

## THE AIDS CRISIS AND ORPHAN CARE IN ZIMBABWE

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The paper observes that the AIDS crisis in Zimbabwe has resulted in an unprecedentedly huge increase in the number of orphans. The magnitude of the problem of orphans warrants going beyond conventional responses to the care and protection of orphans. The paper, therefore, discusses these conventional responses and a new initiative, namely the community-based orphan care programme. The paper also observes that, although the community-based care programme has been fairly successful in the few districts where it has been introduced, the general state of poverty is undermining the effectiveness of the programme.

### INTRODUCTION

The AIDS pandemic has become the single public health problem which is threatening to decimate a significant proportion of the population of Zimbabwe. Although the human immuno-deficiency virus was first identified in 1983, it was not until the late 1980s that the government publicly acknowledged the presence of HIV/AIDS in Zimbabwe. In its reports to the World Health Organisation the government reported seven cases of AIDS in 1986 and 57 by January 1987 (Jackson 1992). Since then the number of AIDS cases has been increasing at an alarming rate. UNICEF (1999a:21) observes that "Zimbabwe has one of the worst AIDS epidemics in the world" and notes that 26% of the adult population is infected. Zimbabwe has a population of approximately 12 million, of whom 57% are aged 15 years and above.

UNICEF (1999b:2) in its progress report observed that 1200 people were dying every week because of HIV/AIDS and projects that by 2005 HIV/AIDS will be responsible for 60% of all child deaths. Although the awareness of HIV/AIDS in the country is quite high, this has not translated into behavioural changes. The age group most at risk is the 15-49 years age group. This is significant in that this is the most economically active age group and is also the child-bearing age group. Consequently, when people in this age group die, they leave orphans who become a burden not only to the extended family system, but to the community and government as well. This is notwithstanding the fact that their deaths also impact negatively on the country's productivity and ultimately this slows down national development. The magnitude of the problem of orphans has necessitated the development of a new model of care for orphans.

There is no consensus on the definition of an orphan. However, an orphan can be defined from two perspectives. An orphan can be a child who has lost both parents or can be a child who has lost either parent. An interesting conceptualisation of an orphan is provided by Hunter and Williamson (1994), who classify orphans as paternal or maternal or double orphans. According to these two authors, a maternal orphan is a child under 15 years who has lost a mother, whilst a paternal orphan is a child under 15 years who has lost a father. A double orphan is, therefore, a child under 15 years who has lost both parents. A maternal orphan often experiences emotional deprivation and this impacts negatively on the psycho-social development of the child. On the other hand, the loss of a father impacts negatively on the capacity of the child to meet his/her basic needs, since fathers are usually the family breadwinners in Zimbabwe. The loss of both parents, therefore, has negative consequences on the welfare of the orphan, hence the need for societal intervention. The Government of Zimbabwe (1999) defines an orphan as a child who has lost both parents. This is the definition that has been adopted for the purposes of this paper.

According to UNICEF and SARDC (1998:22) the “exact number of orphans in Zimbabwe is unknown, and there is no mechanism to capture their numbers with accuracy.” However, it is acknowledged that the AIDS pandemic is responsible for the sharp increase in the number of orphans in the country. UNICEF (1999a:21) observes that “as in Zambia, by the end of 1997, there were some 360 000 children orphaned by AIDS – 7 per cent of all children under 15 and the likelihood is that many more children will share this fate”. In the same vein, O’Donoghue (1995:2) estimates that by the year 2000, there will be 600 000 children orphaned by AIDS.

A significant feature of the AIDS pandemic has been emergence of child-headed households and households headed by elderly persons. The existence of child-headed households in particular is a reflection of the growing incapacity of the extended family system to provide care and protection to orphaned children. Under such circumstances the eldest child assumes the responsibility for looking after the younger siblings, sometimes with the assistance of relatives or other members of the community. Unfortunately these children rarely have the necessary resources and often find it difficult to access social safety nets because of their minor status. As a result they struggle to meet their basic needs. The same applies to those children under the care of elderly persons, usually grandparents. Many elderly persons in Zimbabwe are living below the poverty datum line and do not have resources. Legally, they can apply for public assistance but the allowances are so meagre that people can hardly survive solely on them. Elderly persons do not have the energy to deal with the demands of the young grand children left in their care.

## RESPONSES TO THE PROBLEM OF ORPHANS

The problem of orphans is as old as society itself and the only difference now is that the problem has become more pronounced due to the AIDS pandemic. Thus there have always been care arrangements, both formal and non-formal. The responses to the problem of orphans include the use of the extended family system, foster care, adoption, institutional care and community-based care. These are examined in detail in the discussion that follows.

