Wageningen University - Department of Social Sciences

Rural Development Sociology Group

A troubled past, a laborious future

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For quality of life

A troubled past, a laborious future

a qualitative study of children's daily life in child-headed households in rural Malawi

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Summary

The HIV/AIDS pandemic is affecting millions of people in Sub- Saharan Africa, especially people in the age category of 15-49 years. The consequence is that many children are left behind without parental support. These children were normally absorbed by the extended family, but due to the increasing burden on this family, children formed their own households, better known in the literature as child-headed households (CHHs).

This qualitative study was conducted in Southern parts of Malawi. Six case studies were conducted with the aim to get more insight in daily life of children who live in a CHH setting, by focusing on their livelihood activities, coping strategies, social networks and daily problems.

Findings of this study showed that daily life of the children in CHHs can be described as a daily struggle to find the day to day necessities. Within these CHHs women and girls played a central role. Data from this study showed that the extended family is by far the most effective social safety net for the children in the studied cases, although their role must not be too romanticized. Grandmothers, aunties and uncles play an especially important role. It is still capable to fulfil its traditional caring role despite increasing pressure by outside forces, e.g. HIV/AIDS and increasing food prices. A CHH must be seen as a social unit that is part of a broader social network. This broader social network exists mainly of the extended family and in this network, social cohesion is playing an important role. Within this broader social network the concept of vulnerability must play an important role. Children in a CHH setting are vulnerable but the people from whom they receive support can be just as vulnerable. In order to asses which person is more vulnerable than an other, a measurement instrument must be developed with specific indicators.

In order to improve daily life of the children and other vulnerable people who live in this broader social network several interventions are needed. These interventions must take a bottom-up approach instead of a top-down approach, whereby interventions are socially constructed in order to meet their needs. Policymakers must recognize poor people as active and capable persons and not as passive, lazy and incapable. The livelihood framework will be an important tool in order to assess what the actual needs of the people are.

Evidence from this study showed that in the first place, agricultural knowledge in the form of soil and manure management is needed. Through improving their food security, health related problems like malnutrition could be solved. Other interventions must concentrate on distribution of clothes and blankets. Evidence from the studied cases showed that children and others were lacking decent clothes and blankets which caused health problems. Furthermore children are being chased away from school due to uniform problems and therefore school uniforms are needed. However interventions must not only be targeted on orphans but also on other children. There existed hardly any differences in terms of access to food, clothes, health issues, housing and other aspects between orphaned and non-orphaned children. I argue therefore that UN organizations, governments and NGOs treat all the children the same whether they are orphan or non-orphan.

And last, this qualitative study argues for shifting the focus from HIV/AIDS towards a broader field of health-development problems, e.g. malaria, scabies, ringworm, diarrhea etc. by the developed world. Individuals who suffer from those problems, are not capable of developing themselves and therefore interventions are needed on more health issues than just HIV and AIDS.

List of tables and figures

The picture on the cover is one of the many pictures that I made in Malawi. It does not represent the children of one of the studied cases.

Abbreviations

AIDS	Acquired Immunodeficiency syndrome
CBCC	Community Based Childcare Centre
CHH	Child-headed household
DFID	Department for International Development
EI	Emmanuel International
FAO	Food Agricultural Organization
FBO	Faith Based Organization
GOM	Government of Malawi
HIV	Human Immunodeficiency virus
HTC	HIV Testing and Counselling
MDA	Mangochi District Assembly
MDG	Millennium Development Goal
NGO	Non- Governmental Organization
NSO	National Statistical Office
OVC	Orphans and Vulnerable Children
PAC	Public Affairs Committee
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
US	United States
USAID	US Agency of International Development
VACC	Village AIDS Coordinating Committee
WHO	World Health Organization
WUR	Wageningen University and Research Centre

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Introduction

A tragic consequence of the devastating HIV and AIDS epidemic is the growing number of orphans. In 2007, approximately 11.6 million orphans between 0-17 years were recorded in sub- Saharan Africa (UNAIDS, 2008), who had lost one or both parents due to AIDS related deaths in the age group 15-49 years. Although in 2005, the total number of orphans from any cause recorded in Sub-Saharan Africa was 48.3 million (UNICEF, 2006). In many African countries and especially in rural areas the extended family can be seen as the most important backbone of society because it takes care of children who are left behind and of other vulnerable people. (Peters et al, 2007, UNICEF, 2006, Germann 2005, Barnett and Whiteside, 2002, Foster and Williamson 2000). However, in contemporary society, many extended families are under severe stress because almost every community suffers from HIV/AIDS. Furthermore most of the extended families in rural Africa are poor and lack the resources to take care of the growing number of orphans and other vulnerable people (Loevinshon and Gillepsie, 2003, Peters et al, 2007). Due to the fact that most extended families are under severe stress, not all orphans can be absorbed by this traditional safety net. When the extended family is not capable to fulfill its traditional caring role, children end up living on streets, orphanages or they form their own household, also called 'child-headed household' (CHH) (Germann, 2005).

How do children continue their daily lives without parental support? How do these children make a living? What kind of problems do these children experience? To whom do they go when they need something? I sought answers to these central questions in rural Malawi. I decided to use the concept of CHH because it was mentioned in different studies although without further elaboration. The concept of CHH is in particular an interesting study phenomenon because there is little research done by scholars in the past that looked particularly at this phenomenon. At the moment there exist only a few studies that go deeper into the topic of CHHs (Van Dijk, 2008, Hirasawa, 2007, Germann, 2005). Of course there is research done by scholars on the topic HIV/AIDS and orphans. This research was mainly concerned with the impact of the loss of a parent(s) and the consequences this had for their children and the extended family (Barnett and Whiteside, 2002, Foster and Williamson 2000). My qualitative study was conducted at the background of the HIV/AIDS problem in Sub-Saharan Africa. This study is one of the many studies (Foster & Williamson, 2000, Rugalema, 2000, Barnett & Whiteside, 2002, Germann, 2005, Peters et al, 2007) conducted within the current HIV/AIDS pandemic. Just like other studies, this study also tried to get insight and understanding of the impact of HIV and AIDS on people's daily life.

My study drove me all the way to the outskirts of rural Malawi where I did my research on those so called CHHs. Before I travelled to Malawi I read about the existence of those households but I did not exactly knew how a CHH would look in reality. Malawi was chosen for its high HIV prevalence rate of 14% (UNAIDS 2006), at the current moment 12% (UNAIDS 2008). The rural parts of Malawi were of special interest for me because of my fascination for agriculture. This study was combined with my internship. During my internship I fine-tuned my research questions and objectives with the information that I gathered. Therefore I was able to adjust my research questions more on the local context of Malawi. During one of my many field visits I observed how children were taken care by their extended family and this made me curious about the precise role of the extended family. I decided to pay special attention to the role of the extended family in my own research.

Doing research by myself was hard especially in an unfamiliar country like Malawi. Furthermore doing research with the background of HIV and AIDS makes it even harder. Being confronted with images and stories about people who are suffering from HIV or of children who lost their parents made me sad and sometimes depressed. Of course I knew that HIV is a problem whether a health or a developmental one, but I had never

seen the images or heard the stories of people actually living with this disease. I thought therefore it was not strange that there is so much public attention for this disease by donors, United Nation organizations (UN), governments and Non-Governmental Organizations (NGOs). However after a while I thought that the amount of attention on HIV and AIDS was a little bit misplaced. In the villages that I visited I observed that there existed many more problems whether health or developmental ones than HIV and AIDS. These were ignored by those organizations partly because of the enormous public attention for HIV and AIDS and without recognition they will be still neglected in future time.

This study took an actor-oriented approach where the people themselves played a central role throughout the study. Shortly explained, an actor-oriented approach is against the thought that social life and social behavior is regulated through the given structures of a society. In a structural analysis people become puppets without any possibility to make their own decisions and to act as individuals. The concept of actor oriented by Norman Long is formulated as follow: "Social actors are not simply seen as disembodied social categories (based on class or some other classificatory criteria) or passive recipients of intervention, but active participants who process information and strategize in their dealings with various local actors as well as with outside institutions and personnel" (Long, 2001:13) The actor-oriented approach explains why actors may respond differently to situations that appear similar and homogenous. Their acts are not simply determined by the structural circumstances but also by the actors themselves. It is about embodying or the incorporation of global structural circumstances into their social life. My study will show that actors respond differently to situations that appear similar and homogenous.

As explained earlier the lives of the children in CHHs play a central role in this study. In order to answer the questions formulated earlier one has first to consider theoretical concepts in order to understand what is meant by those concepts. In this study the concept of livelihood played a central role. Livelihood studies are an important source of information to understand why certain people are poorer than others. The information that is gathered from livelihood analysis is an important source of information for policymakers. It is used for poverty alleviation. By making use of this concept I got insight in the daily life, thus daily problems, coping strategies and social relations of the children.

In the first chapter I will elaborate about the theoretical concepts that I used followed by a chapter with the research questions and methodology, methodological considerations and the ethical considerations of studying children. In chapter three I will place my study in the local context of Malawi, followed by chapter four, where six case studies of daily life of children are being described. Then I will answer my research questions by focusing on the livelihood activities, social networks and coping strategies of the children in chapter five. This chapter is followed by a chapter about the importance of the extended family. In chapter seven I will discuss the relevance of the concept CHH followed by a chapter about the interventions of Non-Governmental Organizations (NGOs) and other actors. Finally the conclusions of this study will be given in chapter nine of this report. In chapter ten is a policy document given for different actors in order to adjust their interventions.

