Orphan Living Situations in Malawi: 
A Comparison of Orphanages and Foster Homes

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Abstract: Orphans have become an increasingly large percentage of the population in Sub-Saharan Africa due to the AIDS epidemic. Debate ensues as to the more supportive living situation for these youth, with most research supporting foster homes over orphanages. This paper compares these two situations in the country of Malawi, considering how the two systems meet material needs, care for the orphans’ mental health, and function within the political atmosphere of Malawi. Interviews were conducted with 50 orphans, nine orphanage and foster system administrators, five foster and group home care givers, five health care workers and five community members. All interviewees were asked questions about the children’s routine, responsibilities, health, and future prospects. Administrators and parents were also queried about the management and organization of the programs, and health care workers were asked additional questions about the orphans’ health care and supplies for it. It was found that Malawian orphans placed in orphanages have an advantage over those placed in foster homes along the dimensions of lodging, health care, food quantity and variety, clothing and school supplies. Additionally, children in orphanages have more autonomy, and have a broader concept of their future potential. Orphanage residents view their caregivers as compassionate and loving. Finally, it was found that orphanages are more efficient in providing care and at exchanging information with other organizations. They are also easier to replicate for use in other areas than are community-based programs. The paper concludes with a discussion of the policy implications of these findings and directions for future research.

Keywords: children’s home, feeding program, OVC, HIV, AIDS
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Dedicated to:

The orphans of Malawi and my mom, the best mother and foster mother there is.
1. Introduction

This paper addresses the care of orphans in Malawi, an increasingly important issue as the AIDS epidemic continues to wreak its havoc on the people of Sub-Saharan Africa. Currently, orphans in Malawi are placed in several different living situations. The two most common, orphanages and foster homes, are compared and contrasted in this paper. This paper analyzes how the differences between these two living situations affect the orphans’ material situation regarding five dimensions of material wealth: clothing, lodging, school supplies, health care and food quality and quantity. It also discusses how the orphans within these two organizations differ regarding psychosocial support, autonomy and responsibility. Then, it delves into a discussion of the operational advantages of each system of care. Finally, this paper discusses the two types of care structures in regard to how they could fit into Malawi’s plan for orphans in the future.

1.1 Background Information about Malawi

Malawi is a country in southeast Africa bordered by Mozambique in the east and south, Zambia in the west, and Tanzania in the north. The people of Malawi primarily belong to the Chewa tribe in the southern part of the country and the related Tambuka tribe in the north. The national languages are Chichewa and English. Although the government declares itself democratic, the Freedom House organization rated the government of Malawi as a three and four out of seven in protecting political rights and civil liberties for its citizens, respectively (Freedom House, 2004). The U.N. Statistics Division estimates Malawi’s population at about 12 million, although many of its rural communities are not included in this statistic.
Malawi is a poor country, with 55% of the population living below the poverty line, and 90% of the citizens living in rural areas (CIA, 2004). It was approved for relief in 2000 under the Heavily Indebted Poor Countries (HIPC) program; its current debt is $3.0 billion. Malawian economy revolves around agriculture; most citizens are subsistence farmers, and 88% percent of its exports are agricultural products (CIA, 2004). GDP per capita was $501 (international dollars) in 2001, the third lowest in Africa (WHO, 2004).

The health care system of Malawi and its health outcomes are of particular concern. Life expectancy at birth is 39.8 years for males, and 40.6 years for females, with a median age of 16.4. In 2004, there was a 19.5% chance of dying under the age of five. The fertility rate in 2002 was 6.1. Malnutrition is the most widespread health problem, affecting 70% of rural households. Forty-nine percent of children are stunted and 25% are underweight (Ministry of Gender, 2003). There are 25.6 registered nurses, .32 registered pharmacists, and 1.13 registered physicians per 100,000 of the population. Health expenditures per capita are a mere US$13, and the governmental share of this amount is 36%, with out-of-pocket citizen expenditures accounting for 44% (WHO, 2004).

The extreme poverty and the inadequate health care system combine to make the standard of living in Malawi very low. It is important to bear this information in mind when evaluating the living situations of the orphans and judging the caregivers and nonprofit organizations. In many cases, I found the orphans living in foster homes to have a comparable standard of living to others within their community. It is unfortunate that this standard appears shockingly low, particularly to first-world observers. In contrast, the orphans living in orphanages have a comparatively high standard of living, in part due to the influence of the western world within the organizations that run the orphanages. For example, although indoor plumbing is almost
unheard of across Malawi, it was a standard feature in one chain of orphanages I visited. The director of one of these orphanages explained the anomaly:

"The orphanages began in Germany, and the model used there was copied for use here in Malawi. No one running this organization at the time they were built thought to discuss whether or not inside plumbing was a necessity or a luxury, so it was included in the structures by default." – Orphanage Director

Later in the discussion of results, it is mentioned that some orphans living in foster homes sleep with livestock, that some are awakened at 5 am to complete chores, that some have gone without malaria medication when they needed it and that very few have access to books. However, I also observed all of these conditions, and others mentioned later, within intact households that did not house orphans. Although I neither present quantitative data on the characteristics of non-orphan households nor did I interview any of them when I was in Malawi, I believe that some of the orphans I observed were living at an average standard for Malawian villages, and their orphanhood brought them little material hardship. An exception is that group of orphans who were treated differently from the non-orphan members of the household. For these children, which was approximately half my sample pool, the discrimination and stigma they faced negatively altered their standard of living.

1.2 Malawi and the AIDS epidemic

It follows after observing the problems of the failing health care system that the AIDS epidemic has hit Malawi particularly hard. There are 900,000 Malawians living with HIV between the ages of 0 and 49, with an adult infection rate of 14.2%. In 2003, 84,000 people died from AIDS in Malawi (WHO, 2004).

The AIDS epidemic has dramatically changed the living situations of youth in Malawi, particularly those who are orphaned. The Malawi National Task Force on Orphans defines an
“orphan” as any child who has lost one or both of their parents and is under the age of 18. It is important to note that this definition enables children orphaned both by AIDS and by other causes to be included in the same category, and thus considered under the same policies (Mann, 2002). In Malawi, there are currently 1.4 million orphans, a number equal to 25% of the population of 0-14 year olds (Ministry of Gender, 2003; CIA, 2004). Of the entire population of youth, 4.9% have a deceased mother, 8.3% have a deceased father, 1.9% have lost both parents, and 11.3% have either dead (Bicego et al, 2003).

This increasingly pressing problem has evoked a variety of program responses in Malawi to care for the needs of orphans after their parent(s) has passed away. Currently, community-based initiatives are being emphasized in Malawi, whereby the funding, the personnel, the framework, and/or more informal support are coming from members of the community in which the child resides (Nyambedha, 2003). The primary responsibility of the government of Malawi is to coordinate the over 500 programs currently in place to address the issues surrounding the AIDS epidemic (Zewdic, 2005). Since this responsibility is so time-consuming, the government oversees very few of these programs, leaving the majority of the work to be accomplished by non-governmental organizations, faith-based organizations, and governments of other countries (Ministry of Gender, 2004). The current debate regarding orphan care is how best to meet their needs, both material and psychosocial. This paper addresses these issues using interview data collected in Malawi in 2004.

2. Review of the Literature

There has been extensive research comparing different forms of orphan living situations in many locations across Sub-Saharan Africa. The issue of orphan care was first addressed in a
paper written in 1997, at which time 9 million children worldwide had lost one or both of their parents to AIDS. The paper addressed the changing definition of orphan given the AIDS epidemic, as well as highlighted some additional psychological needs of children orphaned by AIDS, specifically stigma. At that time, Foster found that children orphaned by AIDS were just as social as their non-orphaned counterparts and that the mechanisms already in place through kinship ties would be sufficient for caring for this growing group of the population (Foster, 1997).

Later articles conveyed a different message. Foster and other researchers soon realized that the previous system of kinship ties was not going to indefinitely accommodate the orphan population. According to the researcher:

"Due to the depletion of family resources in an attempt to prolong the life of the affected parents or family members and loss of productive time due to prolonged illness and death of breadwinners, families are increasingly unable to care for OVC. In developing countries, the high level of poverty and inadequate public government services aggravates the situation." (Kinder Not Hilfe, 2004, p. 7)

One problem that had been previously masked was the issue of succession planning and its cultural appropriateness. Succession planning is the idea of allowing parents who are ill to discuss and plan for their children’s care after their death. In a study in Zimbabwe, researchers found that it was culturally inappropriate to discuss imminent death, and in 8% of cases, children were never told their parents had died (Foster, 1995).

Researchers also uncovered a difference in issues facing orphans depending on which parent had died, and if both had, on which other family members were alive. A study conducted in Kenya found that maternal orphans were considered more vulnerable than the paternal ones. The reason given in the Kenyan culture was that when the mother died, the father was likely to marry another woman, which would worsen the situation of the orphans because she would favor
her own biological children. Widowed mothers, on the other hand, are less likely to remarry (Nyambæda, 2003). Another research group working in Kenya discovered that surviving fathers caring for maternal orphans fed them diets that were not nutritionally balanced. These children reflected weight-for-height ratios that were almost .3 standard deviations lower than those of non-orphans, reflective of hypothesized malnutrition (Lindblade, 2003).

Many children have been placed in foster homes with surviving relatives or community members, which magnifies the effects of the orphan problem by affecting the other members of the household. There are more children on average in these African households, adults are less likely to be engaged in outside employment, and are also less likely to have completed their own education. For example, a study in Zaire found that while the average number of children in the households without orphans was 3.5, the average number of children in foster homes was 4.7. Additionally, the employment rate of the adults was 100% in the households without orphans and 54% among the foster care homes (Ryder, 1994). Another study in Zimbabwe in 1999 found that 35.5% of orphans live in a household headed by an individual with no education, whereas 14.0% of non-orphans live with caregivers who have little to no formal education. They are also more likely to live in poverty-stricken households; 50.2% of orphans and only 44.3% of non-orphans live in poverty (Bicego et al, 2003).

