

Malawi battles AIDS orphan nightmare

Communities struggle to provide care, with few resources

By **Gumisai Mutume**

In a rural district along the shores of Lake Malawi, Ms. Catherine Phiri leads thousands of volunteers in a desperate rearguard battle against HIV/AIDS: feeding orphans, providing homecare, counselling and encouraging people to get tested. For six years, they have worked without financing from outside the area, relying on contributions from fellow villagers in this poor part of the continent.

"We can only bring the kids together once a week for a meal," says Ms. Phiri, founder of the Salima AIDS Support Organization (SASO). "Apart from that, there is very little more we can do because we do not have the money. There is no funding at all for our orphan-care programme." Set up in 1994 in response to the rising number of HIV infections in Malawi, where an estimated one in seven adults lives with the virus, SASO reaches 58,000 households in Salima.

It was only last year that SASO, with its 2,650 volunteers, secured a grant of about \$30,000 for its AIDS awareness programmes, but that runs out at the end of the year. "Government helps," Ms. Phiri told *Africa Recovery*. "But it does not have a dedicated fund for orphan care." After her husband died of an AIDS-related illness in 1990, she publicly declared her HIV-positive status and set up SASO.

There are hundreds of similar community organizations run by volunteers in Malawi, part of an extensive network coordinated through a national orphan-care task force established by the government in 1991. They have set up centres where children play, learn, are immunized and their health is monitored. Village committees assist children in desperate need, especially those looked after by elderly grandparents or parents who are very ill.

"The 'grandmother phenomenon' is the dominant orphan programme for the moment, I think, in much of east and southern Africa," says Mr. Stephen Lewis, UN special envoy for HIV/AIDS in Africa. "It is a legitimate extended family arrangement and the kids by and large are related to one another and they are happy in that sense."

"Where they have turned it over to the broader community, rather than a grandmother or part of the extended family, the arrangements are often make-shift and ad-hoc and the kids are struggling," says Mr. Lewis. Of increasing concern to development planners is what happens when the grandparents die and, suddenly, child-headed households dominate.

Many orphans, little money

No one knows exactly how many AIDS orphans there are in Malawi. Estimates put the total number of orphans at 850,000 to

1.2 million, rising to 2 million by the end of next year.

Resources are lacking to handle this growing orphan crisis. The government can only afford to allocate \$250,000 for the gender ministry's social welfare department this year, notes Mr. Penston Kilembe, who is in charge of orphan care. "It's inadequate. We need much, much more money than that because we are talking about survival, growth and the development of these children." The government relies on the UN Children's Fund (UNICEF) for 80 per cent of its child-care programme budget.

More than 365,000 Malawians have died of AIDS since 1985, when the virus was first diagnosed in this country of 10.6 million. Life expectancy has plunged from 52 years in 1990 to about 39 last year. The Joint UN Programme on AIDS (UNAIDS) puts the adult infection rate in Malawi at 16 per cent.

Mapopa N'Goma, one of nine siblings orphaned by AIDS, is now under the care of his grandmother in Kuanda, Malawi.



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Daunting challenges

The government acknowledges that its support "has been grossly inadequate and the condition of orphans is made worse by extreme poverty and the erosion of extended families." Malawi has, however, been praised for its humane and exemplary treatment of orphans despite the meagre resources.

UNICEF believes that political commitment is growing. President Bakili Muluzi is increasingly supportive of AIDS prevention and care programmes. In speeches, he frequently exhorts people to change their behaviour. He and his vice-president have both adopted AIDS orphans.

In 1992, Malawi became the first country in the region to develop guidelines for orphan care. These are being used as an example in neighbouring countries. They recommend that orphans be kept within their communities, and argue that government should be at the centre of national orphan-care activities.

But the government is losing many of its workers to AIDS. The health ministry estimates that by 2005 between 25 and 50 per cent

of workers in urban areas will die of AIDS. While the rates of infection are higher in urban areas, the number of people infected is greater in the rural areas, where 85 per cent of the population lives. There, HIV/AIDS is presenting a daunting development challenge, diverting labour from farming into care provision, increasing food insecurity and threatening the survival of entire communities.

Breaking the poverty cycle

“Our biggest problem is poverty,” says Mr. Kilembe. “At least 65 per cent of our people live below the poverty line. Many are unable to take on the responsibilities of extra children because they are already strained.” Malawi’s average annual per capita income is \$200 — less than half the \$500 average for sub-Saharan Africa.

Many of Malawi’s poor children are not in school because they cannot afford to go. In 1994 the government abolished tuition fees for primary education, leading to an increase in enrolment from 1.9 million to 3.2 million the following year. But for many, the road ends there. Only a fifth of primary school graduates make it into high school. The danger of a generation of uneducated adults is all too obvious to development planners.

Ms. Elizabeth Hughes, of UNICEF Malawi, says the main approach to orphan care should shift from vocational training to formal education. “When you go and speak to many of these children, they tell you what they really want is an opportunity to go to school,” says Ms. Hughes. “We have to find a way of keeping them in school.” ■