1   Theoretical framework

In this chapter I will discuss the concepts and framework that I used for this study. This framework gives insight into the different concepts and how they are related to each other. First I will give a reflection on the use of certain theoretical concepts during my fieldwork. Secondly, I will elaborate on the concept CHH with the related concepts of childhood, orphan, vulnerability, household and headship. And last I will discuss the framework.

1.1   Concepts

In appendix III one can find a scheme of the process that developed during my study. This scheme explains the different steps that I took during my study. During certain stages of my study I experienced some difficulties. Most of the time these difficulties were theoretical difficulties. During my first encounters with local reality I was not able to use certain theoretical concepts, e.g. a household and CHH, because they did not fit this reality. Therefore I had to re-shape my operational concepts in order to work with these concepts. I suggest that these concepts are being adjusted in order to fit the local context. At the moment there exists an imbalance between theory and practice. This imbalance has negative consequences for policies, because policymakers are working with the wrong theoretical concepts in order to give direction to reality. This ignorance is mainly the result of not being able or willing to let go of Western ideas of certain theoretical concepts. Let me take for instance the concept of household. This concept is mainly used as a mode of intervention for policy makers and it is used in surveys. In policies and surveys households are treated as a single entity (Beall & Kanji, 1999) or as a social unit (Van Vuuren, 2003). Organizations who work with this definition in the field are not able to understand reality. During my fieldwork I observed that a household in Malawi must be seen as part of a broader network where people are connected by relations of kinship, marriage, neighborhood, village, and friendship. I also observed that NGOs did not use this concept in their intervention programmes. They were still targeting single households.

Not only the concept of household was problematic, but also the concept of CHH. In my opinion this concept was invented by policy makers and scientists to give direction to reality. In this way NGOs could target different categories of people. However the current theoretical concepts of CHH did not exist in reality. At local levels people did not know the concept of CHH. These orphans were living in their own house but they were part of a wider social network. In the following subparagraph I will elaborate more on this issue.

1.1.1 Defining child-headed household

The first cases of CHHs were reported in the late 1980s in Uganda and Tanzania and they were seen as a new phenomenon (Iliffe 2006). Foster et al (1997), gave an example of a CHH headed by an 11-year old child who took care of his younger brother and sisters. In my opinion this shows the tragic consequences of the AIDS pandemic in African countries, because children of that age need to go to school and play with their friends instead of running a household. Reasons for becoming a CHH in Africa are linked to HIV/AIDS (Germann 2005, Ayieko, 1998), conflict situations, e.g. genocide in Rwanda (Leatham 2005, MacLellan, 2005), but also traffic accidents or diseases other than AIDS, e.g. malaria or tuberculosis (TB) (Maqoko and Dreyer 2007). Before the 1980s orphans did not really exist in African society. The extended family would take care of them within their traditional caring system. However due to the increase in the growing number of orphans the extended family was no longer able to take care of these orphans (Plan 2005).

Studies showed that children who live in those households are often poorer than children who live with their parents or other adults (Van Dijk, 2008), lack protection and support from adults and have to make decisions by themselves, and take care of others

(MacLellan, 2005), have problems with going to school and can not access social services. Furthermore they have difficulties with accessing food and shelter (Sloth-Nielsen 2004). In short it can be stated that the problems of children who live in CHHs are more extreme and severe than the problems of other children.

In the literature one can find a variety of different definitions of a CHH. UN organizations, NGOs and scholars use different sorts of definitions in practice. There are some similarities in the different definitions, for instance the use of the word 'orphan' that comes back in almost every definition. Sloth-Nielsen defines a CHH as 'children who have lost both parents to HIV/AIDS, and have become the head of the household and breadwinner for younger siblings' (2002:3). There are different problems with this definition. First of all, it is assumed that children who live in CHHs are orphaned but in reality that is not always true, because a study in Uganda showed that children in CHHs had at least one living parent (Luzze & Ssedyabule, 2004 in Van Dijk, 2008). Furthermore it is assumed in this definition that the children lost their parents due to HIV/AIDS but in reality it is hard to say if someone died of AIDS. Another problem with this definition is the fact that it assumes that there is one head in the household but in reality a household can be headed by different persons. For instance, when the head of the household is not at home, someone else can take over the responsibilities and thus becomes the head of the household (MacLellan, 2005).

When one looks at the definition that is used by the United Nations Children's Fund (UNICEF), a CHH is defined as "a household that is headed by children under the age of 18" (2003). It is assumed that this household consists of children who are below the age of eighteen years but in reality this is not always true. Furthermore in a study of Germann (2005) an example is given of a CHH that was headed by a girl of thirteen years who was taking care of her sick grandmother. The biggest problem that I have with differentiating in biological age is that if someone who is eighteen years turns into nineteen years, do we then assume that the household is not child-headed anymore but adult-headed or youth-headed? This can have severe consequences for a household that is for example in a programme of a NGO who is using such a definition. It will mean that the household get only assistance till the head of the household becomes eighteen and the day that s/he turns nineteen the household will be excluded from the programme of the NGO.

Plan Finland (2005) defines a CHH as: "Independent, Responsible for providing leadership and making major decisions in the running of the household, Responsible, along with other children, for feeding and maintaining the household, Caring for younger siblings and adopting de facto adult / parent roles" (2005:2). I have some problems with this definition. First of all CHHs do not live independent from others, especially not from their extended family. In the same paper is stated that: "it is not uncommon for child-headed households with known relatives to receive supportive visits and small amounts of material support from their extended family even though they could not live with them" (2005:1). In my eyes this is in contradiction with being independent from others. Another problem with the definition of Plan is that it assumes that the head of the household is the eldest child but in reality this is not always true. Children can also take care of an older person who is living in the same household, e.g. a sick grandmother.

It is often assumed that a CHH consists of children who are related to each other, like brothers and sisters. In many occasions this is true but not every CHH consists of persons who are related to each other. Some CHHs consists of friends of the children or other orphans who are not related to each other (MacLellan, 2005).

The literature (Germann 2005) argues that CHHs are the result of a failing extended family system. The extended family is no longer capable of absorbing the increasing number of orphans. This argument may be true but it is not applicable for every CHH in Southern Africa. Other reasons for becoming a CHH are related with the agency of the

children themselves. They can decide to stay together because they do not want to live separated or they want to protect family assets (MacLellan, 2005). It is also argued by different authors (Wevelsiep, 2005, Bower, 2005, Plan 2005, Foster et al, 1997) that CHHs are a new coping mechanism of the extended family. It means that children who live in CHHs did not slip through the traditional safety net but they are still taken care by the extended family although they live in their own house. Van Dijk (2008) for example argues that CHHs are not a new coping mechanism of the extended family. She states that children in CHHs are rarely if ever supported by relatives, neighbors and official support programmes.

During my research I first worked with the theoretical concepts of a CHH, as explained earlier. After a while I realized that a CHH must be seen as part of a broader social network that depends on each other. In this network the extended family plays the most important role for the children.

Reflection on the concept CHH
The main questions here, are; was it useful to use the concept of CHH in my research and would I use it again. The answer is twofold. In the first place it was useful because I was especially interested to see how children were living after their parents had passed away. There are many children left behind and therefore there exists different sorts of living arrangements There are children who live on the street, in an orphanage, with their grandmothers, aunties or uncles but also on their own. I was especially interested to see how children on their own would make a living. Therefore I could use the concept of CHH, however as explained these children do not really live on their own, but they are part of this broader social network.

In the second place it was not useful at all to use this concept because it took me a lot of time to identify those CHHs. In the villages people did not really know what CHHs are and therefore I had difficulties with explaining my intentions, hence I could not find them. Therefore I was forced to use NGOs as a point of entrance to locate CHHs. This made clear to me that NGOs are using this concept in their daily work, although for people in the communities it is a vague concept. Another disadvantage of using this concept was that I was too focused on only that particular household, especially in the beginning of my study. Next time I would go to a random selected village and I would make an inventory of children who are orphans and study how they live. In this way I will save a lot of valuable time.

The definition of a child-headed household contains more complex concepts. That of a child, of heading and of a household. First of all I will elaborate about the definition of a child, then that of heading and lastly that of a household.

1.1.2 Defining a household

A household is a complex concept because it is impossible to give one uniform definition of this concept. The most general definition of a household is that of 'eating from the same pot' and therefore this definition is used in most of all the studies that deal with households. Another definition is that of Ellis; "the social group which resides in the same place, shares the same meals, and makes joint or coordinated decisions over resource allocation and income pooling" (1998: 6) An example that will underline the complexity of the concept household is the following: A common practice in African society is that children eat and sleep in other houses than their own because of the extended family system (MacLellan 2005). Therefore Budlender (2003) argues that persons can be part of several households. This phenomenon of moving from one household to the other can be applied to children who live in CHHs because they need scarce resources, e.g. food and shelter.

Another important feature of a household is that of sharing the same residence by all members of the household. However Van Driel (1994) argues that not all activities and

consumption by household members should take place in the same residence. For instance someone who is working on a tobacco estate far away from his house in order to provide the household with some income could be still seen as a member of the household.

In surveys, households are treated as a single entity (Beall & Kanji, 1999) or as a social unit (Van Vuuren, 2003). However in practice a household in African society can be seen as part of a broader network of households who are connected by relations of kinship, marriage, neighborhood, village, and friendship (Peters et al, 2007). This is clearly visible when people move from one house to another. Furthermore seeing a household as a single entity means that internal conflicts and power struggles of the members of the household are ignored.

It means that this study will consider a household as part of a broader network of households who are connected by relations of kinship, marriage, neighborhood, village, and friendship (Peters et al, 2007).

Reflection on the concept household
As explained earlier, the concept of household does not exist in rural Malawian society. People are connected through kinship, marriage, neighborhood, village, and friendship. They share residences, meals and other resources. During my study I observed how a group of people were sitting together and sharing each others resources. Therefore I decided not to use this concept.