A group of relatives that are not traditionally responsible for raising children are grandparents. In Zimbabwe in 1999, over half of orphaned youth lived with their grandparents, compared to 15% of non-orphans (Bicego et al, 2003). This is a problematic living situation, because, as one research group notes:

"Grandparents find it difficult to provide care, and they themselves frequently need care. Furthermore, grandparents may not be conversant with the modern ways of meeting the health and development needs of children." (Kinder Not Hilfe, 2004, p. 8)
Despite the inability of grandparents to parent their grandchildren, a study in Malawi found that they are the most requested caregivers by orphans, second only to parents. Orphans prioritize love and respect for the deceased parents over material situation (Mann, 2002).

Orphans frequently transfer from home to home, and the problem of mobility has been a focus of recent research. One study in Malawi found that, of the 65 orphans they interviewed, 22 had experienced multiple migrations, some as many as five. The reasons for these migrations are diverse, including sickness, remarriage, unemployment, death of a guardian, circumstances in other households that require their help, and the chance to attend school (Ansell and Young, 2004). However, some moves are the result of neglect. A study completed in Malawi found that orphans face abuse and discrimination in some homes, which caregivers sometimes justify by claiming “orphaned children should appreciate the financial challenges by their arrival in the household and should feel grateful for this act of generosity” (Mann, 2002, p. 6). This causes children to leave the household. In another study in Malawi, most Blantyre street children they left their previous home because they “were made to work harder than they considered reasonable, or to engage in work during school hours that deprived them of their education” (Ansell and Young, 2004, p. 6).

When the children are unable to find care within their familial and community structure, they frequently leave their communities and try to make a living another way, either by begging in the streets or by engaging in the sex trade. A study that surveyed 296 orphans in Malawi found that 58% of them had moved at least once and that the average number of moves per child was 3.1 (Young, 2003). Blantyre, Malawi has seen a 150% increase in the number of street children since 2002, and there are an average of 40 new cases each month (Salaam, 2004). In several parts of Africa, Human Rights Watch has documented children as young as nine years
engaging in the sex trade (Salaam, 2004). Children-headed households, or those run by an individual aged 15 or younger, are increasingly common as well (Foster, 1996).

Many non-governmental organizations have tried to provide a home for orphans by building and staffing orphanages across Africa. The research about the quality of these institutions has been mostly negative. One study found group homes to meet the material needs of the orphans better than foster care, but to deprive the orphans from autonomy and personal contact with their care-givers (Wolff, 1998). Another found that orphans housed in group homes suffer from psychological issues such as delayed cognitive development and impaired social functioning, although in this case the control group was non-orphans, not orphans in foster care (Drew, 1998). Finally, one quantitative study conducted near Blantyre, Malawi unearthed interesting findings about the health of orphans in orphanages, orphans in foster homes, and non-orphans. It found that orphanage children face a 54.8% prevalence rate of malnutrition, as compared to 33.3% for village orphans and 30% for non-orphans. However, children admitted to an orphanage for more than a year were less malnourished, perhaps explained by the fact that only those orphans who have faced severe neglect are eligible to be placed in orphanages. The Malawi study also found that younger orphans in orphanages had lower height-for-age ratios than either their non-orphan or foster home orphan counterparts. However, older orphans in orphanages had higher height-for-age ratios, and only 6.6% of orphanage children had diarrheal disease, as compared to rates of 10.8% of village orphans and 30% of non-orphans (Panpanich et al, 1999).

An evolving body of research examines the differences in cost between orphanages and foster homes. One study from Malawi discusses the problems with orphanages in the context of the higher operating costs of the institution due to the expenses of the organization running the
institution, and the wages of the personnel needed to staff both of them. It states that caring for one child over the age of five in Malawi costs $64 in a children's home in Lilongwe but would cost $53 in a foster home (Bhargava, 2003). Another study from Tanzania presents a higher figure, stating that it costs six times as much to provide institutional care as it does to house a child in foster care (Global Partners Forum, 2003).

After realizing the problems both with traditional kinship systems and orphanages, strategic thinkers in this arena are currently advocating for community-focused programs that provide support and funds to households caring for orphans. These studies, ideas and issues will be discussed later in the policy section of this paper.

One framework to arise from such a discussion is the list of needs for orphans of different ages, reproduced in Table 1 (Kinder Not Hilfe, 2004). This paper makes use of this framework in comparing foster homes and orphanages. I evaluate the two living situations on their ability to meet these needs, and their efficiency in doing so.
Table 1: Needs of orphans by age category

<table>
<thead>
<tr>
<th>0-5 years: Early Childhood Development</th>
<th>6-14 years: Primary School Children</th>
<th>15-18 years: Secondary School Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td>Education</td>
<td>Education</td>
</tr>
<tr>
<td>Shelter</td>
<td>Shelter</td>
<td>Shelter</td>
</tr>
<tr>
<td>Clothing</td>
<td>Clothing</td>
<td>Clothing</td>
</tr>
<tr>
<td>Health</td>
<td>Health</td>
<td>Health</td>
</tr>
<tr>
<td>Food</td>
<td>Food</td>
<td>Food</td>
</tr>
<tr>
<td>Guidance</td>
<td>Guidance and Counseling</td>
<td>Career Guidance/Vocational Training</td>
</tr>
<tr>
<td>Behavior Formation</td>
<td>Behavior Formation</td>
<td>Behavior Change</td>
</tr>
<tr>
<td>Stimulation/Psychosocial Care</td>
<td>Psychosocial Support</td>
<td>Psychosocial Support</td>
</tr>
<tr>
<td>Reproductive Health, HIV/AIDS Education</td>
<td>Life Survival Skills</td>
<td>Socio-economic reintegration</td>
</tr>
</tbody>
</table>

*Italics indicate that this paper will compare orphanages and foster homes in their ability to meet this need efficiently.

3. Data and Methodology

The data was collected in Malawi over a five week period in 2004. A series of interviews in various regions of Malawi were conducted to assess and observe systems of orphan care. Four types of organizations and a total of eleven institutions were included, chosen because they represented the spectrum of the orphan experience in Malawi. The four types of organizations were health care facilities such as clinics and hospitals, orphanages, foster care systems, and feeding programs.

3.1 Description of Organizations

An orphanage, also termed a “children’s home,” is a group residence in which a large number of children are supervised by several paid care givers. These adults typically live in the institution, and are usually hired from the community in order to provide as much cultural
continuity as possible for the children. Their duties include cooking, cleaning, settling inter-child disputes, supervising school work, administering health care when necessary, and meeting the children’s other needs as best as they can. I visited three orphanages in conducting this research. Children’s Home 1 (CH1) was a large (500 children) institution that existed within its own village near the capital city of Lilongwe. The village had complete health care facilities, gardens, recreational facilities, a nursery school and houses for all the caregivers, children and staff workers. It was agreed by all program administrators interviewed that CH1 offered a standard of care well above the average among orphanages. Children’s Home 2 (CH2) was in northern Malawi near Lake Malawi and consisted of several buildings and a large yard. Children’s Home 3 (CH3) was one hour away from Lilongwe and the smallest institution. It was located on a self-sustainable farm that was owned by the orphanage and worked by hired help. The farm also generated some revenue with which the orphanage bought supplies, consumable sanitary and health care goods, and other food products. There was consensus among the caregivers and program administrators that CH2 and CH3 offered the average standard of living for orphans living in orphanages.

A very different living situation is that within a foster home. In Malawi, there is no screening process to become a foster home for an orphan, and so the homes vary in characteristics such as standards of care, household composition, and relation to the orphan. Sometimes orphans live with a relative, or with a familiar community member. Other times, the orphans move in with a complete stranger who felt able or obligated to care for one or more additional person. Unlike the foster care system in the United States, caregivers are not paid. The first foster care system (FCS1) visited existed in the area of Chimbalame, a very large complex of villages. The foster care system serves over 1000 children in various arrangements.
The non-governmental organization that runs it receives both funding and human capital in the form of social workers from the government of Malawi. This particular system, that of other organizations and that of the government will exchange cases, children, and homes over time and geographical areas. It was agreed by the program administrators that children in this foster care system have a slightly below average standard of living as compared to other orphans in foster care. Foster Care System 2 (FCS2) was a much smaller and isolated system located in Salima on Lake Malawi. Its case load was more stagnant. There was consensus that orphans in this system have an average standard of living for orphans in foster care, but were less likely to receive aid from the government or from NGOs.

A "feeding program" is an initiative run by a non-governmental organization, a school, or a family that is meant to supplement the orphans’ diet by providing periodic meals. The frequency of the meals varies from a few times a week for part of the year to once a day for the whole year. The meals typically consist of nshima, the corn meal that is a staple food in Malawi. I observed two feeding programs – the two that corresponded with the two foster care systems.

In addition, two medical facilities were visited. One was a well-funded, private clinic that served two orphan populations: one belonging to FCS1 and one belonging to CH2. The other facility was an infant malnutrition ward that cared for abandoned orphans. These orphans had been sent to the malnutrition ward from Lilongwe General Hospital, where children cannot be treated unless they have an adult care giver present. One of the orphanages, CH1, had an in-house clinic and hospital, and health care professionals at these facilities were also interviewed.

Finally, the umbrella organization for orphan care programs in Malawi was visited and its director was interviewed. This organization is under two years old, and has yet to play a significant role in the field. However, its future plans are numerous and optimistic.
Table 2 provides information about all of the institutions that were visited.

