacit admission that families and communities have the potential to re-bond and reconfigure themselves in the face of crisis. The recognition of the adaptive capabilities of the social sub-systems has resulted in the partnership between the CBOs and the formal institutions. The latter use the former as vehicles for the delivery of their program activities. This has both positive and negative implications. On the positive side, there is a sense of "ownership" of the problem by the community, increased participation, and social re-bonding to avoid societal breakdown. On the negative side, it may easily result in the strengthening of patron-client relationships and increased dependency of the CBOs on the formal institutions.

Box 2. Community-based Orphan Care Practices.

Case 1: *Tovwirane Orphan Care Program (Mzimba)*
The Tovwirane Orphan Care Program started operating in 1993, providing a limited number of services. Over the years the program has expanded into seven various committees: Education Committee, Counselling Committee, Ho-based Care Committee, Income Generating Committee, Resource Centre, Sexual Health Committee and Orphan Care Committee. The orphan care committee has seven Tovwirane centre volunteers. It provides services to a catchment area comprising 49 villages. The principal activity of the committee is to source material assistance. Such material assistance includes clothing materials, blankets, soap and food. The committee is also currently sponsoring four secondary school students in terms of fees and uniforms. The orphan care committee is also involved in a revolving loan scheme. Some twenty orphans and twenty guardians of orphans are already benefiting from K400 loans to establish individual and group loans. In addition to material assistance, the orphan care committee attempts to cater for the social needs of orphans as well. The first phase of such a project has been the creation of a football league involving two teams of orphans that meet twice a week. Other activities are being planned. Other future plans include the training of older orphans in the area to serve in various staff positions at the resource centre in order to teach them new skills and make them role models.

Case 2: *The Thyolo Community-based Orphan Care Program*
The program has at least 21 orphan care committees. Among other activities, these communities carry out awareness campaigns through meetings, orientations, and distribution of leaflets, drama, songs and appeals. At the district level, orphan care committees produce plans and objectives, which are presented to the District Executive Committee and the District Development Committee

From Ntata, 1998.

From the "best practice" point of view, the community-based care approach is liked because, by nature, it embodies the idea of voluntary participation. "This is a good practice insofar as it eliminates huge manpower and other resource costs. In this way voluntary participation ensures adoption of programs in a wide range of socio-economic circumstances and guarantees sustainability" (Ntata, 1998: 9). Community participation, skills training, and the integration of orphans in the program activities and the community at large, ensure that the harsh effects of social exclusion are minimized though not totally eliminated.

6. CONCLUSIONS

The foregoing account points to the need for the redefinition and reconceptualization of an orphan, and orphanhood, so as to make these concepts socially and culturally relevant to the Malawi context. This is important because it would guide the designing of interventions and mechanisms for orphan care in the country. A redefinition of the concepts may also have an effect on the numbers of those who fit the category. As it currently stands the definitions leave out a lot of those who would otherwise fit into the category of orphans and

the situation of orphanhood. This has implications for both planning and targeting. The interventions might be wrongly planned for, and targeted at much fewer people than would be the case if the understanding of an orphan were expanded. The paper also demonstrates that the "new" approaches to orphan care indicate that the argument that society is totally breaking down due to the effects of HIV/AIDS is exaggerated. Evidence suggests a process of social re-bonding and reconfiguration of structures in which new forms of adaptive strategies are emerging, albeit with varied degrees of success.

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