1.1.3 Defining headship

Not only is household a complex concept but also the concept of headship. Often is said that the person who is the main economic provider of the household is automatically the head of the household and in many cases this would be the man (Van Dijk, 2008). In my opinion there is also another factor that determines who could be considered the head of the household and that is the person who takes care of the other members in the household. In the literature this is called 'De facto' headship (Aspaas, 1999). However De facto heads are not considered legal heads but 'De jure' heads are and this is a person who provides an income for the household and who takes major decisions (Aspaas, 1999). In the case of my study I will not use any of the above definitions because I will use the definition of Van Vuuren (1999) who defines headship as: the person who makes major decisions or who exercises authority. However I want to add to this definition the following: the person who takes care of the other household members.

But is it really possible to identify a head in a child-headed household (CHH)? Is there really someone who steps up and takes the major decisions in the household? Maybe authority is scattered over the individuals in the household.

I define the head of a CHH as the person who takes care of the other household members and who takes the major decisions.

1.1.4 Definition of childhood

In Western society, childhood is perceived as children being raised in a nuclear family, without social or economic responsibilities (Christensen and Prout, 2005). This picture of children who are being raised in a safe environment, who go to school everyday, who can always play and never have to work when they are young is not applicable to the majority of children in this world. Most of the children in Sub- Saharan Africa have to work, e.g. washing clothes, pounding maize etc when they are young (around 6 years) or at least do simple tasks in the household, because of their culture. However it is still assumed in dominant views of childhood that there is a clear division in the roles and responsibilities of children and adults. The example above shows that this is not exactly the case because the majority of children in this world do have responsibilities and roles

that adults have (Van Dijk, 2008). However it is not true that they can not play at all or that we have to feel sorry for them that they sometimes share adult responsibilities because it is part of their culture. Therefore Van Dijk argues that "one needs to let go of ideas of children as predominantly vulnerable and helpless" (2008:25)

Thus the prominent dominant view of seeing children been raised in a nuclear family, without social or economic responsibilities is not in line with the existence of CHHs, where children are not being raised in this way.

Boys and girls are defined as children when they are younger than 18 years by the United Nations Convention on the Rights of the Child (Germann, 2005, Van Dijk, 2008). However for many African countries this is not applicable. For instance in Zimbabwe a child is someone who is below 16 years (Germann, 2005). At a local level, people in the village perceive children who are 12 years as adults because of local traditions and cultural practices. For instance in the Southern part of Malawi exists the initiation ceremonies where boys and girls are circumcised and sexual behavior is promoted in order to become an adult (interview, 2008)

In the history of the literature on childhood, children were first seen as 'little devils' who were evil and in need of civilization by adults. Later on children were seen as 'little angels' who were seen as innocent and good (Van Dijk, 2008). A recent concept in childhood studies is that of socialization, which means that culture is successful being transmitted from one generation to the other (Van Dijk, 2008). In this process of socialization parents play the most important role, because they are the first to teach their children how to behave, followed by other members of the family. One of the critiques on this concept is that it denies agency of the children. Agency in this perspective means that children can influence their own lives and are thus not so powerless and vulnerable as thought (Van Dijk, 2008). For instance, one of the children of the studied cases said that she was tired of being exploited by her niece and therefore she decided to move out her aunts house in order to run her own life instead of being exploited by others.

1.1.5 Orphan defined

A definition that is related to that of CHH is that of an orphan. As explained earlier, people connect an orphan with the concept CHH. People assume that someone who lives in a CHH is automatically an orphan but this is not always true. Some children in a CHH have their own child. UNICEF defines an orphan as someone under the age of eighteen years who lost one or both parents. In the past there existed another definition of an orphan. First, orphans were defined as children under the age of fifteen years who lost both parents. This concept was changed because becoming an orphan delays the age of becoming independent. In the past children who lost only one parent were not recognized as orphans, but in many cases losing one parent due to AIDS would mean that the other parent would also die because s/he would be infected with HIV (Van Dijk, 2008).

There are different categories within the concept of an orphan. There are children who are *maternal orphan*, someone who lost his/her mother. There are children who are *paternal orphan*, someone who lost his/her father. There are *double orphans*, children who lost both parents (UNICEF, 2006). However there are some problems within these categories. In the literature is argued that losing a mother is the loss of care and loosing the father is a loss of income. However as argued by Van Dijk (2008), in poor countries both parents provide an income. Furthermore, in Sub-Saharan Africa, a lot of households are female headed and thus the loss of a mother is equal to that of losing income and care (Peters et al, 2007). This is especially true for African societies, where the mother can be seen as the most important person in the life of a child (Munthali 2002). I will illustrate this point with a quote of a Malawian orphan in a study of Munthali. "Most of the male parents drink beer. When your mother dies, the father

spends all the time drinking beer and that means that whatever money comes his way is spent on beer. There is nothing left for his children to buy food and other needs. We are also deprived of the love which was there when both parents were alive" (2002:4).

The Malawian government defines an orphan as: "A child who has lost one or both parents because of death and is under the age of 18 years" (GOM, 2003). I define an orphan as someone who has lost one or both parents and who is not older than twenty one years.

In the literature orphans are often portrayed as a 'ticking time-bomb,' 'silent crises,' 'lost generation,' 'robbed childhood,' and 'childhood in the sun.' (Abebe & Aase, 2007:2059). Orphans are being labeled like this because it is assumed that they require care and support, and that adults know what is in the best interest of the child. The illustration below makes clear that the nuclear family is at the centre of the childcare system, followed by the extended family, the community and the society. The responsibility for the care of children primarily rests with the nuclear family. When the nuclear family becomes incapable to take care of the children e.g. through poverty, sickness or death then the extended family will take over this responsibility. Third in line is the community which bears responsibility for the children followed by the state. The state is taking care of the children by developing policies and programs. The international community bears also responsibility at the outskirt of this childcare system by developing legal instruments and laws (Chirwa 2002). In reality there does not exist a childcare system like this at all. I think there does not exists a hierarchy and that the responsibility of taking care of the orphans by the different actors is blurred.
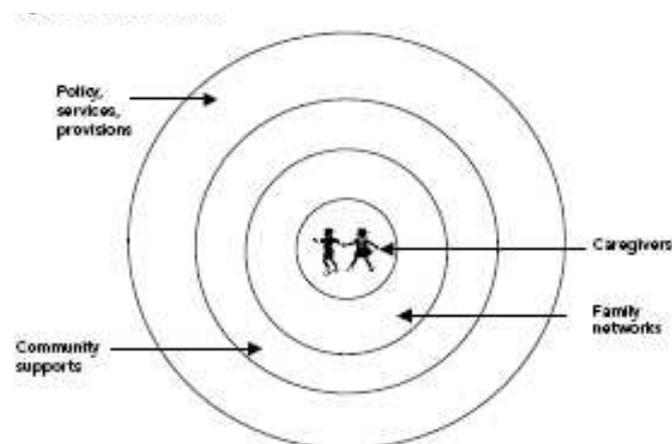
Figure 1. Childcare system (Richter et al, 2006:27).

1.1.6 Vulnerable children

A broader concept of orphan is that of orphans and vulnerable children (OVC). This concept was coined because the majority of policies and programs focused on children who lost one of their parents due to AIDS. This limited focus of policies and programs on children who became orphaned was criticized because children who are non-orphans can also be vulnerable. In households affected by HIV/AIDS children are becoming vulnerable before one of the parents is deceased. Children must take care of his/her sick parent(s) and provide an income for the household. This will often result in a declining food availability for the household and children will drop out of school (Schenk et al, 2006). Children who are non-orphan can also suffer from a shock that can jeopardize their health and well-being and therefore these children do also need support.

The word vulnerability is difficult to define and therefore it is used in different ways by actors in different contexts (Schenk et al, 2006). In a study by Skinner et al (2006) is an

elaboration given about the complexity of the concept vulnerability. It may refer to children who live on the street, who live in a household with a sick parent, who live in orphanages, who live in a child-headed household, who lack access to resources such as food, shelter, water, care and love. The word is used differently among African countries. For instance in Botswana children are seen as vulnerable when they live on the street, when they are sexually exploited, when they are being neglect, etc. In Rwanda children are seen as vulnerable when they live in child-headed households, when they are in conflict with the law, when they live in poor households, when they are disabled, when they get married before the age of maturity, etc. (Skinner et al, 2006). The same study concluded that a vulnerable child can be defined as "someone who has no or little access to basic needs or rights" (Skinner et al 2006:623). The basic rights of a child are a safe home, right of education, access to food and water, love and care of others, protection from abuse and neglect, own decision power, etc. (Skinner et al, 2006).

In the context of my research I used the definition of the Malawian government, who defined a vulnerable child as "a child who has no able parents or guardians, staying alone or with elderly grandparents or lives in a sibling headed household or has no fixed place of abode and lacks access to health care, and psychological care, education and has no shelter" (GOM, 2003). This definition does also recognize that a vulnerable child is someone who lacks access to basic needs and rights. Furthermore this definition makes clear that vulnerable children can be found in any setting.

1.2   Framework

The main objective of this study was to find out how children in a CHH live after their parents have passed away. I studied this by making use of the livelihood framework. Studying people's livelihoods will give understanding of their daily life. It will give insight in their daily activities and problems, social networks, coping strategies etc. This information can explain why some people are poorer than others. It will also explain on which level interventions are needed.