<table>
<thead>
<tr>
<th>Table 2: Institutions Visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Foster Care System 1 (FCS1)</td>
</tr>
<tr>
<td>Foster Care System 2 (FCS2)</td>
</tr>
<tr>
<td>Children’s Home 1 (CH1)</td>
</tr>
<tr>
<td>Children’s Home 2 (CH2)</td>
</tr>
<tr>
<td>Children’s Home 3 (CH3)</td>
</tr>
<tr>
<td>Hospital (HC1)</td>
</tr>
<tr>
<td>Intensive Care Malnutrition</td>
</tr>
<tr>
<td>Ward (HC1)</td>
</tr>
<tr>
<td>Feeding Program 1 (FP1)</td>
</tr>
<tr>
<td>Feeding Program 2 (FP2)</td>
</tr>
<tr>
<td>Umbrella Organization</td>
</tr>
</tbody>
</table>

3.2 Data Collection

Data was collected in the form of interviews at each of the ten institutions. The 74 interviewees can be differentiated into five different categories. The five categories were orphans, orphan caregivers, health care professionals, program administrators, and community members. There were 50 orphans interviewed, ranging between the ages of six and eighteen, and consisting of 27 girls and 23 boys. There were nine program administrators interviewed. All of these individuals were native to countries other than Malawi, but who were living currently in the country running various programs. There were five caregivers interviewed, one in each of the children’s homes and one in each of the foster care systems. There were five health care workers interviewed: two nurses and three doctors. In addition, five Malawian community members were interviewed to provide cultural background and an outside perspective on the issues. Finally, during the period of this research, the Malawian government hosted a conference on the country’s strategic five year plan for orphan care, to which it invited representatives from
many different non-profit organizations. Observations and quotes from this conference are also included in this paper.

Table 3 provides additional information about the interviewees.

Table 3: Interviewee Breakdown by Institution

<table>
<thead>
<tr>
<th>Organization</th>
<th>Orphans</th>
<th>Orphan Care Givers</th>
<th>Health Care Professionals</th>
<th>Program Administrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCS1</td>
<td>13</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>FCS2</td>
<td>10</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>CH1</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>CH2</td>
<td>6</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>CH3</td>
<td>5</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>HC1</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
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<tr>
<td>HC2</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>FP1</td>
<td>4</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>FP2</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Umbrella Organization</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50</td>
<td>5</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

Figure 1: Gender and Age of Orphan Subjects in Children's Homes
Each interview with an orphan or community member was approximately 45 minutes long and was conducted in English, translated into Chichewa, translated back to English. Some of the orphans’ interviews had to be cut short, however, because they became fatigued. Each interview with a care giver, health care professional, or program administrator was approximately 90 minutes long and was conducted in English. The questions that were asked were standardized among the orphans. The interviews with the other groups of subjects were more conversational, beginning with a question asking them to describe what they do and their history of involvement in the issue of orphan care in Malawi. The conversation then evolved naturally, although specific topics, delineated below, were always covered within each group. For all groups, follow-up questions were added as necessary for specific interviewees.

There were six categories of questions the orphans were asked, all of which pertained only to the orphan being interviewed: 1) those that pertained to the orphan’s daily routine within the orphanage or foster home; 2) those that pertained to the orphan’s health care; 3) those that discussed the subject’s history; 4) those that pertained to the orphan’s social lives and free time;
5) those that addressed challenges faced by the subject; and 6) those that inquired about the orphan’s future plans. A more complete list of the questions asked the orphans is included in Appendix 1.

The program administrators were asked about the same topics, but for the group as a whole and from a more organizational perspective. They were also asked to describe the infrastructure of the organization in which they worked and its relationship with its employees and with the government. The caregivers were asked to describe the way by which they obtained nominal custody of the orphans in their care and then covered similar topics as those covered in the orphans’ interviews. Finally, the health care professionals were asked to describe their role in orphan care, specifically inquiring about the infrastructure of the organization in which they worked, who is responsible for follow-up care, where the supplies and funding come from, and which diseases and issues they commonly confront and which of these they are typically able to address.

3.3 Issues Regarding Methodology

There were several issues regarding the interviews that were brought to my attention by my translator. These issues may have affected the results of the research. First, as a white female associated with a nonprofit interviewing native Malawian caregivers and orphans, there is a barrier to honest, clear communication. The Malawians may have had an incentive to misrepresent themselves or their situation. For example, perhaps believing that I was evaluating their behavior, orphans would have an incentive to say that they never miss school, and that they bathe daily. Previous nonprofit workers with whom they have interacted have bestowed gifts and favors on children they liked or whose stories they found most touching. Indeed, several
children tried to sell me things immediately after we concluded our interview. Of course, it would be an error to assume they lied, but it is necessary to point out their incentive to lie given the cultural background. Additionally, I did not do cross checks in my questioning, meaning I did not always ask the same set of questions of the caregivers, program administrators and orphans, instead accepting one group’s answers at face value. Furthermore, the orphans selected for interviewing were partially volunteers and partially asked to participate by their caregivers. This created a selection bias in my pool of subjects. Finally, there was a cultural difference between orphanage orphans and foster care orphans. Orphans in orphanages were more comfortable with me and elaborated more on their answers, probably because they are more used to interacting with strangers, particularly white people. Orphans in foster homes were shyer.

4. Material Situation

The results of the interviews were very conclusive regarding the material situation of the orphans. All subjects agreed that an orphan is more likely to have most of their physical and material needs met if they are living in a children’s home instead of a foster home. This effect is primarily due to the variance in care within foster homes. Although some foster homes provide comparable levels of material well-being to orphanages, they constitute a minority of the population of foster homes. In contrast, a significant percentage of foster homes provide a living situation for orphans far below the poverty line. It is this variance that results in the consensus that orphans are likely better off from a material standpoint in an orphanage. This was found to be true for five aspects of material wealth: health care, food quality and quantity, clothing, lodging, and school supplies. The findings of this paper were supported by the orphans’ own

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1 Throughout the results section, percentage calculations on orphan responses have been rounded to the nearest multiple of five.
comments. When asked if they liked living in the orphanage, 70% of the orphans living in an orphanage stated they had wanted to be in the orphanage before they were admitted, and 20% said they liked it better than their previous living situation. Sixty percent of the orphans living in foster homes said that they wanted to be moved to orphanages.

4.1 Lodging

The most obvious differential occurred within the dimension of lodging. Within this dimension, there are five important characteristics of the living space in children’s homes that are better than the same characteristics within the average foster home: sleeping space, sanitation facilities, recreational areas, size of living space, and security.

4.1.1 Sleeping Space

The first is the nature of the sleeping space. Every orphan living in a children’s home was observed to have his own bed, complete with mattress and adequate bed coverings. The beds and sleeping areas are cleaned frequently: in CH2, orphans were found to wash and change their bed coverings every week. An important aspect of their sleeping areas is that they are frequently removed from the other living areas, and that within them, only children and the occasional care giver stay there.

Orphans living in foster care homes may have a similar sleeping situation to orphans in children’s homes, but it is unlikely. Seventy-five percent of orphans living in foster homes who were interviewed shared a sleeping space with other people, and 25% reported that they shared it with livestock, which contributed both to crowding and to a lack of sanitation. Half of the orphans living in foster homes reported that they slept on the floor, and half of them also
reported that they did not have blankets to cover them at night. Of those that did have blankets and mattresses, when given the options of “every week,” “maybe every month,” and “almost never,” six out of ten reported that they cleaned their sleeping area monthly, two reported that they never cleaned it and only two reported that it was cleaned almost every week. One orphan placed in a foster home with her aunt described her sleeping situation this way:

We share three blankets with 11 people and we give the blankets to the people who are sick, and then to the littlest ones... I used to live with my grandfather though and there I slept with the chickens, and they were loud. At least now it is quiet. – Girl in foster home, Age 15

4.1.2 Sanitation Facilities

Similar kinds of results were found in examining the sanitation facilities available to the orphans. Orphans were asked questions about their access to safe water and the cleanliness and location of their toilets. Within orphanages, 50% of the orphans interviewed (those within CH1) reported having indoor plumbing in their home, and 100% reported that their toilet facilities were cleaned “regularly.” It should be noted here that indoor plumbing is a novelty across Malawi regardless of orphan status and, to a certain extent, regardless of socioeconomic class. Said one boy when questioned about the presence of indoor plumbing in his home:

I had never seen a toilet before I came to [CH1]. I laughed and tried to flush it over and over until my house mom reprimanded me for being silly. – Boy in foster home, age 11

Additionally, 100% reported that the clean water source was within a “short” walk of their house. In this context, “short” was defined for the orphans as a distance small enough so that if they became thirsty, the distance to water was not a deterrent to quenching their thirst.

In contrast, the orphans placed in foster care reported a very different experience with sanitation facilities. None of them reported having indoor plumbing. One hundred percent of
those interviewed stated that they used an outhouse “nearby.” Fifty percent of them shared this outhouse with other families and 50% of them reported that the outhouse was for the use of only the members of their household.

Another difference between foster homes and orphanages regarding sanitation is the frequency with which the facilities are cleaned. Within foster homes, only 20% of those interviewed reported that the facilities were cleaned regularly, and 10% reported that they could not remember the last time they were cleaned.

