

Title

Caring for children in need: Addressing gaps in current programs in Zimbabwe

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Abstract

The AIDS pandemic has had a devastating impact on communities in Zimbabwe and other countries. Children have borne the brunt of this disaster with millions being orphaned and many more deprived of a normal childhood and education. Child experts and governments have worked to develop policies and strategies which ensure that available resources are used effectively to benefit a large number of children in need. Zimbabwe has been severely affected by the HIV and AIDS pandemic. One of the most tragic consequences of the disease has been an orphan crisis, marked by approximately 1,200,000 Zimbabwean children losing one or both parents to the disease. The guiding principle in childcare is that the psychological, social and emotional needs of children are best met within the family, which forms part of their surrounding community and culture. Orphans should be cared for within their community of origin - be it rural, urban, peri-urban, formal,

informal or transitory. Children need to be cared for in an area they are acclimatized to. They should not be divorced from their familiar environment. Inappropriate and unsustainable programmes have been promulgated to solve problems of orphans and vulnerable children including putting children in institutions, giving children to families from outside the country or other races. These solutions have also undermined the traditional values and ethics which are effective methods of orphan care. Whilst kinship care is being encouraged and is the norm, there is no legal framework for this form of care. There is also community or informal foster care, which can involve non-kins. There is need of coming up with a legal framework to support community or informal foster care. Children in foster care are not monitored or are seldom visited. Informal community structures can be asked to take an active role in the supervision and support of informal placements.

Key words

care, children-in-need, fostering, kinship, orphans and vulnerable children, social protection, Zimbabwe

Introduction

The guiding principle in childcare is that the psychological, social and emotional needs of children are best met within the family, which forms part of their surrounding community and culture. Orphans should be cared for within their community of origin - be it rural, urban, peri-urban, formal, informal or transitory. Children need to be cared for in an area they are acclimatized to. They should not be divorced from their familiar environment. Inappropriate and unsustainable programmes have been promulgated to solve problems of orphans and vulnerable children including putting children in institutions, giving children to families from outside the country or other races. These solutions have also undermined the traditional values and ethics which are effective methods of orphan care. Whilst kinship care is being encouraged and is the norm, there is no legal framework for this form of care. There is also community or informal foster care, which can involve non-kins.

Background

The AIDS pandemic has had a devastating impact on communities in Zimbabwe and other countries. Children have borne the brunt of this disaster with millions being orphaned and many more deprived of a normal childhood and education. Child experts and governments have worked to develop policies and strategies which ensure that available resources are used effectively to benefit a large number of children in need. Zimbabwe has been severely affected by the HIV and AIDS pandemic. One of the most tragic consequences of the disease has been an orphan crisis, marked by approximately 1,200,000 Zimbabwean children losing one or both parents to the disease. It is predicted that the number of orphans will continue to increase over the next ten years.

In response to this situation, the Government of Zimbabwe developed and adopted a National Orphan Care Policy, which sought to support traditional methods of care and discouraged forms of care which removed children from their communities and culture. This policy recommended foster care and adoption as the desired alternatives for children who did not have extended families and explicitly discouraged the use of institutional care. It clearly stated that placing a child in an orphanage should be regarded as a last resort, utilized only after all efforts to secure a better form of care have been exhausted.

Despite government policy, the number of children living in institutional care continues to grow. In a study carried out in 2004 by (Powell, Chinake, Mudzingo, Maambira and Mukutiri, there were 3080 children in 56 institutional care facilities. In the last ten years the number of children living in institutional care has doubled; the number of institutional care facilities has increased by 75 percent. Furthermore, the report points out that development of new orphanages is often a result of the well-intentioned but misguided efforts of donor groups: 80 percent were initiated by faith-based organizations (Powell, Chinake, Mudzingo, Maambira and Mukutiri, 2004).

Review of current programmes

Children who are orphaned, infants who are abandoned and children who have no surviving family members need to be cared for somehow. Substitute family care strategies are sometimes seen as western models, which do not fit with African culture, where traditional ancestral and blood ties are valued above psychological needs. When children have problems with care they are placed in a crisis care or short-term foster care. This is whereby a family not related to the child or children may make themselves available to care for the child as a short-term measure. Being part of the family reduces the emotional trauma for the child during this transitory phase. This also allows time to assess the child's medical status, identifying any special needs and try to trace the family or the community of origin. After that the long-term foster care will be sort in order to remove the child from a temporary foster care system. The child can be fostered legally until the age of eighteen (Paediatric Association of Zimbabwe, 1994).