1.2.1 Livelihood

In the literature one can find different definitions of the concept of livelihood (Long 1997, Carney 1998, Ellis 1998). The concept often used by scholars is that of Chambers and Conway (1992) "a livelihood comprises the capabilities, assets (including both material and social resources) and activities required for a means of living" (Carney, 1998:4). In the literature most definitions of livelihood have in common that it deals with people and their resources. Therefore the sustainable livelihood approach can be seen as part of the actor-oriented approach that is taken in development studies. The actions and strategies of people play a central role in this approach. People are seen as active persons who give direction to their own lives. The sustainable livelihood approach lists five types of assets that people need in order to achieve a sustainable livelihood: human, natural, physical, financial and social capital (De Haan, 2000:344). Human capital refers to knowledge, skills, experience, creativity, inventiveness and to the labour time available to someone. Natural capital refers to environmental resources such as the availability of water and land. Physical capital refers to the availability of tools to work the land , the condition of the house where someone is living. Financial capital refers to the money someone has to buy goods, the access to loans and credits to set up a small-scale business. Social capital refers to the social resources upon which people draw in pursuit of their livelihood objectives. It refers to the social relations and networks of someone which can be accessed during time of problems. Looking at the different capitals it can be concluded that someone has not only physical capitals but also social and human capital.

With the concept of livelihood I wanted to find out how children in CHHs continue with their lives after their parents death. In my opinion focusing on the livelihood of people will give someone a great detailed picture of their daily life, in this case of the children. It will give insight in their daily struggles and coping strategies to find the necessary resources, e.g. food, money, knowledge. Furthermore it will give insight into the daily problems that they experience during their livelihood activities. Therefore the central question is; What kind of activities do children in a CHH setting undertake in order to provide a livelihood for the household?

1.2.2 Social capital

As explained earlier, social capital is one of the five capitals of the sustainable livelihood approach. It is argued that social capital is one of the most important capitals for poor people (Van Dijk, 2008). In many occasions poor people do not have enough financial resources to survive and therefore they make use of their social capital. They can count on support of family or other networks of mutual assistance. The concept of social capital refers to the "capacity of individuals to command scarce resources by virtue of their membership in networks of broader social structures"(Long, 2001:132). Trust is a key element within the concept social capital. When people are capable of trusting each other they are able to access scarce resources through their social capital. But how can someone measure trust? In my opinion trust is hard to measure and therefore I used support as a key element of social capital. In my opinion, the frequency and form of support tells more about someone's social capital than trust does. To receive support from somebody, he or she does not have to trust the person. People support each other because of their common history or because of their culture.

This definition of Long (2001) makes clear that a certain individual is capable to access scarce resources by using his/her agency. Long (2001) defines agency as "the capacity of the individual actor to process social experience and to devise ways of coping with life, even under the most extreme forms of coercion (…) social actors possess 'knowledgeability' and 'capability" (Long, 2001:16). When individuals make use of their agency then they are indeed capable to access scarce resources by virtue of their membership in social networks. These social networks are not static, they change overtime because of internal and external processes.

In my opinion social capital is the most important asset of the children in the CHHs. With this asset they can access their social networks in order to obtain scarce resources, e.g. money, food, shelter and knowledge. Portes (1995) describes social networks as "a set of recurrent associations between groups of people linked by occupational, familial, cultural, or affective ties" (Portes, 1995:8). In my opinion the most important social network of children in CHHs is the extended family.

The question that I ask myself is; what kind of social networks do children in a CHH setting access? And for what reasons?

1.2.3 Coping strategies

The children of the CHHs will face certain problems in their daily activities. In order to deal with those problems they will use certain coping strategies. The sequence of responses or actions of households to deal with external shocks, e.g. HIV/AIDS, poverty, conflicts etc. are usually called 'coping strategies'. This is a set of activities or actions taken by a particular household in order to sustain the same standard of living before the external shock took place (Curtis, 1995 in Rugalema, 2000).

This definition of 'coping' is heavily debated in recent years and not without reason, for instance, Rugalema (2000) talks about 'struggling' instead of 'coping' and more recently, Loevinsohn and Gillespie (2003) use the term 'responding' instead of 'coping'. Both authors however do agree that the concept of 'coping', as explained by Curtis (1995) is

a misleading term because it implies that households, through these strategies, are able to sustain or climb back to approximately the same standard of living as they had before the external shock, e.g. HIV/AIDS. However most of the poorest households enter a downward spiral after an external shock, like HIV/AIDS.

I do agree that 'coping' is a misleading term, when one looks at the long-term perspective of most strategies, but when one looks at the short- term perspective of it, then 'coping' can indeed be seen as a set of activities or actions taken by a particular household in order to sustain the same standard of living before the external shock took place (Curtis, 1995 in Rugalema, 2000). Furthermore one has to look at the context of a 'coping' strategy. When one looks at the 'coping' strategies of CHHs, then indeed the term 'coping' is a wrong one and 'struggling' would be a better one, because life will never be the same as it was before. Furthermore, researchers (Loevinsohn and Gillespie, 2003) always look at the long-term perspective of a 'coping' strategy, while a lot of African families are not in a position to look further than just one day because of their poverty and thus lack of resources.

The central questions with regard to the coping strategies of the children are; What kind of daily problems do children in a CHH setting experience? And what kind of 'coping' strategies do they use in order to solve those problems?

1.2.4 Interventions

Interventions play an important role in the lives of children who are orphaned. There are many actors who all have their own intervention programme that tries to assist the orphans in one way or another. The reason for the many interventions is related to the popular discourse which I explained earlier. This discourse explains that orphans are being perceived as children who are victims and in desperate need.

In the literature (Long, 2001) interventions were seen as a linear process whereby policies are being formulated and being implemented in a defined time space setting with expected outcomes. This kind of visualization implies some kind of step by step process whereby policies are formulated, implemented and followed by results, who later on could be evaluated. Interventions can be imagined as "a traffic of presents and gifts which come from the outside and have supreme qualities which can not be produced within the local situation itself" (Long, 2001:33). This image contains a powerful outsider, namely the giver who can be seen as the developed world and a weaker insider, namely the recipient who can be seen as the developmental world. Long (2001) argues that this kind of visualization denies the fact that interventions are being socially negotiated by recipients. Therefore he defined an intervention as: "an ongoing, socially constructed and negotiated process, not simply the execution of an already- specified plan of action with expected outcomes" (Long, 2001:31). He states that it is a complicated process which involves transformation of policies during the implementation phase. Although in reality interventions are often implemented with a clear separation of inside and outside forces. Policymakers formulate policies in their offices, behind their desks without recognizing the local context and thus dynamics. Therefore interventions do often not have the expected outcome because these policymakers do not exactly know what kind of support is needed. Furthermore, local actors negotiate and reshape intervention programmes to their own standards.

An important part of the 'intervention process' is the evaluation of projects and programmes during and after their lifespan. During the evaluation of a project its goals and objectives are being evaluated in order to asses if they were achieved. Often when these goals and objectives are not achieved, organizations reformulate their programmes in order to achieve the same goals. The reason for this is that organizations never question the whole idea of the intervention itself. As Long (2001) argues, organizations never blame their own set of activities, but they always blame something or someone else for the failure of a project. In this way organizations are not able to reformulate

their interventions as a whole because they are too much focused on goals and objectives. Therefore, I argue that organizations must deconstruct their interventions instead of reformulating the same interventions with the same goals and objectives. It is important to get insight in every step of the 'intervention process' in order to see how it was constructed. As explained earlier, many interventions start with an ideology which causes problems. So, when organizations do not deconstruct their interventions then these problems will exist. Also power plays an important role in an intervention. This can for example explain why some projects failed. This is also applicable for projects whose goals and objectives where achieved. It does not mean that a successful project was beneficial for the local people. Therefore these projects must also be deconstructed in order to find out if they are really helpful.

For my study I defined an intervention as a discrete phenomenon that takes place in a defined time-space setting. Within this top-down process, interventions are being directed upon recipients, target groups by intervening parties with the goal to bring them in a higher stage of development.

During my fieldwork I found out that indeed many interventions are being implemented in this way and therefore they do not always make the right impact in reality. There was a clear distinction between the powerful outsider and the weaker insider. Within these interventions, policymakers define orphans as victims, as passive persons and/or as a lost generation. The consequence of this labeling is that orphans are not taken seriously. Policymakers think they know what is best for a particular person and therefore they formulate policies in order to meet those needs. Furthermore, target groups are treated as a homogeneous group with the same specific needs. However there does not exist such a group because people have agency and thus give direction to their own lives. Therefore each context needs its own specific intervention. These orphans have capabilities and knowledge which they use for their livelihood activities. They have created important social networks to access scarce resources. Of course they have special needs because of historical events and the local context they live in. Therefore interventions are needed but not in the current form.

In order to reshape and reformulate interventions I would suggest to take practice as a starting point. These interventions must be socially constructed from the start and livelihood studies would be a good tool for this. It is important not only to talk with people but also to see what they are actually doing. A case study would be the right approach for doing this. This will give the policymaker more insight in their real problems and needs. Furthermore it would give insight in people's capabilities, strong points and potentials. This kind of information must be the starting point for an intervention, not the dominant discourses about poor people, where they are being portrayed as lazy, passive, incapable etc. Also the information from rapid appraisals methods is often used for shaping interventions. However this kind of information is not enough for shaping the proper interventions. There exists a big difference in what people say and what people actually do. Besides this problem, interventions face another problem, namely the timeframe they are being implemented in. Interventions are being implemented in a timeframe of one, three or five years. These interventions end suddenly because there is no money or time anymore for further activities. Of course, I know that one particular intervention can not last decades. Due to this short timeframe and the amount of money that is involved I would suggest reformulating interventions as a whole, as explained earlier. In chapter eight I will discuss the types of interventions that were being implemented in the lives of the children by NGOs and other institutions. By using the information that was gathered during my fieldwork I will illustrate why I argue for a different intervention approach.