Only 20% had clean water within a “short” walking distance. An important note is that public water sources are shared among a whole community and maintained by district sanitation officials. They typically operate only during certain hours, and the remaining time the water source is shut off. One orphan described how this influences her life:

It is hard when the water is done for the day because sometimes it is at the exact time that you need water for chores after the evening meal. But at the same time, when my aunt sends me out for water and it is after hours, it is nice to be able to say that I can’t go, because otherwise she makes me walk through the dark, which is scary. – Girl in foster home, age 8

4.1.3 Recreational Areas

Although not as integral to basic survival as sanitation facilities, another marked difference between orphanages and the foster homes occurred within the recreational opportunities available to the orphans. Orphans living in orphanages were able to enjoy recreational facilities far above the standards for the rest of the youth population of Malawi. All three of the orphanages that were visited had a play area outside that included play equipment. This was equipment imported from the first-world, including such luxuries as plastic slides, colorful structures, and metal swing sets. All three of them also had soccer fields complete with sturdy, colorful nets and new soccer balls. In one orphanage, every child had his or her own
bicycle. The indoor recreation areas were high quality as well. All three orphanages had a
playroom within each residential hall complete with books, games, and other toys. These play
areas also had comfortable couches, colorful wall decorations, and art supplies for drawing. One
child placed in an orphanage reported her satisfaction with the play areas in this way:

    When I lived outside the orphanage, I had fun, but I never lost myself in
    playtime. I was always aware of the harshness of my life. Now, I forget
    sometimes and just have fun. My favorite thing to do is read. It is because of
    this reading that I want to be a pirate. – Girl in orphanage, age 14

In the interviews, several administrators explained how the orphanages could afford to
provide such luxuries without compromising the provision of essentials such as food and health
care. The consensus was that play equipment, books, bikes and other toys are typically donated
by companies in the United States or Europe as gifts in kind. Although there is a cost to
transporting the goods abroad, the shipping service is typically donated as well, making the
provision of these goods relatively easy for the institutions. One program administrator
attempted to explain the importance of such areas:

    We have tried to prevent the orphans from becoming stigmatized by providing
    them with enviable play equipment. Children in the neighborhood want to be
    friends with them at first because of their play toys, and then they develop real
    friendships over time. – Orphanage director

In contrast, the recreational options offered to the rest of the youth population of Malawi,
and especially to the orphans in foster care, are extremely limited. Of the orphans in foster care
that were interviewed, none of them reported having access to play equipment, although 100% of
them reported having access to a nearby soccer field. The quality of these fields are different
however, as they never contain goals with nets, and even the goals are sometimes absent. None
of the orphans in foster care reported ever having played soccer with a ball. Instead they use
plastic bags wrapped tightly and tied with string. Finally, none of the orphans reported having
access to a reading area, or to books. When asked at the end of their interview what their three wishes would be if they could wish for anything they desired, 20% of those children placed in foster care wished to have a book of their own.

4.1.4 Comfort of Living Space

There was an important difference in the size and comfort of the residences between the orphanages and the foster homes. In CH1, the children were divided into groups of 8-10. These groups consisted of mixed genders and mixed ages, the type of distribution that would exist within a large family. Each of these groups was placed in a separate house with two house parents; either a “mom” and an “aunt,” or a “mom” and a “dad.” Within these houses, there was a living room, a kitchen, one bathroom, and three bedrooms: one for the care givers and the infants, one for the boys and one for the girls.

In the other two orphanages, the orphans were housed in several dormitories that existed within one building. The dormitories were segregated according to age and sex, and the caregivers slept in a separate room. Within these orphanages, there was also a kitchen, a living room, and several outdoor bathrooms. All three orphanages contained such luxury and comfort items as glass windows, carpets, couches, and painted and decorated walls. Finally, all of the buildings in the orphanage complexes had a cement foundation and wood walls and roofs.

In contrast, foster homes are crowded and offer fewer amenities. The typical village hut in Malawi is made of pounded and dried mud and is windowless on most walls. If there are windows, they are very small; approximately 6 inches wide and one foot tall. The rooms have low ceilings and thatched roofs, and the dimensions of the rooms range from five feet wide and five feet long to ten feet wide and ten feet long.
This typical Malawian dwelling is considerably less comfortable and spacious compared to what the orphanages offer. However, there were additional differences reported as well. Of those interviewed, 80% of the orphans in foster homes reported living in two room huts, while 10% lived in one room huts, and 10% lived in huts that consisted of three rooms or more. None of them reported having glass windows, couches, carpets, or upholstered furniture, although 70% of them reported using woven mats for a floor covering.

The most disabling difference in comfort existed in how the space was shared. While orphans living in orphanages had separate bedrooms and partitioned living areas, orphans living in foster care reported sharing everything from chairs to bedrooms. None of them reported living in homes with more than one bedroom, if any, and 10% of them shared their living space with the livestock. The issue of sharing space appeared to grow more problematic as the children in the household matured:

It is frustrating because they are growing girls and I know they need their own space separate from their grandfather and the goats. It is not that I don’t love them, it is that I hurt for them seeing them live like this and knowing I can’t do better by them. – Grandfather, age 65, caring for two granddaughters ages 10 and 13

4.1.5 Security

The final observed difference in the dimension of lodging occurred in the area of security. Crime is a prevalent problem in Malawi, especially theft and murder. The orphanages that were observed appeared to be very safe. All three were enclosed within compounds that had gates at the entrance. One of them, CH1, also had guards at the entrance 24 hours a day. Additionally, the buildings within the compounds all had secure doors and locks.

Children in foster homes reported a much less secure living environment. None of them reported living in enclosed compounds. It was observed that the huts of the foster homes were
sometimes extremely close to main roads, and frequently close to the neighbors. None of them reported having locks on their doors. Finally, 60% of them reported having actual sturdy doors in the entrance to their homes, whereas 40% reported having only a doorframe. Although no data was collected about the actual effects these security measures and their absences had on the crime rates within the orphanages and the foster homes, some of the interview subjects implied that the difference was significant. For example, when asked if she felt “safer” living in the orphanage, one girl stated the following:

My house mom doesn’t worry about me when I am asleep here. At first I thought it was because she didn’t care for me as much as my aunt did, but it is actually because there is nothing to worry about when we are safe in our home.
– Girl in orphanage, age 14

4.2 Food Variety and Quantity

Differences in food quality and variety were those most acutely felt by the orphans. Of those orphans who said they had wanted to be placed in the orphanage before they were admitted, 80% cited “more food” or “better food” as their reason.

4.2.1 Food Variety

The food variety is considerably more expansive within orphanages in Malawi than it is in any given foster home. By interviewing program administrators, data was collected on the average number of weekly meals provided for to the orphans that included a variety of food. The same data was collected within the foster homes by asking the orphans themselves. Clearly, this methodology is somewhat flawed, since the program administrators had an incentive to portray their organizations as providing the highest standard of care, and the orphans sometimes forgot
how frequently they had eaten specific foods and then simply guessed. Table 4 shows the results of the survey.

Table 4: Food Variety in Foster Homes and Orphanages

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Number of Weekly Meals in Orphanages</th>
<th>Number of Weekly Meals in Foster Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ncima</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Meat</td>
<td>2</td>
<td>1 every other week</td>
</tr>
<tr>
<td>Milk</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Bread</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Rice</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Beans</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Tea</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Vegetables</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Fish</td>
<td>2</td>
<td>1 every other week</td>
</tr>
</tbody>
</table>

The orphanages are occasionally also able to provide such novelties as peanut butter, powdered hot chocolate, cereal and fruit, although this does not happen on a regular basis. Said one little boy:

"I still get sick of ncima, but I do not long for other foods as much as I used to, because we eat it with more tasteful things. Even salt helps it!" – Boy in orphanage, age 9

4.2.2 Food Quantity

Even more significant than the disparity in food variety is the contrast in food quantity. Within orphanages, 90% reported having three meals a day, and the remaining 10% reported having two. However, within foster homes, 10% reported having three meals a day, 40% reported having two and 50% reported having only one.

The portion size at meals was also different across the two groups. At all three orphanages, the caregivers stated that the children could have unlimited portions of ncima at each meal. This is logical considering that a 10 kg bag of ncima, which can feed one of the
smaller orphanages for a month, costs approximately US$10. Although the nutritional value of
ncima is very low, one child described how its presence as a staple altered her perception of
food:

"Now, I am not in the state where food never leaves my mind, as I was before. I
can always have ncima to take the sharp edge off the hunger." – Girl in
orphanage, age 13

The portion sizes in foster homes vary. Forty percent of those interviewed in foster
homes stated that they can eat as much ncima as they want. The remaining 60% are limited by
their caregivers, who serve their food on plates before allowing the orphans to begin eating. This
is true within the feeding program as well, in which volunteers hand the plates of food to the
orphans after serving it. Although it is undetermined whether the portion size given to them is
enough to sustain them, one feeding program volunteer provided the following commentary:

"The children’s treatment of their portion at the noon meal reveals a lot about
their character. I have never seen a scrap of food go uneaten, so I am assuming
that most children could eat more than they are given. Some of the older children
give most of their portion to their younger siblings, a heart wrenching sight.
Many toddlers, too young to know any better, run around trying to take food off
others’ plates when they are done with their own portion. Another group, this
time of older children, bickers about the differences in sizes of the portions and
attempts to convince others to trade. Unfortunately, there are those who are old
enough to know it is unfair, but still persist in stealing others’ food. I even
witnessed one little girl claim God had told her to do it!" – Volunteer from the
U.S., age 27

4.3 Clothing

Although certainly not as primary of a need as food and shelter, the differences in
clothing between orphans living in orphanages and those living in foster homes created a
significant difference in their standard of living. There were three notable differences: the
number of items of clothes, the condition of the clothes, and the possession of pajamas.
Eighty percent of orphans living in foster homes had only one change of clothes, and none had more than two. None of them had pajamas. Seventy-five percent of them reported washing their clothes once a week, 20% every month and the remaining 5% couldn’t remember the last time they washed them. Although the condition of the clothes could not be measured quantitatively or objectively evaluated by the orphans in interviews, the clothes I observed on the foster children were torn and dirty in every case, and did not fit the child wearing them in 80% of the cases. Only 70% had shoes.