Besides the two options above, there is the institutional care. This is whereby the orphaned children are placed in a care home. At the home they are required to stay at the home up to the age of eighteen after that they would be freed from the home. Children raised at a home have no links with their relatives, little understanding of their culture and little idea of how a normal family operates, which makes it difficult for them to become good parents themselves, (Powell, 2006). They receive little individual attention and are generally emotionally deprived, although their physical care and education may be of good standard. As a result, institutions should only be used if family preservation or alternative family care options are not available or are unsatisfactory.

However, it may be the only way at times to ensure care for young orphans or to discourage older children to drift onto the streets. In such a case institution should be modelled on family and village lines and located within communities where children have a chance to interact with other community members. They should be small, and each child should have one special adult as a house mother or father to relate to (Foster, 1993).

The adoption option also needs to be taken into consideration also. This is so because adoption gives children better conditions and privileges. Children are treated like any other biological child. They are in a position to inherit like any other child of the family. The child becomes a permanent member of the family. Adopting parents assume the same rights, duties, obligations and liabilities as they would if they were the natural parents of the child (Hove, 1991).

Covering the gaps in current practices: Kinship based systems

The majority of orphans are being cared for by relatives with the help of other community members. This is in line with the Orphan Care Policy Document which states that programmes to assist orphans should give first preference to interventions which encourage upkeep of orphans within the extended family structure. In case where this does not exist, alternative options must be sorted to care and maintain the orphans within their culture and community of origin. In order to keep orphans in their respective areas of origin a number of ways or support need to be considered and these are discussed below.

Supporting parents

As parents struggle to care for their children due to a number of factors, there is need of giving them a hand in family care. This is good in the sense that the children will remain with their parents or will stay with their parents for a long time. There is also a need of encouraging these parents to plan for their children in advance. They can negotiate with other relatives to take care of the children when they finally die. They are also encouraged to write a will to protect the children. Day care and relief care for children can be provided. This will give children room to play with their peers hence relief pressure to the children as well as to the parents. If resources permit there is also need to provide practical, emotional, and material support for the whole family, (Child Protection Society, 1998).

Supporting child headed households

This is whereby the family remains in the parental home after the death of the parents, with the eldest child among them looking after other siblings. The household needs adult support. The household would need practical, nutritional, health and financial or material assistance. On the other hand, there is also a need of providing developmental, emotional, spiritual and social support. Education, training and recreational needs of orphans should be provided. There is a need of facilitating guardianship arrangements for the household children, (Child Protection Society, 1998)

Supporting the extended families

With the decline of the economy many extended families are finding it difficult to look after extra family members. On the other hand, with an increasing number of deaths in the economically active age groups, many extended family caregivers are elderly people with little financial support and have many grandchildren to care for. In addition, urbanisation and a decline in traditional values have led to some family members neglecting their responsibilities for orphaned nieces and nephews. Volunteer within the community must ensure that the relatives do take appropriate responsibility if possible, providing much needed support to extended family members who take in orphaned relatives, and ensuring that abuse and exploitation of the children does not occur. The help may be in different means such as assistance with income generation if necessary, assistance in obtaining resources such as health services, day care, and relief care among others (Foster et al 1994).

Promoting informal foster care for children

Informal care is care by an adult from the same village or clan who are not related to the orphaned children. Informal foster care keeps the child within the community of origin, where he has roots and feels familiar. This also maintains the clan for the future. It is seen as an appropriate response to the orphan crisis because:

- It avoids the complicated and time-consuming legal processes associated with formal fostering.
- It has the potential of providing a good level of care at low cost.

Overall recommendations and conclusion

Whilst informal foster care is being encouraged, there is no legal framework for this form of care. There is need of coming up with a legal framework to support the informal foster care. Children in foster care are not monitored or are seldom visited. Informal community structures can be asked to take an active role in the supervision and support of informal placements. Child informal care is in a position to do that. Cultural beliefs make it difficult to foster a child (informal) this is so especially when his ancestry is unknown in the community. There is need of demystifying this. Community care is the only form of care capable of extension to all children in need of care in the economically deprived countries of Southern Africa. Community projects can target large numbers of children without the necessity of building expensive infrastructure, and their capacity to use local knowledge in determining their needs and in the selection of beneficiaries means that available resources will be used effectively to assist children and families in genuine distress. Most importantly, community care enables orphaned children and others in need of care to remain in a familiar and secure environment and maintains the critical links with family and clan. Due to financial constraints community care needs support from outside organisations which is comprehensive and work towards poverty alleviation for the whole community.

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