In conclusion; a bottom-up approach is needed whereby interventions are being socially constructed, recognition of poor people as active and capable persons, studying of their livelihoods in order to assess where assistance is needed and every context needs its

own tailor-made intervention. Not every intervention can take this bottom-up approach. For instance a quick emergency response may be needed in some situations. In general we must let go of ideas that interventions will bring development. Instead we must see interventions as a tool for people in order to assist them in their own personal development.

The questions that I ask myself is; What kind of interventions are being implemented in a CHH setting?

1.2.5 Conceptual framework

The figure below presents schematically the various components of an analytical framework to analyze livelihoods (adapted from Department for International Development, DFID, 2001). At the heart of this scheme is the broader social network that mainly consists of the children of the CHHs and their extended family. Due to historical events these children are orphans. In order to survive daily life they are involved in different kinds of livelihood activities. These activities are finding place in a specific local context. This context explains why some people are poorer than others. For these activities they can use their five capitals; S, H, P, F, N, and their agency. Their livelihood is being affected by global, national, regional and local processes and factors. Examples of these global processes and factors are climate change, HIV/AIDS and the increasing food prices. Also policies of government institutions influence their livelihood activities. In order to overcome their daily problems they make use of their agency and capabilities. These capabilities consist of knowledge, skills and experience. With their agency, people are able to create and maintain social networks in order to make a living. These social networks are in constant flux. It is a dynamic resource because people come and go. People also use livelihood strategies or in other words coping strategies in order to overcome their problems. These strategies do not bring poor people out of poverty often, because they lack the necessary resources. The children of the CHHs have a special status because they are orphans. The developed world sees those children as helpless and passive victims in urgent need. Therefore the developed world invented different intervention programmes in order to help those children, but not their extended family. In this way the developed world is part of the daily life of the children. These interventions can transform this broader social network.
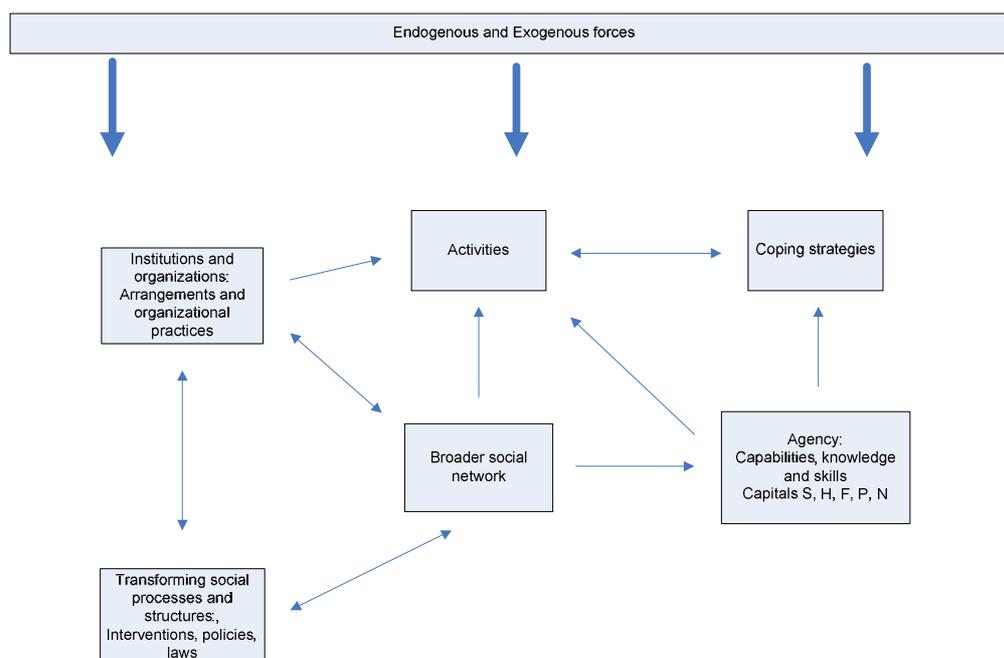
Figure 2. The livelihood framework with the various components of this study (adapted from DFID, 2001).

1.3 Research objectives and questions

The primary research objectives of this qualitative study were:

- To give insight in the lives of children, who live in a CHH setting.

- To give governmental and non- governmental organizations more insight and understanding of the lives of children who live in CHHs so that governmental and non- governmental organizations can fulfill specific needs of children who live in those child-headed households.

In order to achieve the research objectives mentioned above, the following general research question was formulated:

- How do children in a CHH setting eke out a living?

This question was further subdivided into several more specific research questions:
- What kind of activities do children in a CHH setting, undertake to provide a livelihood for the household?
- Which daily problems do children in a CHH setting experience?
- What kind of 'coping' strategies are being used in a CHH setting?
- What kind of social networks do children, who live in a CHH setting, access?
- Which role does the extended family play in daily life of children in a CHH setting?
- What kind of interventions are being implemented in a CHH setting?

2 Research site, design and methodology

This qualitative study was conducted in two rural areas in the Southern part of Malawi (figure 3) for a period of approximately two months (April – May 2008). During this period, I studied 6 different cases in order to get a deeper understanding of daily life of children in CHHs. The type of case study that was chosen for this research was *the collective case study.* This is an extension of the instrumental case study where several cases are studied instead of one, to learn more about the phenomenon, population or general condition (Punch 2005). This type of case study was chosen to get a deeper understanding of the phenomenon CHH, to be able to make comparisons between different case studies and to live for a longer period in a village to get more insight in daily Malawian life.

In the case studies the living worlds of the head of the households were playing a central role. During my study I spent more time with them than with their brothers and sisters. I was very interested in the lives of the head of the households because in my opinion she was the person who could tell me a lot about her life and especially about her past. Furthermore the other children were often too mobile to talk with them every day, while in comparison the head of the household was at home most of the times.

Within the case study, several techniques of data collection were used (table 1) to get other, valid and reliable data. I used semi- structured interviews, open interviews, informal interviews, observations, group discussions, participant observations, ethnography and life history. Through combining these different techniques, I was able to cross-check information that was given by different respondents. Furthermore by living in a village for a longer period I was able to get a better understanding of the daily life of the respondents.

During my conversations with the children and other people I made use of themes. I had developed questions that belonged to a certain theme. For instance I used the theme *daily problems* and by using different questions I was able to collect enough data on this theme. One can find an overview of the themes and the questions in appendix I. I made observations early in the morning and in the afternoon in order to see what the children and other people were doing around that time. During my conversations I also observed what was happening around the house. Through my observations I collected a lot of data that I would not have collected if I only conducted some interviews. I recall one event that happened during one of my observations. When I visited the house of case D unannounced (as usually) I observed how the head of the household suddenly cleaned her surrounding of her house. I made up from my observation that she had just consumed her lunch because I saw the plates with some nsima left on it and probably I was not allowed to see that. I not only make use of observations but also of participant observations in order to establish a relationship with the participants. I participated in searching for maize, pounding of maize, playing football, digging in a garden, washing clothes and walking to school with the children. I did not only receive a lot of data but I also enjoyed myself during the participant observations.

Table 1. Overview of data collection techniques that were used in this study.

Research strategy	Research techniques within collective case study
Collective case study	Semi- structured interview
	Open interview
	Informal interview
	Observation
	Participant observation
	Ethnography
	Life history
	Group discussion

2.1   Unit of analysis

The most important unit of analysis in this study was the household, the key unit of social organization in Malawi. For the Malawian context it means that the household is part of a broader network of households who are connected by relations of kinship, marriage, neighbourhood, village, and friendship (Peters et al, 2007). For this research it meant that not only the households of the orphaned children were studied but also surrounding households of the extended family, friends or neighbours. Furthermore this unit of analysis is used in all the quantitative data deployed by government, donor, NGOs and research centres in the country (Peters et al, 2007).

2.2   Sampling

The cases were selected through purposive sampling. The case studies were conducted in the Southern part of Malawi (Mangochi district), because I had established my network of NGOs there during my internship and furthermore HIV prevalence rate (21%) in this region is one of the highest in Malawi (MDA 2007). After selecting the Southern part of Malawi, the areas within Mangochi district were also selected by making use of this sampling method. During several discussions with NGOs, different research areas were identified with possible CHHs. After several field visits with NGOs, possible research units were identified and finally two fieldwork sites were chosen. In the two fieldwork sites, six different case studies were selected through purposive sampling. The fact that there were not many CHHs located in the selected research sites made it necessary to select all the available research units (6 cases) that were situated in these sites.
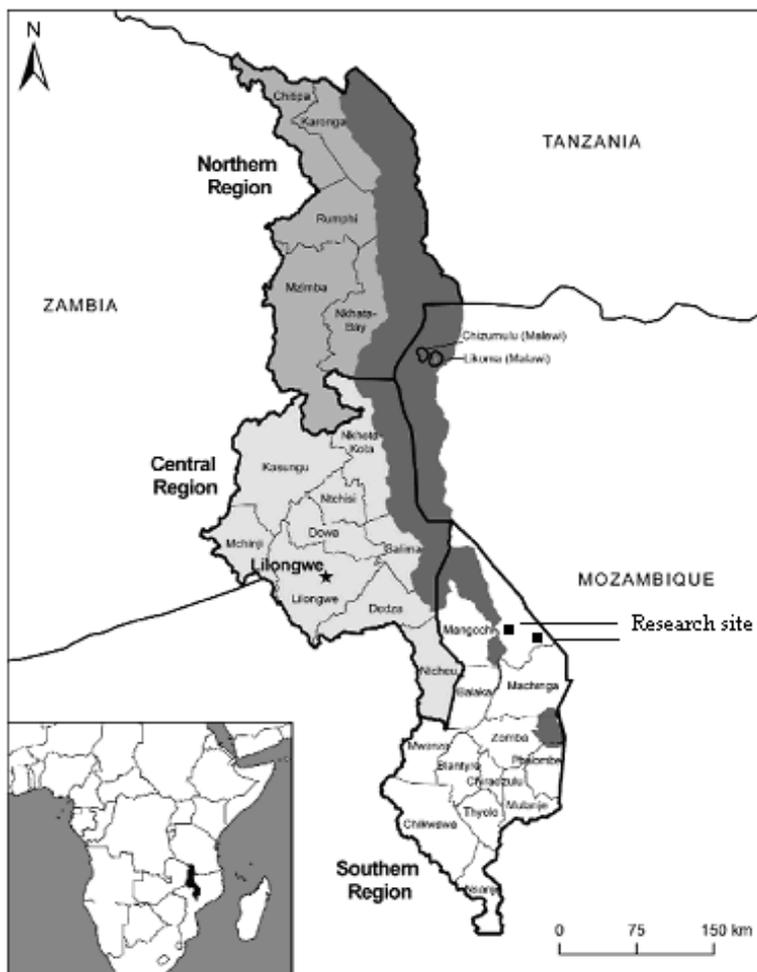
Figure 3. Map of Malawi (with research sites) (NSO, 2005).