### Extended family system

The extended family system has always been used as social security system that provides social protection to needy members. In the event of death of a husband one of the brothers of the deceased would be designated by the extended family to look after the surviving spouse and children. In instances where the woman dies her family would provide a replacement wife to the surviving husband who would continue to nurture the children (UNICEF and SARDC 1998). However, because of the AIDS pandemic, the practice is being discouraged because of uncertainty on the HIV status of the deceased. Furthermore, owing to urbanisation and westernisation, the practice of widow inheritance is declining rapidly as individuals prefer to choose their new partners after the death of the spouse. Furthermore, relatives have been known to grab the deceased’s property, thus leaving the widow and children destitute. This is notwithstanding the fact that inheritance laws are there to protect the rights of the widow and the children. UNICEF and SARDC further observe that “alternatively the children were taken in by an aunt (mother’s/father’s sister) or other relative” (1998:23). However, relatives have been known to channel financial resources left to orphans for their own use, either because of greed or poverty. When orphans are taken in by relatives there is a tendency to separate the siblings, resulting in separation anxiety and unequal opportunities for the orphans. Despite these problems all these arrangements were designed to meet the welfare needs of orphaned children.

Although the traditional arrangements for the care of the orphaned children still exist, the magnitude of the problem of orphans has rendered the extended family system unable to cope. Furthermore, socio-economic factors are undermining the effectiveness of the extended family

system. These include the harsh economic environment, which makes it difficult for individuals to extend assistance to their needy relatives. Also, there has been a gradual weakening of kinship ties as a result of urbanisation and industrialisation. Those who take on the responsibility often do so with little or no support from the government. As a result the material needs of orphans are often not met. The problem is also compounded by the fact that when parents die, they rarely leave any inheritance to their children as families use all their resources in the search for treatment for AIDS-related illnesses (Kaseke & Matshalaga 1998). This impacts negatively on the welfare of orphaned children.

### **Adoption and foster care**

Section 2b of the Children's Protection and Adoption Act (Chapter 5:06) defines a child "both of whose parents are dead or cannot be traced and who has no legal guardian" as a child in need of care. Section 58 (1) provides for the adoption of children in need of care, whereas Section 20 (1)(ii) provides for the placement of children in foster care. Probation officers (social workers) carry out thorough investigations to determine the suitability of prospective adoptive or foster parents to provide care and protection to the children. Powell *et al.* (1994) estimate that between 1988 and 1992 only 187 adoptions were successfully finalised.

It should be pointed out that adoption of children to whom one is not related is a relatively new concept among Africans in Zimbabwe. It is therefore not surprising that few Africans come forward to adopt children. Cultural beliefs preclude many Africans from adopting children. Furthermore, the possibility of HIV-positive children being adopted is very remote. The problem is also exacerbated by the fact that only those cases referred to the Department of Social Welfare can be processed and this disadvantages rural communities as they do not have easy access to social welfare services.

Foster care is utilised more often than adoption, although there is still some resistance among African people. Powell *et al.* (1994) report that there were 755 foster care cases in 1994. They observe that the payment of foster care fees to foster parents provides an incentive to people of limited means to foster children. It should also be pointed out that there is a lot of informal foster care that takes place within the African community.

The take-up rate for adoption and foster care is low and these options cannot be expected to make a dent in terms of responding to the crisis caused by the AIDS pandemic. Orphaned children have to compete with other categories of children in need of care such as abandoned children and neglected or abused children, who also require adoption or foster care.

### **Institutional care**

Orphaned children may be committed to an institution in terms of the Children's Protection and Adoption Act (Chapter 5:06). Section 20 (1) (i) of this Act states that "upon being satisfied that a certified institution will accept the child or young person, order that the child or young person shall be placed in that certified institution, which shall be named in that order". There are 38 registered children's institutions which are supposed to accommodate 2294 children. (Powell *et al.* 1994). Most of these homes are located in urban areas and are therefore rarely accessed by children from rural areas. These homes are unable to cope with the demand for places. At the same time most homes are experiencing serious financial constraints and this impacts negatively on the quality of care. As in cases of adoption and foster care, those children who are committed to institutions represent a tiny fraction of children in need of care in the country. A major handicap is that when orphaned children leave institutional care upon reaching majority age, they rarely find somewhere to go. They are usually ill-prepared for life after the institution and this is exacerbated by the fact that they do not have marketable job skills when they leave the institutions.