Within orphanages, the situation was slightly different. All of the orphans had a pair of shoes and more than one outfit, a logical finding considering that the most frequently donated item from the first world is used clothing. All of the orphans had pajamas, and the clothes I observed usually fit, and were free from holes and stains. One social worker working at CH2 described the process of giving the children pajamas:

“Once a year there is a night on which most children (except the ones that just arrived) get new pajamas. The children mostly think the idea of wearing them is very funny at first, but they like to have the pajamas anyway because they are brightly colored and soft. Handing out new clothes at any time is like a party for them, since having many things to wear is the epitome of luxury for them.” – Orphanage Social Worker, Canadian citizen

4.4 Education

Unfortunately, the ability to attend and excel in school is negatively correlated with orphanhood across Sub-Saharan Africa. Orphans are less likely to be at the appropriate education level, and their school attendance rates are lower than the average for non-orphans (Bicego et al, 2003; Kamali et al, 1999). Thus, an essential component of any comprehensive orphan care program is ensuring school attendance and providing the material possessions necessary to excel in school. Orphanages and foster homes differ in their ability to complete
these two tasks. Once again, although some foster homes perform well, the variance among foster homes means orphans living in orphanages are more likely to have this need met than orphans living in foster homes. The two systems of care differ on three factors relating to education: the provision of school fees, uniforms and books, the success in encouraging attendance, and school performance of orphans in their care.

4.4.1 Provision of School Fees, Uniforms and Books

Orphanages are better able to provide school uniforms and school books because these expenses can be paid through fundraising efforts and budgeting. However, financial resources are scarcer in foster homes since most households in Malawi are subsistence farms. It is difficult for them to justify spending money on what is considered a luxury good when members of the family are going hungry. In short, school supplies are lower on the hierarchy of needs than are food and shelter. This logic is supported by the findings of the interviews. Among those orphans living in orphanages, 100% have paid their school fees, and all of them have the necessary school uniforms and books for their standard or form level (the equivalent of grade level). By my observation, the clothes were in excellent shape and fit the children who wore them, and the books were readable. Sixty-five percent of them report having book bags or backpacks as well, another good donated from the first world. Furthermore, the orphans residing in CH1 have access to an unrestricted supply of writing paper, an unheard of luxury in Malawi.

The situation was somewhat different in foster homes. Only 65% of them reported having the necessary books and school fees. Twenty-five percent had paid part of their school fees, and 10% did not anticipate ever paying them. Those residing in FCS1 attended a school run by the same organization that coordinated the foster care and feeding programs, which did
not require uniforms. Of the remaining orphans in foster care, 50% of them reported having a uniform in wearable condition. Lacking these supplies negatively affects the children’s experience at school. At the end of the interviews, the orphans were asked what things they would like to have if they could have three wishes. Forty percent of them listed a backpack or a new uniform as one of their answers. One little girl described the effect that the lack of supplies had on her scholastic experience this way:

"I don’t like to go to school because the boys make fun of me for wearing a dress that falls off my shoulders. I think about the dress so much that I forget to listen to the teacher. Sometimes I get in trouble because I am distracted about it." – Girl in foster home, age 14

**4.4.2 Success in Encouraging Attendance**

The attendance rates of orphans living in foster care reported during the interviews were dismally low. Twenty percent of those interviewed, mostly the older children, reported that they were no longer attending school. When asked why, one-third of this twenty percent said they were asked to stay home from school by a guardian, and two-thirds said it was their own decision because they felt like they were needed at home or they just no longer felt like attending. One older girl described her decision:

"It was a struggle for my uncle to find the money to pay for the supplies, and I saw this, and thought, ‘I don’t even like school – Why am I going?’ Then I suggested I stay home to help my aunt so I wouldn’t be a burden, and everyone liked that idea much more.” - Girl in foster home, age 15

Thirty percent of the orphans living in foster homes could not remember the last time they missed school when it was in session. Ten percent said they had missed in the last month for illness, and 20% said they had missed in the last month but did not remember the reason. Five percent said they had missed in the last year for illness and
another 15% said they had missed in the last year and they didn’t remember the reason. One girl said she had to miss regularly because her aunt made her stay at home to help.

Of the orphans living in orphanages who were interviewed, 80% of them could not remember the last time they missed school when it was in session. Fifteen percent of them remembered when they had missed school and had missed because they were sick. Of this 15%, half had missed in the last month and half had missed in the last year. The total number of sick days were not noted. The remaining 5% of the orphanage interviewee population of orphans had missed school at some point in the last year and could not remember the reason. Orphanages are much more successful in ensuring attendance because they can include it as one of the “house rules” of the orphanage. Attendance is expected in the same way that completion of chores is expected. This requirement is not in place in foster homes, perhaps because sometimes the children’s help is needed at home or because the caregivers did not prioritize education in their own lives. As stated in the literature review, it was found in Zimbabwe in 1999 that 35.5% of orphans live in foster homes in which the caregivers have no education (Bicego et al, 1999).

4.4.3 School Performance

This variable is difficult to measure without collecting time-series data. Many orphans fall behind in school while their parents are terminally ill; many fall behind while in transition between homes; and many suffer such trauma that they never recover their full academic focus, even if they are attending school. These confounding variables make it impossible to isolate the influence of living situation on current orphan performance in school. The best proxy for this variable that was discussed in the interviews is graduation rates and ages of graduation. To gather this information, program administrators were interviewed. The orphanage directors had
records for the graduates of their institutions, and the administrators of the foster care systems were able to estimate the data from memory.

Within orphanages, the directors of CH1, CH2 and CH3 reported a 95%, 90% and 90% graduation rate, respectively. Within CH1, 60% of the graduations occurred at the average age of graduation in Malawi. Fifty percent of them occurred at the average age within CH2, and fifty percent of them occurred at the average age within CH3.

The results were lower within foster care systems. At FCS1, the director estimated that 60% of the children within the program graduate, but that only 90% of these graduations are on time. Within this program, most of the children are enrolled at the private school run by the same nonprofit that supervises the foster care system, which provides a support network to those children attending school. At FCS2, the director estimated these figures at 20% and 80%, respectively. He described the challenges faced by orphans in foster care trying to attend school:

"These children must overcome so many obstacles: financial, peer pressure, guardians seeking help at home, moving several times, disease, psychosocial pain, parental death, a lack of help with schoolwork, and many more. I wonder that these children are not pressured into quitting school when they are six or seven." – Feeding Program Director

4.5 Health Care

Health care was a dimension of material wealth on which orphans residing in any program fared considerably better than the rest of the country, according to interviews with program administrators and comments at the conference on orphan care. This difference is partly because orphans are typically treated by non-governmental organizations (NGOs), whereas the majority of the rest of the country must grapple with the public health care system. Many orphans have to be treated by NGOs since most public organizations refuse to treat
unaccompanied minors. Said one administrator, a director of a clinic for underprivileged community members:

“Orphans are part of the group that is targeted by non-governmental organizations – those in need of special health care and/or identified as being at-risk. Benevolent first-world individuals and groups donate supplies to these NGOs, supplies that are luxury goods by Malawi standards: latex gloves, antibiotics, Tylenol, Ace bandages. Once an organization has these supplies, the standard of care they can provide will be exponentially higher than the national standards. Also, NGOs and private organizations can turn away patients, keeping their workload realistic, and other health institutions in Malawi can’t. Think about the difference there must be between my clinic and Lilongwe General Hospital, which currently reuses the same five pairs of latex gloves and is perpetually understaffed and overcrowded.” – Clinic Director

Nevertheless, orphans consistently perform poorly on measures of health status compared to their non-orphan counterparts. They are more likely to have communicable diseases and have lower weight-for-height ratios (Lindblade, 2003). Although research has not been conducted on the cause of this problem, hypotheses abound. Said one caregiver:

“Even if the care exists, orphans can’t get to it. The first step that initiates the care never happens. Maybe a caregiver doesn’t notice the child is ill, maybe they don’t care, maybe they don’t have time to help them get treatment. A lot of the potentially wonderful services go un-used. I admit myself that sometimes I wait to treat my kids, hoping they’ll get better without making the trip to the clinic.” – Caregiver of two orphans and two birth children

Much of the information I gathered about health care was through illness narratives given by the orphans. I asked them to describe a recent time they were ill, including how they found out they were ill, how they were treated, what their symptoms were, and who took care of them. These stories encompassed many diseases, from a stomach ache to malaria. From these narratives came the conclusion that there are three main differences between orphanages and foster homes in their ability to address the health needs of orphans: existing protocol for health care, provision of health supplies, sanitary conditions.
4.5.1 Protocol for Health Care

The most noticeable difference between the two living situations is the protocol for health care. As a large organization, an orphanage requires an institutionalized process to ensure tasks are accomplished and issues are addressed fluidly. Health care is one of the processes that falls into this category. Everything from diagnosis to treatment to follow-up has been placed in a sequenced protocol. It is part of the job description of someone in the orphanage to periodically examine orphans for health problems. The orphans know who this person is, and feel comfortable going to them to raise concerns about their health. In CH1, this person was a registered nurse who lived on-site in the village and conducted monthly check-ups on each orphan. In CH2 and CH3, this person was a “House Aunt,” who acted as a secondary parental figure in monitoring activity that was not day-to-day. Seventy percent of the narratives began with a version of self-diagnosis, and 80% of these orphans went to the designated person when they felt ill and the remaining 20% went to their female caregiver. The remaining 30% of the orphans were diagnosed as sick before they were aware of symptoms, and 75% of this group were diagnosed by the designated person above, with the remaining 25% diagnosed by a caregiver.

After diagnosis occurs, the next step in the health care protocol of an orphanage is treatment. At CH1, there was a first aid clinic, an X-ray facility, a physical therapy practice, a hospital, a pharmacy, and a separate anti-retroviral therapy (ARV) clinic. Orphans were treated for everything on-site, from something minor like a scraped knee to malaria to receiving ARV therapy. Using an on-site facility meant that the process of treatment was completely integrated with the rest of the organization; caregivers had unconstrained access to records, medicine could
be readily refilled, and health care professionals were easily reached in case there was a sudden change in an orphan's health care status.