2.3   Selecting of participants

In the first stage of my study I had 'major' problems with the identification of my research units. In the first place I was afraid that I could only get access to my research units with the help of NGOs and thus I could not study CHHs that were in total isolation of the outside world. However after a while I thought that I already was fortunate that some NGOs wanted to assist me during my study. After talking with a few NGOs about my study I could make some arrangements with them about visiting their impact area. I was really blessed with their cooperation and willingness to assist me during these field visits. I used different strategies in order to identify my research units. During my first field visit I walked together with someone of the local staff and we walked hours from one village to the other village. We tried to identify the CHHs by asking the local chiefs or other villagers if they knew of a household that was child-headed. Often the chief said he knew where those households were in his community, but when we went to one of the households it was not child- headed, it did not fit into my criteria. For example I saw a household that consisted of a girl above the age of eighteen who was chronically ill (suffering from AIDS). She had little brothers and sisters that she took care of. In my eyes I could not study this household because it did not fit into my criteria and the situation was too emotional for me.

This was one of the biggest problems because I was using the theoretical concept of a CHH in my mind, *a household that is headed by a child below the age of 18 years* (UNICEF 2006) instead of using a operational definition of a CHH. When I noticed this problem I used another strategy. I would ask members of 'the community' how they would define the concept of a CHH. However often people could not understand me. When we went to one of the households I saw children who were under the age of five and who were cared by their extended family. I thought I can not ask these little children questions because they are too little.

The final strategy that I used was to use the archive of two NGOs of their impact areas. I thought there must exist a registry of the beneficiaries of their programmes somewhere, although sometimes it was hard to find the register. In this archive I found different types of CHHs that would fit into my new criteria, because I did not use the biological age factor anymore and therefore I was able to identify CHHs. After identifying the CHHs in the archive I made arrangements with the NGOs to go to the field with them to check whether the information in their archive was correct. With this strategy I was able to select my research units, although they were located in the impact area of a NGO.

2.4   Methodological issues

At the start of my research I used the conceptual definition of a CHH and therefore it was hard for me to identify those households. However after a while I realized myself that I had to change my perspective otherwise I would not be able to identify those households.

I had chosen to do case studies because I wanted to live in the villages and experience African village life. However I preferred to do a survey in different villages before I would do a case study. In my opinion I could have collected more information about different CHHs in order to make better generalizations. Due to time constraint and especially the lack of other resources I was not able to do this. Furthermore I studied six case studies in order to collect a lot of data but probably I forgot to ask important questions. Therefore it was better to focus on three or four cases in order to get full understanding of the lives of the children.

I made use of life history but I found it hard to talk about the past of the children because I knew that their past was painful. Therefore I did not go really into depth

about their history, about their lives with their parents. Furthermore I noticed that it was very hard for the children to talk about their past. I only asked a few general questions instead of more in depth questions.

I wished I was able to study the living conditions of children who were not living in CHHs. During my study I was probably too focused on the living conditions of the children who were living in CHHs. Later on I started asking questions to other children but in my opinion this was too late. The data that I collected came mainly from observations. Therefore it was hard to generalize about the living conditions of other children.

The lives of the children were only studied for several weeks. Furthermore I studied their lives between and after the harvest period and therefore I was not able to get insight in their real struggles. The children told me that they were expiring the biggest problems from December till March.

2.5   Difficulties during fieldwork

During my fieldwork period I experienced several problems. First of all I had some problems with my interpreters. My interpreters were not very reliable because often they came too late. For instance I waited a whole day for my interpreter and therefore I was not able to ask questions of one of my cases. However I realized myself that I was in an African country and therefore I could expect this to happen. I learned that if my interpreter said that he would be there at 8.00 am that he actually meant 1 or 2 hours later. He always said: "I will be there around 7.00 AM, Malawian time!!". Being dependent on an interpreter was also a difficulty. Due to the fact that I was not able to speak the local language (Chichewa or Yao) and the locals could barely speak English I could not ask questions to the people in the villages. For instance during my observations I walked through the village without an interpreter and often I wanted to talk with the people but this was not possible.

Another problem that I experienced was that my research participants were not always at home. When this happened I decided to talk with the neighbors of the CHHs and therefore I was still able to collect data. Furthermore I asked my interpreter if he could make some appointments with the children. With this strategy I was able to meet some children after school time. I also went to the primary school of the children and I asked the headmaster if I could speak with some of the children of the CHHs. In this way I was also able to meet them. One has to understand that the children have their own lives and therefore they would not sit at home doing nothing and especially not waiting for me.

A major difficulty for me was to see the living condition of the people in the villages. I could not believe what I saw and I did not expect that the people were so poor. For example I saw people walking in dirty and worn out clothes, people sleeping on the ground in their houses, children who were suffering from malnutrition etc. I often felt guilty for living in the villages in order to collect my data. I knew that I would only live in the village for 4 weeks before I would return to my 'home'. In the villages people asked me often if I could assist them but I was not able to that. I still wished that I was able to do more than just collecting field data. To be confronted with the living conditions of the children in the CHHs was not easy for me. To see the children struggling every day to get food or something else was especially difficult.

I also experienced difficulties with the topic HIV/AIDS and the children in the CHHs. It was emotional for me to ask questions about the past of the children. I often did not ask the children how their parents were passed away, instead I asked their relatives. I heard the stories about how their parents were suffering and how they actually passed away. This made me very sad. Furthermore it was emotional for me to being confronted with people who were actually suffering from HIV.

2.6   Ethical principles and dilemmas

In the last twenty years there has been an increase in involving children in research studies. It is thought that children are an important source of information and therefore they are more involved in studies as participants than just subjects (Christensen and James, 2000). In general there exists four fundamental principles that apply for researchers who are doing research: 1) Adequate information must be given to research participants about the research itself and about their role. 2) Participants in the research must know that their participation is voluntarily and they can withdraw from it anytime. 3) The researcher has to seek informed consent. 4) The researcher must treat information given by participants as confidential in order to protect participants from harm (Hill, 2005).

In my study I always kept myself to these ethical principles because I find them very important, especially when you conduct a study with and about children. During every occasion I introduced myself as a student from abroad who was very interested in their daily lives and that I wanted to learn as much as possible of their lives. I explained what the study was about and for what purposes I would use their information. Often the children asked me what the benefit would be to them for participating in this study and I explained that I could not give them anything or promise them anything but I said maybe with your help I can make a little change in your future life and that of others through talking with NGOs about problems that you experience.

Whenever I talked with a child I had my translator(s) with me who was an adult and in this way someone of the local community was there during the conversations. Furthermore when I wanted to talk with a younger brother or sister I asked permission of the head of the household. On other occasions when the head of the household was not at home I would ask permission from other family members or I would ask permission of my translator if there was no other adult. I decided for my self that I would not talk with children below the age of 8 years because in my opinion this is not the right thing to do.

During the conversation I always asked if the children were tired of my questions and if they said they were I would stop asking questions and I would let them proceed with their normal activities. In this way I thought they would not get bored with my questions. Often I also asked if they had to go somewhere before I would talk to them and if they said yes I would join them if possible, because I did not want to disturb their normal activities.

At the end of my study I decided to give the children of the CHHs some clothes that I would not use anymore. I did this for two reasons. First of all I wanted to thank them for their participation in my research and secondly I felt really sorry for them because I saw their problems and I wished I could help them immediately, but I was not in a position to do that. Of course I know that giving some pieces of clothing would not change their lives but hopefully it contributed a little bit. One has to understand that I did this not because I wanted to feel good about myself but there was a sort of relationship with these children and therefore I could not do nothing.

3   HIV and the growing number of orphans

In this world almost 33 million people were infected with HIV last year. The region Sub-Saharan Africa is the region most affected by HIV/AIDS in the world. Almost 67% of the people who are infected with HIV live in this region. In 2007 an estimated 1.9 million adults and children became infected with HIV and an estimated 1.5 million died from this disease (UNAIDS 2008). A tragic consequence of the devastating HIV and AIDS epidemic is the growing number of orphans. In 2005, the total number of orphans from any cause recorded in Sub-Saharan Africa was 48.3 million (UNICEF, 2006). In 2007, approximately 15 million orphans between 0-17 years were recorded in the world who had lost one or both parents due to AIDS related deaths in the age group 15-49 years and 11.7 million of them were recorded in the region Sub- Saharan Africa. In the coming years the number of orphans in the region Sub-Saharan Africa is expected to grow into the astonishing figure of more than 14 million by the year 2015 (UNAIDS, 2008).