## Community-based care

In 1999 the Government of Zimbabwe approved a National Orphan Care Policy whose major objectives are as follows:

- “to reorient the activities of government and all other development partners, including the Child Welfare Forum to address the particular needs of orphans;
- to support existing family and community-based coping mechanisms in the area of orphan care;
- to mobilise, motivate and sensitise all communities in Zimbabwe to develop orphan support strategies and interventions;
- to promote the ability of orphans to access public and private resources;
- to promote the protection of orphans from abuse, neglect and all forms of exploitation, including sexual and economic” (Government of Zimbabwe 1999:7-8).

The policy emphasises that the best interests of the child should be paramount in deciding on appropriate intervention and that if children cannot be looked after within their families, then communities should care for the orphans. This serves to ensure that children are not uprooted from their communities unnecessarily. Each village elects a village committee which is responsible for keeping a register of orphans and ensuring that their needs and those of the caregivers are met. The Department of Social Welfare, through the Child Welfare Forum, provides technical assistance to these communities. The government has introduced the Child Welfare Forum at national, provincial and district levels and, in the case of rural areas, at chiefs and village levels as well (Government of Zimbabwe, 1999). The Child Welfare Forum is chaired by the Ministry of Public Service, Labour and Social Welfare and membership is drawn from other relevant government ministries, non-governmental organisations and local authorities. The Child Welfare Forum monitors the situation of children and advises the Ministry of Public Service, Labour and Social Welfare on all matters pertaining to their protection and welfare.

UNICEF (1999) observes that there are three phases that community-based orphan care projects have to go through. First, there is an assessment of the situation, which involves the enumeration of the children living in especially difficult circumstances and the care arrangements in place. The second phase involves raising awareness on the circumstances of the orphans, leading to communities exploring possible intervention strategies. The final phase involves implementation of activities designed to facilitate the meeting of basic needs such as food and shelter. This has necessitated the resuscitation of the traditional social protection arrangements such as *Zunde ra Mambo*. *Zunde ra Mambo* refers to land that is collectively cultivated by the community under the general leadership of the chief for the benefit of needy individuals or families in the community. Thus, orphans are also benefiting from *Zunde ra Mambo*. A pilot project for the community-based care programme was started in Masvingo District in 1994 and has since been replicated in 30 communities (UNICEF 1999a).

The community-based care programme has had some successes in ensuring the care and protection of orphaned children. Many communities have been able to set up a community fund and income-generating projects whose proceeds are used for the upkeep of orphaned children, including the payment of health and school fees. An evaluation of the community orphan care programme by Matika in 1996 revealed that communities had become aware of the problems faced by children in especially difficult circumstances in general and orphaned children in particular and that they were paying school fees for orphans. In some cases communities had been successful in lobbying schools to exempt orphans from paying building funds.

Despite these successes the effectiveness of the community-based care programme is being undermined by the problem of poverty. Rural communities in particular are generally poor and are struggling to survive in the harsh economic environment. Consequently the communities are unable to mobilise the resources needed to support the children. Even though some of the communities have embarked on income-generating projects, these have not provided real opportunities for earning income, either because the markets are flooded or there are no economies of scale. As UNICEF (1999a:23) observes, "many of the volunteers are poor themselves and most income-generating projects are very rudimentary and do not generate sufficient income." Consequently resources that flow to orphaned children are significantly less than those at the disposal of other children in the community.

## CONCLUSION

The discussion has shown that the AIDS crisis in Zimbabwe is responsible for the unusually large number of orphans which, unfortunately, is projected to increase dramatically in the future. The conventional responses to children in especially difficult circumstances that are provided for under the Children's Protection and Adoption Act Chapter 5:06 are no longer appropriate, given the large number of orphans. These responses are also rendered ineffective because the system relies on referrals being made to the Department of Social Welfare and given the problem of limited access to social welfare services, many children will never benefit from these responses.

The community-based care programme remains the only pragmatic and appropriate response to the problem of orphan care, particularly in circumstances where the extended family system is unable to assist. However, the community-based orphan care programme needs to be replicated at a national scale if it is to make a national impact. For this to happen, and given the general state of poverty in most communities, efforts should be directed at strengthening the capacity of communities to provide care to orphans. Unless serious efforts are made by government to improve the standards of living, communities will always find it difficult to mobilise the resources necessary for the upkeep of the orphans.

At present the Department of Social welfare is experiencing severe resource constraints, both human and material, which is impacting negatively on the effectiveness of the community-based care programme. The government therefore needs to seriously consider allocating reasonable resources to the Department of Social welfare so that social workers can provide the necessary technical support to communities. Ultimately though, the answer to the orphan care problem lies in addressing the AIDS crisis itself. In the absence of a cure, the emphasis needs to fall on promoting behavioural changes, particularly among school children, with a view to creating an AIDS-free generation in the long run.

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