At CH2 and CH3, orphans were treated at clinics close to the orphanages that were run by nonprofit organizations. The caregivers and orphans had ongoing relationships with these facilities, and the children had regular physicians and nurses who were familiar with their medical histories. A nurse at one of the clinics described the relationship between the clinic and the orphanage:

"The employees at the clinic recognize the orphanage caregivers, and when one comes in, they help him or her to rush through the paperwork and get treatment for the child. We take a special interest in the orphans at [CH2] because some of them were in our malnutrition ward as babies. In some ways we feel they are our responsibility still." – Nurse at nonprofit clinic

The caregiver accompanies the orphan to treatment, obtains the prescription for them, and then follows up with administering it. They are extremely responsible about these tasks because that is part of the job for which they are paid. One-hundred percent of the orphanage children interviewed said that they were cared for directly by a caregiver who also accepted the responsibility for follow up of the treatment. Furthermore, an important part of any recovery is rest, and these orphans reported being made to rest and stay home from school when necessary.

The protocol in a foster home is quite different, in that it is either absent or not exercised. One-hundred percent of the foster care orphans stated that they noticed their own symptoms first, before their caregiver observed any signs of illness. At that point, only 70% brought it to the attention of their caregiver. The remaining 30% said they refrained from saying anything about the problem, citing reasons ranging from not wanting to be a burden to believing that their caregiver wouldn't care to not knowing how to talk about it.
After diagnosis, treatment was even harder to accomplish. Since the foster homes in this study were supervised by an umbrella nonprofit, all had access to medical care through another nonprofit clinic, but not all caregivers were aware of this. Only 60% of the children who notified their caregiver were ever treated, although some were given home remedies. Two-thirds of those who were ultimately treated went to the private clinic, but the remaining one-third went to the public hospital emergency room, an unsanitary, understaffed and overcrowded facility. Sixty percent of those who were ultimately treated were accompanied by their caregiver. Twenty-five percent were taken by a nonprofit volunteer, and 15% went alone.

At the treatment center, the children were frequently given a prescription as part of their treatment. Of the children who were given a prescription, only 40% completely followed through on taking it. This is at least partially because caregivers do not take responsibility to administer the medicine, either because they are not aware or because they do not think it necessary or valuable. Furthermore, instead of being allowed to rest and recover, at least 15% of the orphans interviewed reported asking to rest and being told they must get up and complete their chores.

4.5.2 Provision of Health Supplies

There are a large number of health supplies that are provided by donors in the developed world to nonprofits working in the developing world. Unfortunately, these supplies rarely find their way into the medicine closets of private families, and instead stay in larger clinical settings, and in this case, the medicine cabinet of the orphanages. While interviewing doctors and nurses, I asked them to identify items that were in use in an institutionalized setting but were rare or almost unheard of in a family setting. An incomplete list of such items is as follows: latex
gloves, Ace bandages, painkillers such as Tylenol, anti-histamines such as Benadryl, Band-aids, children’s dosage medication, antibiotics, and healing ointments such as Bacitracin. Access to these over-the-counter treatments enables orphans living in orphanages to receive first aid and symptom alleviating care, while the rest of the country does without it. One boy described the effect that Tylenol had on him the first time he took it:

“It is not the Malawian way to take a pill when something ails you. Many people would decide you are a coward if they knew you did that. But I changed my mind after I took [Tylenol]. It made me so much better that I was tempted to see how badly I could hurt myself and be healed by it!” – Boy in orphanage, age 11

4.5.3 Sanitary Conditions

An important component of health is good sanitary practices. Orphanages and foster homes differ in their ability to encourage these practices. The differential in bathing and bathroom facilities was already discussed in 4.1.2. One hundred percent of orphans in both groups stated they took daily baths. A main difference in these baths, however, is that those in the orphanages utilize soap whereas those in village homes in Malawi typically don’t. Soap is very expensive, and although it is handed out by the organization that coordinates the foster care system, the orphans’ caregivers frequently take the soap from them since it is such a valuable good. Another difference in sanitary conditions is the frequency with which clothes are cleaned. The orphans in orphanages reported that they clean their clothes an average of once a week, a practice made possible by the changes of clothes they have available. Only 50% of orphans in foster homes reported cleaning their clothes once a week. Thirty percent reported cleaning them once every other week, and 20% reported cleaning them once a month.

5. Psychosocial Situation and Skill Development Potential
According to one body of research, the non-material needs of children age 6-14 separate into the following categories: guidance and counseling, behavior formation, psychosocial support, reproductive health education, life survival skills and protection (Kinder Not Hilfe, 2004). Several articles that were discussed in the literature review claim that the environment of an orphanage does not adequately address these needs, and is especially remiss in providing psychosocial support (Wolff, 1998; Drew, 1998). Although the questions asked in the interviews belonging to this research did not encompass all aspects of psychosocial support, some topics that were covered can serve as proxies for examining these issues. Specifically, the orphans’ experiences of autonomy, opinions of their caregivers and perceptions of their futures provide some contrasting evidence to the findings of other researchers.

5.1 Free Time and Responsibility

When gathering information about the orphans’ daily routines, the orphans and their caregivers were asked about responsibilities in the household and about free time activities. The responses were overwhelmingly consistent within each type of living environment. Chores for the orphans living in orphanages primarily consisted of informally looking after younger children and helping with meal preparation, specifically gathering water. They had an average of two hours free every day, during which the most frequent activity was playing outside, either on the play equipment or in a soccer game. Other reported activities were reading, writing (journaling) and racing the home-made cars (galimotos) most children in Malawi make. One boy described his daily routine this way:

"I wake up at 6 and, after a bath, go directly to school. I come home for lunch and go back. Then I come back home, play a bit in our yard, fetch some water, play with my little brothers so the women can cook supper without interruption, and then eat supper. After supper we read and play indoors unless we get too
loud and then we go out again. Then, we go to sleep at 8 or 9.” – Boy in orphanage, age 14

Children living in the foster homes reported more responsibilities, both in type and in quantity. In addition to caring for other children, fetching water and helping to prepare meals, almost all were responsible for sweeping the homes and gardening. They had only an hour free in the afternoon and had to complete some additional chores early in the morning before school. In their free time, they again most frequently reported playing soccer and playing with the galimotos. None reported reading or writing, and only 10% reported pretending. All but one orphan living in a foster home mentioned that at some point in their day they prayed or read the bible.

At face value, this comparison merely illustrates that orphans in orphanages have more free time and less responsibility for adult tasks. However, there are several secondary effects of these differences that influence the psychosocial development of the children. More free time provides the children autonomy to make their own decisions and manage their own schedules, and interacting with many children both older and younger during that free time encourages the development of life survival skills in which they can take pride. Questions that would certify these assertions were not asked, but I observed differences in the orphans during their interviews that would reinforce them. Orphans from the orphanages were more confident and comfortable conversing with me, whereas orphans from the foster homes were shy and scared both of me and of my translators, who were native Malawians. Orphans from the orphanages were proud of their responsibilities and affectionate to the other orphans. In contrast, a majority of the orphans in foster care, although not all, dreaded their responsibilities and appeared to resent or compete with their foster siblings. This attitude would be logical given the limited resources within
foster homes discussed earlier in this paper; competition is a reality in foster homes but is not present in orphanages. This difference in attitude was best formally articulated by a girl living in a foster home:

"My work isn’t hard, but I don’t like it. I feel like I am made to do it only because I am the only orphan in my home, not because everyone happily does their share and I am doing mine. I feel this is true because in the mornings if I seem tired and it is difficult to rise, there is no sympathy from my aunt. I think she feels I am obliged to do as much as I am able without complaint because I do not belong.” – Girl in foster home, age 15

5.2 Concepts of Future Prospects

At the end of the interviews with the orphans, they were asked about their future plans. All of the orphans were able to immediately identify a profession and a city or country in which they would like to live. There was more of a variety of professions reported by the orphans living in the orphanages, with answers ranging from teacher to bus driver to pirate. Among the orphans living in foster homes, 70% of them reported aspiring to professions of either teacher or driver. In both orphanages and foster homes, 100% of the orphans said they would like to move to the U.S. when they were older. In the orphanages, all of the children mostly denied planning around a family, and in the foster homes, 80% replied they had thought about starting a family and 40% could identify an age at which they would like to start having children.

These responses demonstrate that, according to this subject pool, orphans within orphanages have a broader concept of what they can do as adults and are less restricted by the typical path of adults in their society. An important explanatory factor in this difference is that the individuals who run and help in the work at the orphanages are typically first-world citizens, whether individuals making a career in nonprofit management or young post-graduate volunteers. Thus, orphans living in orphanages have a wider variety of examples after which to
mold their lives. Assuming that this outside influence is typically positive and encouraging for the orphans, these individuals would better equip the orphans with survival, problem-solving and critical thinking skills as well. Evidence to support this claim was observed while conducting this research. In the orphanage that had been around long enough to have this data, 100% of their former residents who were over 18 were living self-sufficient, well-adjusted lives, and were in continuous contact and on excellent terms with the organization and their previous care-givers.