3.1   The Malawian context

Malawi is a small landlocked country located in the region Sub-Saharan Africa. Malawi is a densely populated country with an estimate of 12.9 million inhabitants and 85% of them live in the rural areas of the country. Malawi is number 164 on the human development index out of a total of 177 countries (UNDP 2008). This makes it clear that Malawi is a poor country. Furthermore 65% of the population lives below the national poverty line of 41 U.S. Dollar cents a day (UNDP 2006). Another example that illustrates that Malawi is a poor country is the life expectancy rate of men and women; 41 years at the moment for both groups (WHO 2005).The economy of Malawi dependents heavily on agriculture. Its most important export crops are tobacco, tea and sugar. Other crops that are grown by the local people are groundnuts, beans, peas, Soya, cassava, sweet potato and others (Charman, 2004).

HIV and AIDS has a major impact in Malawi where an estimated 930.000 people (adults and children) were living with HIV/AIDS in 2007. When looking at the productive adults (15-49 years) then an estimated 840 000 people were living with HIV/AIDS and an estimated 490 000 of them are women. In 2007 around 68.000 people died due to AIDS (UNAIDS 2008). In 2006 HIV prevalence rate in Malawi was 14% (UNAIDS 2006) but due to all kind of interventions by UN organizations, government institutions, NGOs and Faith based organizations (FBOs) this decreased to 11.9% last year (UNAIDS, 2008).

In Malawi an estimated 560 000 children were orphaned due to HIV/AIDS in 2007 (UNAIDS 2008) and it is assumed that 2% of them live in CHHs (FAO, 2007). Although there is no comprehensive data on the prevalence of these households in Malawi. In 1998, 7.2% of the population aged 14 and younger had lost at least one parent due to AIDS (Benson et al, 2002)

3.2   Malawi as a donor-depended country

Before I went to Malawi, I already knew that a lot of developmental organizations were active in Malawi because of its poverty and of a high HIV prevalence rate of 11.9%. During the first couple of months in Malawi I was overwhelmed by the presence of NGOs, e.g. Feed The Children, Save The Children, UNICEF, USAID, FAO, UNDP, Movimando, Emmanuel International and others. In the district where I did my study there were 21 NGOs active and they were all busy tackling the problems of HIV/AIDS.

In my opinion, the presence of so many NGOs and development programs makes Malawi a donor dependent country. Are the many development projects successful in changing Malawi into a more developed country? The answer is negative, because in the recent Human Development Report (HDR) of United Nations Development Programme (UNDP, 2008) is said that Malawi has not developed much the past thirty years, despite the billions of dollars that were spent each year on development programmes (Borst, 2008).

In the next chapters I will elaborate about the findings of my study and at the end of this report I will elaborate on the interventions of NGOs who were active in the study areas.

4   An impression of children's daily life in Southern Malawi

In this chapter I will present the reader with six case studies. In each case study the daily life of the children is being described. Furthermore I will make use of the case studies to explore what the concept CHH contains in reality. It must be clear for the reader that I did not make use of their real names however the names that are being used are real Malawian names of the people that I met during my period in Malawi.

The case studies were conducted in three villages in the Southern part of Malawi. The case studies A, B and C were conducted in village X. This village is located thirty kilometres form the nearest town. Village X has approximately thousand inhabitants and the majority of them are farmers. Furthermore many persons have a small-scale business and travel on a daily basis to the nearest city. The majority of the people in the village have a relative in South Africa from whom they receive assistance once and a while. HIV and AIDS has left around 20-30% of the children orphaned in the village and the majority of them are taken care by their extended family. The village itself was very popular by different NGOs who implemented a range of interventions there. In my opinion this was related to the easy accessibility of the village and the capability of the chief and other people to speak English.

Case D was conducted in village Y near the Mozambican border. This village was located more than a hundred kilometres from village X. Village Y has approximately thousand inhabitants and the majority of them are farmers. HIV and AIDS has left around 20-30% of the children orphaned in the village and the majority of them are taken care by their extended family. In the village is only one NGO active. In my opinion this was related to the difficult accessibility of the village, located far away from the nearest tarmac road. Case E and F were conducted in village Z. This village is neighbouring village Y and therefore the main characteristics of the village are the same.

Before I will present my cases I will give a general impression of my encounters with the children of the studied cases. I met the children during my first field visit sometime in February. What struck me was their poverty and their appearance. I had never been to a Malawian village and for me this was a huge experience. I was able to ask them some questions and they did not really cooperate with me. I had the impression that they were not telling me the truth because I already heard some of their history and problems from my translator(s). I had to ask my translator if he could tell the children that I just wanted to hear about their daily life and that I did not was an intruder or a sort of spy. This explanation did made the children open up a little bit more and they could even give me a smile and look me right in the face. I came back to the village at the end of April in order to study their daily lives. When I met the children for a second time they exactly remembered who I was and what I was doing in the village. I started to ask them the same questions as during my first encounter and they were more open this time and they gave me a lot more insight in their daily life. From that moment on I felt that I had a bond with the children. Whenever I spoke with the children they always offered me a chair or something else to sit on and I said that it was not necessary to do this but they kept on doing this. Often when they gave me a chair I told them to sit on it themselves and I would sit on the ground. They would always laugh but would never sit on the chair. During other occasions I would for example play football with them. What fascinated me was their enthusiasm for the game. They would play like professional players. They played with a ball that was made from plastic bags with a condom inside and tied up with a thin cord. The children often gave me compliments when I for example made a nice action. However in my eyes it was nothing special but I liked their compliments. Furthermore the children were open to learn from me. They asked me to teach them some more skills and I would teach them for example how to pass the ball on the ground to someone else. On another occasion I went together with the older girls to their garden. They were planting tomato plants. I observed how the younger girl was making holes with a hoe and I asked her if I could do it. I took the hoe and made some

holes and the younger was laughing out loud because she had not expected that I was able to do that.

4.1   Case A

General information

Tisa is a young lady of twenty one years, who lives in a small village (X) in the Southern part of rural Malawi with her little brother Harry who is two and a half years old and her little sister Lucy who is one and a half. Tisa looks rather skinny and wears dirty clothes which she wears for many consecutive days. The village is located thirty kilometres from the nearest city, Mangochi Boma. A lot of people travel to this place by Motola (taxi) in order to sell and buy goods at the market. In the village, she lives in a typical Malawian house (figure 4). The walls of her home are made from bricks and the house has a thatched roof. The house has windows just as some other houses in the village. In this village, some houses are built with corrugated iron roofs. These homes are owned by people who are better off. The house where Tisa lives is in decent condition however it can leak during raining time. Inside Tisa's house there is nothing more than some clothes, blankets, cups, and plates. The area around her house is unkept.

Figure 4. The house of Tisa and her younger siblings.

Although there was some confusion about the exact date, Tisa lost both of her parents in the year of 2005 or 2006. Tisa's father died at the age of thirty seven and her mother at the age of thirty five. It is speculated that the cause of death was most likely due to AIDS. In the time that her parents were alive, they were cultivating their own land and were involved in different kinds of piece jobs, e.g. digging and weeding of gardens. The family was considered poor by relatives and neighbors.

When her parents were sick, Tisa dropped out of school in order to take care of them. This explains why she has only finished standard six of primary school. For Tisa, this was a devastating experience. It was impossible for her to provide fully for her parents. She received help from her grandmother and her older sister. When we talked about her parents, Tisa was very closed and she did not really answer my questions. Overall, Tisa was very short in the answers she gave me.

The children do not look healthy. They suffer from malaria almost every month as well as stomach problems, scabies, sore throats, and lots of coughing during the winter season.

Tisa's everyday life

Everyday Tisa tries to take care of her younger brother Harry and her younger sister Lucy. Tisa said, "Taking care of my younger brother and sister is my biggest concern in life". Tisa often asks herself, "How can I take care of my brother and sister?" Tisa also has a younger brother, aged sixteen, but most of the time he was not around and often she could not tell me where he was. Tisa and her household can be labeled as 'the poorest of the poor', meaning that everyday life is a struggle. Her neighbors concurred that she really is one of the poorest in their village and that she can barely take care of herself let alone, her younger siblings. Tisa has only a few assets. Unfortunately her most important asset, her garden, is desolate, because she is too busy with taking care of her younger siblings and has to be engaged in a range of casual, piece jobs in the village. She is not short of resources but is locked into a competition for time and labor to exploit them. Tisa, Harry and Lucy also look poor, because they always wear the same clothes; therefore their clothes are saturated by many days of rough living. Tisa and her siblings' future look troublesome. Not only do Harry and Lucy suffer from malnutrition due to a shortage of food, so does Tisa. One of the nurses in the village hospital told me: "Tisa's nutrition status is worrisome". Her diet is mainly nsima with some vegetables in the afternoon or evening. Very rarely, she would buy some small fish for her family. Most mornings she made efforts to make porridge for her little brother and sister but it was rarely enough for the three of them.

This illustrates that her living conditions are very hard and that she has trouble making ends meet. Tisa knows that she is poor because often she asks herself "How can I survive this day?"

In order to take care of herself and her younger siblings, she was mainly involved in piece jobs and small-scale businesses such as these: Physically transporting maize, cultivating & harvesting gardens, selling fish and potatoes at her house for someone else, and many other sorts of smaller piece casual jobs. In return for her piece jobs, Tisa receives sometimes a few Kwacha or she is paid in kind (pumpkins or maize).