5.3 Nurturing Behavior of Caregivers

One more set of questions provided insight into the psychosocial well-being of the orphans. During the questions about the orphans’ health care, they were asked to describe a recent time that they had been sick, including how they were treated and who took care of them. During this narrative, it was possible to observe the children’s attitudes towards their caregivers and infer about the relationship between them. Among orphans living in orphanages, all reported that one of their house parents had accompanied them to a clinic or hospital, and all reported that this parent had followed up after the medical treatment to be sure the child continued to heal, either by administering medicine or simply monitoring the child’s improvement. Furthermore, 80% gave some indication that their caregivers were loving and sympathetic while they were sick, either by allowing them a special privilege or by demonstrating worry. The remaining 20% did not comment on their caregivers’ attitudes during their narrative – sympathy and love may or may not have existed. One little girl staying in an orphanage described her caregiver’s attitude this way:

“My house dad is normally very fair about how he treats us. We all get read to the same amount and he holds all the babies the same time period each day. But when I got sick, I could tell he was worried, because he stopped being fair and paid attention to only me. He sat by my bed when I had a fever [from malaria]
until I was awake and could talk. He read me a lot of extra books, and he let me sit in the front of the van when we went to the doctor. Normally, the children have to sit in the back.” – Girl in orphanage, age 8

For children in foster homes, the illness narratives were slightly different. The section on health care delineated the differences in quality of care, and a stark characteristic in the reports of foster children was that they frequently went without formal medical care. Seventy percent of them reported being cared for by their foster parent. This group demonstrated the same caring relationship with their care giver that was observed in the orphans staying in an orphanage. The remaining 30% reported that the foster parent was either ambivalent about their plight or even unsympathetic. This group was responsible for their own care and rehabilitation. Said one girl:

“I got sick with the stomach flu and my sister-in-law didn’t let me rest and get better. She made me get up and work and care for the other children. I got special soup from my neighbor to help me get rid of the sickness and my sister-in-law took it and gave it to her son.” – Girl in foster home, age 13

Although these accounts definitely do not encompass all aspects of the relationship between caregiver and child in either home setting, the differences between the two groups are included here as measurable evidence in contrast to the claim made by several researchers that children do not receive psychosocial support, nurturing or life training when they are housed in orphanages. In fact, everything I observed in my research provided support for the opposite, although their psychosocial development was not the focus of this project. Children in orphanages appeared happy, well-adjusted, vivacious, and nurtured. The interactions I observed with their caregivers were positive and loving. This was true for some of the orphans I met in foster homes, but unfortunately, not for all.

6. Efficiency and Replication of the Living Situations
The organizations evaluated in this study were compared in their ability to meet the material and psychosocial needs of orphans. The second part of my evaluation was to examine their operations as well, using the same criteria one uses when evaluating a business. Through interviews with administrators in the field, I assessed the orphanages and foster care systems on the basis of efficiency of operations, ability to exchange information, and the ease with which the practices of an organization are implemented within another organization. Out of this research, three significant advantages of orphanages emerged: economies of scale, communication with other organizations and ease of replication. However, the foster care systems presented one important operational advantage: the funding/labor source.

6.1 Cost Effectiveness

The research papers that claim it is more expensive to raise a child in an orphanage are misleading. An article was cited in the literature review which examined costs within the two living situations in Lilongwe in 2003. It found that it costs $64 to raise a child in an orphanage but $53 to raise him in a foster home. However, this article made the mistake of comparing apples and oranges, as orphanages and foster homes provide completely different standards of care, a finding discussed in the previous sections of this paper. The relevant question to ask is actually, "How much money would it cost to raise a child in a foster home at the same standard of care found in an orphanage?" The general consensus among those administrators that I interviewed was that it would by much more expensive to provide this standard of care in a foster home for two main reasons: economies of scale and the expansive administrative systems necessary in foster care systems.
Orphanages are large institutions caring for hundreds of orphans. They buy in bulk, they build large buildings with bunked beds, and they hand down textbooks. Clothes and medicine are donated, and they can buy large quantities of discounted prescription drugs. The consensus is there are a lot of ways they can save money by raising many children at once in one home instead of one child in many separate homes. Said one village caregiver:

"It is cheaper to buy a 10 kg bag of corn meal than it is to buy ten one-kg bags. And it is cheaper to have 100 uniforms made at once than it is to order 100 separately. That's all I know." – Caregiver in Lilongwe

One expense that is present in orphanages but not in households is the wages of caregivers and staff. Although not a negligible expense, it is offset by the expense of the infrastructure that would necessary to enable foster homes to provide the standard of care that exists in orphanages. For example, one article discussed in the literature review lists the necessary components of any community intervention: policy and law advocacy, medical care, socio-economic support, psychosocial support through house visits, supporting formal and informal education, human rights (Kinder Not Hilfe, 2004, p. 8). It goes on to include providing farm inputs and tools, building the capacity of extended and foster families, intervening to protect the rights of orphans to inheritance, securing government financial and technical support and assessing and improving the living conditions of the community (Kinder Not Hilfe, 2004, p. 32-33). When one considers the costs of the infrastructure and human capital necessary to accomplish all of these tasks in any given village, paying a caregiver seems less significant.

Additionally, as one program administrator pointed out:

"Paying caregivers insulates an organization from paying the high organizational cost of volunteer turnover, which occurs in many organizations working with OVCs. Volunteers quit frequently for reasons ranging from needing to work only paid positions to a lack of cohesiveness within the organization." – Umbrella organization director
This statement is supported by the research of Save the Children in Malawi, who found that “there is a reluctance for volunteers to become involved in the actual care and protection of children living with relatives” (Mann, 2002, p. 72).

6.2 Communication with Other Organizations

Most of those interviewed felt that orphanages are better able to exchange information with other organizations and coordinate their efforts than are foster care systems. Two reasons were given to explain this claim: the operations of orphanages are more homogenous across the country than are the operations of foster care systems, and because these operations are more homogenous, employees of orphanages feel more unified and less in competition than do those employees of other nonprofits.

Practices within orphanages are more standardized, meaning there is less variety in practices across orphanages in Malawi. This homogeneity does make coordination across organizations easier and more fruitful. Said one social worker working at an orphanage:

“I can call or visit another orphanage and understand how it works almost immediately. There will be a series of managers that oversees the orphanage, there are people like me who do not live at the orphanage, but interact with the children daily, and then there are the caregivers and their aides. Knowing this will be the case makes my job easier. Also, when we coordinate on certain efforts, the commonality makes it easier to organize then.” – Malawian Social Worker

One orphanage director said that there is a “friendly rivalry” between orphanages in Malawi. Because they interact frequently in fundraising, negotiating with the government, and planning meetings, it is a necessity to be cordial. There is also an industry bond among many of these workers, who have been in the field of nonprofit approaches to orphan care for the duration of their careers.
In contrast, community based programs operating in villages collaborate little. Some are resistant to sharing ideas with groups they view as “the competition.” Some do not find it helpful to collaborate since there is much more variety in the assumptions, approaches and frameworks among community-based programs. As one program director said:

“Two nonprofits can be working in the same village on the same problem and not know the other exists. This is partly because they don’t care and partly because there is no way to find out.” – Feeding Program Director

The benefits of collaboration between organizations are numerous. First, there are certain tasks, such as negotiating with the government for more aid or space and advocating at international forums for children’s rights, on which it is beneficial to have strength in numbers. Then, organizations can exchange information to come up with best practices in their field. For example, since CH1 came to Malawi, several other orphanages have decided to raise the money to begin basic care clinics on their premises as well. Finally, collaboration enables organizations to better meet the needs of the child, by decreasing the number of times a child moves and placing each one in the best living situation for them.

Fortunately, collaboration and the exchange of information will dramatically improve over the next few years. The Network of Organizations for Vulnerable and Orphaned Children (NOVOC) began in 2002. Its sole accomplishment thus far has been to produce a directory of organizations and churches involved in the care of orphans and vulnerable children, a vital first step in reaching collaboration. NOVOC hopes to publish this directory on an annual basis, hold conferences to generate strategic plans for orphan care, produce best practices manuals and “provide encouragement,” to those working on OVC issues in Malawi.
6.3 Ease of Replication

It is very easy to replicate orphanages across Malawi, since their structure is not dependent on that of the community. Several program administrators interviewed were quick to add that this does not mean there is inconsistency or bad relations between the orphanage and the community. Said one director:

“Before we build an orphanage in an area, it is very important to build ties with the community; to meet the community leaders, to convince them that we want the best for the children, and demonstrate that we want their input now and continuous involvement later. Despite this, we maintain a continuity and set of practices within our organization that make expansion into new locations very easy.” – Orphanage Director

In contrast, foster care systems, and community-based interventions in general, begin with a drawn-out needs assessment and arduous process to determine the community-specific characteristics of the system in which the organization is expanding. This process is articulated in an article discussed previously:

“Collaborators work together, but do not engage in modification of their operations and procedures; each partner brings in their comparative advantage and interest in the partnership, focusing on coordination, avoidance of duplication and resolution of conflicts.” (Kinder Not Hilfe, 2004, p. 30)

The difference in this ease of replication means that orphanages can meet some immediate needs in an area in a short period of time whereas the process of integrating a foster care system is not complete until after a much longer period, a distinction that will be discussed in the next section.

6.4 Funding/Labor Sources

One advantage of foster care systems over orphanages is the difference in funding and labor sources. Orphanages are funded by foreign money and are staffed by foreign workers.
Although currently foster care systems are as well, in theory most are meant to be self-sustaining or funded by the government of Malawi, and are meant to be staffed by Malawian employees and volunteers. There are two advantages of this long-term independence from the developed world. First, it is more sustainable. Although currently foreign sources of money are plentiful, this trend will not continue into eternity. Individual donors will lose interest, governments will run out of money, and meanwhile, the number of orphans will increase.

Additionally, localized funding and labor sources enable autonomy and ownership. Malawians will take more responsibility, feel more confidence and compassion, and improve their work ethic if they are funding and staffing the programs. Furthermore, the solutions to the problem will likely be improved if those within the community are generating and staffing them. Finally, working together on the issue of orphan care will enhance community cohesiveness in Malawi and repair the rift that has been caused between those helping the orphans and native Malawians. In Malawi, the “Azungus” (white people) are always “do-gooders.” Said one community member:

“We appreciate the outsiders taking care of our children, but of course, we always know that it is because they have so much money. They drive around in their Land Rovers and we just think, ‘Of course if I had that much money, I could help my own children.’ If we could choose between having outsiders [solve the problem] with their money, and finding a way to get our own money and do it ourselves, I think most of us would rather perform the services ourselves.” — Community Member, Lilongwe

7. Policy Analysis

There is one main policy conclusion that follows from the findings of this thesis. In Malawi, Orphanages provide a higher standard of care to more orphans at a lower cost. Orphans are much more likely to have their material needs met in an orphanage, and it is hypothesized in the findings of this paper that they are also more likely to have their developmental and
psychosocial needs met as well. Orphanages provide this higher standard of care without affecting the quality of life in other homes, and they do it without draining the resources of Malawi. Furthermore, they currently have the best system of collaboration in place. Despite this, they present two main drawbacks that prevent orphanages from being a permanent solution to the orphan problem. First, they are funded and staffed by foreigners, which are unsustainable resources. Second, they can never completely recreate a family unit within a community for the orphans in their residence.

In 1999, UNICEF issued the following resolution about the orphan problem in Sub-Saharan Africa:

“It is assumed that community-based approaches are the only viable and sustainable alternative for providing care and protection for children made vulnerable by HIV/AIDS epidemic.” (UNICEF, 1999)

It is indisputable that in the long-term this statement is true. However, I advocate for a policy that differentiates between the long-term and the short-term. Such a policy must be practical, free from unattainable idealism, and make choices about the tradeoffs facing those that address the needs of orphans.

The following are three excerpts from policy papers regarding the strategic plan to address issues facing orphans:

“Policy interventions to reduce disruption and trauma for young AIDS migrants should aim at facilitating sustainable arrangements by enabling suitable households to provide care, specifically by reducing the economic costs of caring for children, particularly school-related costs. This would allow children to stay with those relatives best able to meet their non-material needs, reduce resentment of foster children in impoverished households, and diminish the need for multiple migrations.” (Ansell and Young, 2002, p. 1)

“[Community development initiatives] should take the money used to institutionalize children and invest it in the community to improve living conditions, targeting the very poor. The empowered community would be able to support a larger number of children than it would be possible through an
institutions. More importantly, few of the supported children would leave the community. This approach leads to a number of desirable attributes, such as dignity, sustainability and ownership.” (Kinder Not Hilfe, 2004, p. 12)

“Community-based programs should build the capacity of families by improving household economic capacity, providing psychosocial counseling and support to affected children and their caregivers, strengthening and supporting childcare capacities, supporting succession planning, prolonging the lives of the parents, and strengthening young people’s life skills. They should also engage the local leaders in responding to vulnerable community members’ needs, organize and support activities that enable community members to talk more freely about HIV/AIDS, organize cooperative support activities and promote and support community care for children without any support.” (The Global Partners Forum, 2003, p. 14)

All of these proposals contain noble goals, and I wholly support governments and organizations working towards them. However, some of these goals are not going to be attained for a very long time, since they require community restructuring and cultural shifts. For example, the Global Partners Forum advocates “supporting community care for children without any support.” However, it has been found that:

“Despite the policy stress on the role of communities, in practice communities were found to have minimal involvement in caring for incoming children. Very few children or guardians reported receiving any formal or informal assistance from non-related community members, although some in the cities received assistance from NGOs.” (Ansell and Young, 2002, p. 6)

This cultural observation implies that the aforementioned goal of the Global Partners Forum is complex and will take years to achieve. Another example is the theory of change presented by Kinder Not Hilfe. They assume that providing cash to communities will alleviate poverty, which will make children less mobile, and will make the community more dignified and sustainable. Although this trajectory may proceed as planned, it will definitely be a long process.

While these goals are being achieved, an immediate, if temporary, solution must be generated. Orphans are dying and families are dissolving because of the growing number of orphans. As adults quit their jobs and children drop out of school, the infrastructure of the
economy is disabled. Overcrowded homes affect the welfare of not only the orphans but also the other children residing in them. Hospitals are crowded with cases of malnutrition. These problems are not solely caused by the number of orphans, but one problem confounds the others. Right now, the policy is to allow these problems to continue until the best solution is developed and implemented, which is a very long process. I propose to change the system to implement a short-term solution that might not be the best, but addresses the worst problems in the shortest period of time.

In this way, I believe orphanages can play an important role in alleviating some of the problems facing orphans and their communities. They are cost effective, efficient, easily replicated to produce more facilities, and the organizations currently running them have the funding and capacity to run more:

"Over a five year period, we could open several more orphanages. The problem is that they are generally ill-received by the international nonprofit community. They are seen as unfeeling and as undervaluing a nurturing environment. But yes, we could open more at a cost very close to the current cost of yearly operation." – Orphanage Director

Currently, the requirement for an orphan to be placed in an orphanage is a history of extreme neglect and an exhausted list of relatives and community contacts, none of which are willing or able to act as a foster home. In theory, this requirement makes sense. Practically, however, it means that some orphans are living in horrible situations in foster homes because it is so difficult to prove that one deserves to be in an orphanage.

I propose that the requirements be relaxed until the worst problems are alleviated. For example, although the children sleeping with livestock have a home, perhaps it is not suitable for their development. A changed requirement could be that anyone without a clean sleeping space can be placed in an orphanage. More families and communities need to be convinced that
orphanages are an acceptable and safe option. Although they have their weaknesses, they have
advantages that should not be ignored in the case of an immediate problem of this magnitude. If
more are built and children are placed in them, hopefully the immediacy of the problem can
lessen to an extent that the communities can rebuild their infrastructure and begin to achieve the
noble goals delineated in the long-term plans.

9. Ideas for Future Research

The next step in the research process is to empirically test these findings using a dataset.
The Demographic and Health Surveys (DHS) organization conducted a survey in Malawi in
2000. Their data include 30,000 observations across Malawi, and these respondents were
questioned on all of the variables of living situation mentioned above in this paper. Their
responses encompass descriptive characteristics of the households included, information about
the health, diets, and routines of the orphans, and some variables that measure psychosocial
support and life skill attainment. I will use the dataset to generate regressions and then compare
the results of these regressions to the findings of my thesis to further examine the strengths and
weaknesses of the two orphan living situations. Several researchers are aware of this dataset and
the important findings it could reveal upon analysis. In a paper examining data from five other
Sub-Saharan African countries, the authors note that utilizing the DHS Malawi 2000 dataset is
the next step in gathering information about the nature of the orphan problem in Malawi (Ansell
and Young, 2002).

Given the findings of this thesis, future research on policy proposals to alleviate the
issues facing orphans in Sub-Saharan Africa should continue to investigate the possibility of
differentiating between short-term solutions that meet immediate needs and long-term solutions
that are sustainable and integrate members of the community. Again, in order to maximize the
effect of ideas and proposals in this arena, it is imperative that a cooperative network of
nonprofit organizations and the government be formed.

10. Conclusion

After this analysis of differentials in lodging between orphanages and foster homes, it is
clear that if the priority is meeting the maximum number of needs for a large group of orphans in
the most efficient manner, then orphans in Malawi are better off in orphanages than they are in
foster homes.

Orphans in Malawi are a growing population. It is imperative that those working in the
field develop a system of care that addresses immediate needs as well as long-term goals.
Orphanages have made many valuable contributions to orphan care in Malawi. If they were to
temporarily fill a larger role, the children, families and communities of Malawi would benefit.
Reference List


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Appendix 1: Questions Asked the Orphans

How old are you?
What standard or form are you in?
Do you like where you are living?
What's your favorite thing about it?
Did you ever think about living here before?
Do you ever think about moving?
Where would you like to move? Why?
Do you have your own bed?
Who do you share it with?
Where is it?
Do you have a mattress/blanket?
How often do you clean them? (Every week/every month/don't know?)
Where do you wash?
How often do you bathe?
Where do you go to the bathroom?
How often do you clean the bathrooms and wash areas?
Where is your water pump?
How far away is that? (You can walk to it easily when you are thirsty/you can walk to it when you need to help cook/you don't usually walk to it unless you have to?)
When is it open?
What are your chores?
When do you complete them?
What time do you get up?
What time do you go to bed?
What do you do in your free time? “Play with my friends” – What do you play?
How much free time are you going to have today?
What about tomorrow?
How many rooms are there in your house?
What are the different rooms used for?
Do you have carpets? Mats? Furniture? What kind? Windows?
Who lives with you?
Do you own animals?
Where do they live?
Is there a door at the entrance of your house?
Do you have a lock on your door?
Do you feel safe in your home?
How many times a day do you eat?
At mealtime, can you eat as much as you want?
Who decides how much you can eat?
How many changes of clothes do you have?
How often do you wash them? (Once a week/once a month/can’t remember?)
Do you have pajamas?
Do you have shoes?
Do you have a school uniform?
Is it in good condition?
Do you have books for the standard/form you are in now?
Did someone pay your school fees for this term?
Do you go to school regularly?
When was the last time you missed school? (Last week/last month/last year/can't remember?)
Why did you miss school that day?
Who made the decision to have you miss school?
Do you remember the last time you were sick?
What did you have?
When was it?
Did you notice you were sick or did someone else?
Who noticed you were sick? OR Did you say anything to anyone else?
Did you go to a doctor?
Where did you go?
Who went with you?
What did they do at the doctor?
Did someone go get your medicine? Who?
Did you take all the medicine?
Who was responsible for being sure you took the medicine?
If you didn’t go to a doctor, did you do anything else to get better?
Who took care of you while you were sick?
Did you rest or stay home from school?
Was that your idea or your caregiver’s?
What do you want to be when you grow up?
When do you want to start your job?
Have you thought about having kids and a family?
When do you want to start a family?
Where do you want to live? Why?
If you could have three wishes, what would they be?