When Tisa was physically transporting maize, she earned only twenty five Kwacha per bag. A full bag of maize can weigh up to fifty kilograms. For Tisa, this is a very heavy and exhausting job because most of the gardens are located far away from her village. This means that Tisa had to walk with this heavy bag of maize on top of her head for hours in the burning sun. Due to the distance of the delivery, time only permitted Tisa to carry three bags of maize per day, thus only allowing her to earn a total of seventy five Kwacha.

One can understand that Tisa is not able to take care of her younger siblings by doing only piece jobs. Therefore, she decided to start some small-scale business activities. For instance, during the raining season she sells different kind of fruits, e.g. avocado pears, bananas, and mangos. She is selling these fruits at the market in Mangochi Boma. She goes there by Motola, which costs her two hundred Kwacha each time. Furthermore she makes her own African cake (figure 5) which she sells on the market in the village and at her house. Since her house is located on a main road, she makes the most money by selling cakes from her house (five Kwacha for one cookie). She puts the African cake in a pan outside her house and people can buy it from there. I observed that a lot of children bought African cake before, in between, and after they went to school. Tisa said: "I am selling African cake because I need money to feed myself and my younger brother and sister".

Making African cake is a hard job for Tisa because first of all she needs the ingredients, e.g. flour, salt, cooking oil and bananas. When she does not have enough money from her piece jobs, it is hard for her to buy those ingredients. Sometimes she borrows the ingredients from her neighbors and other times she gets assistance from her grandmother who gives her flour. Not only can making these cookies be hard to do

financially, it is also hard physically. Once Tisa puts all the ingredients together, she has to pound it into a mixture. Pounding is a heavy job and especially for someone who is weak, like Tisa. Furthermore pounding with a child on Tisa's back makes it even harder. Fortunately, one of her friends often helps her with the laborious pounding. After completion of the pounding process, the cake mixture is ready to be baked. To bake the cake over an open fire, she uses firewood or corn-cobs to make a fire. However on one occasion I saw that she used dog manure. Tisa bakes the cookies in a typical Malawian 'kitchen'. This is a small room made from clay. Inside this 'kitchen', it is dark and the smoke of the fire is really bad for Tisa's health. On one occasion I was inside this 'kitchen' during the time she was baking the cookies and after fifteen seconds my eyes were burning because of the smoke and heat that came from the fire.

Figure 5. Tisa is making African cake.

When Tisa was making African cake, her little brother (Harry) and sister (Lucy) were around the house playing by themselves or with other children. The children were running and sitting on the ground and smiling. It was a nice thing to see, especially under such poor conditions. On other occasions, the children were with Tisa's grandmother who was looking after them. When the children were playing, they looked pretty happy in my opinion but maybe it was because they saw me. The first time they saw me, they were crying because they were afraid of my white skin, however, after a couple of days their behavior changed. Harry would laugh and wave to me. From that moment on, they would always smile, wave, and tried to say 'bye' in English which sounded really funny. Every time I passed Harry, Lucy, and their friends, they made me smile.

Social relations
Due to the fact that Tisa is not able to provide enough food for her and her younger siblings, she gets assistance from her grandmother and the neighbors in her community (village). Tisa's grandmother, who lives nearby, is important in the lives of the children because she is willing to give them assistance almost every day. Tisa's grandmother is an old woman with pain in her legs and arms but she goes every day to her garden to cultivate the land. She knows that Tisa has problems and therefore she tries to support them by giving maize, groundnuts, flour, or sometimes even full meals. On one occasion, she told me, "Tisa would be in big problems if I would die". In my opinion, this is true because grandmothers (gogos), in general, play an important role in supporting their relatives and in particular orphans. Tisa would sometimes go to her grandmother and beg for food because she did not have any other options to get access to food. Then her grandmother would give her some maize or maize flour.

When Tisa was away doing piece job she sometimes took Harry and Lucy with her because she could not leave them behind. Harry and Lucy are the most important

people to her in her life. On occasions when she cannot take them with her, they stay with her grandmother. Tisa said, "My grandmother is a very important person for me because she always looks after me and my brother and sister".

As mentioned earlier, Tisa's neighbors consider Tisa as someone who has a hard life and who is really poor. They often try to help her by giving her maize and maize flour, salt and soap, but they also said, "We are also poor and therefore we are not able to help her that often".

Tisa is receiving support from the Village Aids Coordinating Committee (VACC). This is a committee that gives support to orphans (OVCs) and chronically ill people on a monthly basis. The support that is given by them exists mainly out of maize. The reason that Tisa is getting this assistance is because she is perceived as someone who is poorest of the poor. The VACC defines someone who is poorest of the poor, as someone who is struggling everyday to get food. Again, this illustrates that Tisa is in a continuous struggle to survive.

Harry and Lucy, the little brother and sister of Tisa are getting assistance from the local hospital. These two little children are suffering from malnutrition because Tisa is not able to get enough food for them and therefore the World Food Program (WFP) through the local hospital gives them supplementary food that contains a lot of vitamin A in order to increase the health of the children. Although Tisa is really thankful that Harry and Lucy receive this supplementary food, she asks herself, "What about me? I also suffer from a food shortage and nobody is helping me!" I can not disagree with Tisa because she really looked bad and needed supplementary food. However, the WFP is targeting children between the age of six months and twelve years old and this means that children who are older than twelve will not receive this support.

As already stated, Tisa also has a brother who is sixteen years old but she did not really know where he was or what he was doing. She told me that he sometimes would come to her house and eat with her and often he would spent the night there but on other occasions he would be somewhere else. In my opinion, this shows that although they are related to each other, they choose their own path. It was hard for me to ask him any questions because of his consecutive absences. The only interesting thing that I know about him is that he is much better off than Tisa. A nurse told me that he looks much healthier than Tisa and this suggest that he is capable in one way or another to get access to food and other things.

Tisa also has a sister who is twenty three years old. She is married and has two little children. The reason that Tisa is taking care of Harry and Lucy is the fact that her sister has her own two children and therefore she is not able to help. Sometimes her sister can support her with maize and other food items, and sometimes they would eat together.
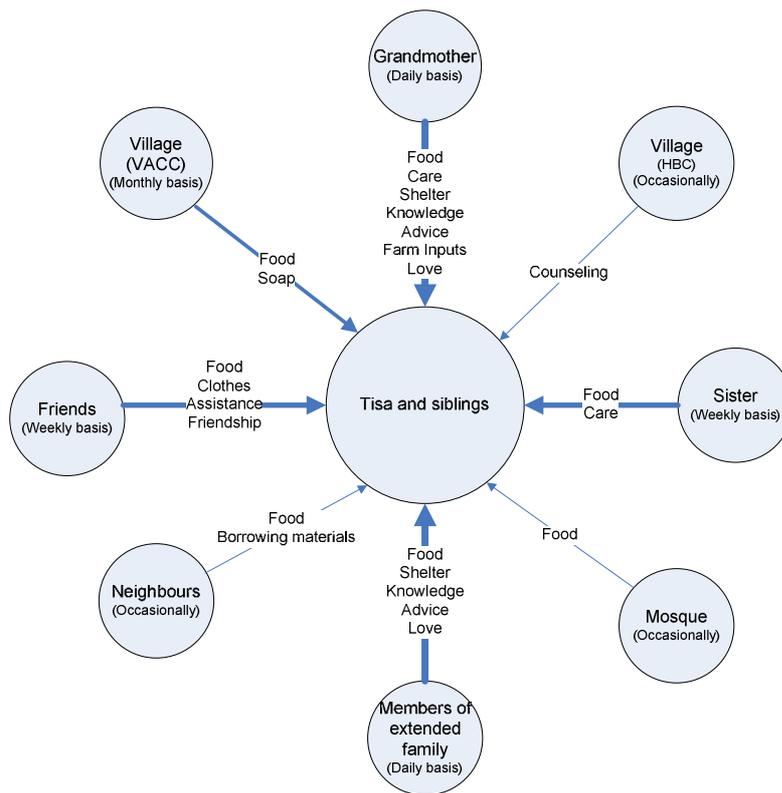
Figure 6. Social network of Tisa and her siblings.

The figure above is an illustration of the social network of Tisa and her siblings. This figure explains from whom Tisa and her siblings are receiving support. The form of support that is given by the social relations consists mainly of food, care, knowledge and shelter. The size of the arrow illustrates the frequency of support from a particular social relationship, as the arrow gets larger the frequency of support increases. For instance the grandmother is giving support on a daily basis and the mosque only occasionally.

NGO support
Tisa used to receive support from an NGO who would give OVCs relief aid in the form of food every month. This particular NGO would give the following every month: cereals, cooking oil, beans, and Soy. In that period, Tisa and her little brother and sister were now much healthier than now because they received this support. However, due to the fact that there were too many NGOs active in the village where Tisa lives, this particular NGO was forced to leave the village by the local government. It can be argued that Tisa's situation and that of her younger brother and sister changed dramatically since then. In my opinion, this event was the cause of the malnutrition the children are now suffering from.

Since the beginning of this year, Tisa has the opportunity to send her little brother and sister to a community based child centre (CBCC) developed by UNICEF in partnership with FAO and WFP. This is a place where children between the age of one and six years can be accommodated in order to relieve the burden on the shoulders of the mothers/care takers. This CBCC can be compared with a day-care center. It is a place where children can play and are taught. They also are fed. In the morning, the mothers can bring their child(ren) and volunteers will take care of them till noon. During this time, the mothers can work on their land. At the moment, the CBCC is free of charge but in the future people have to pay for this service, because it is organized by volunteers and apparently they need an incentive to keep doing this. For Tisa, this CBCC

is a nice thing at the moment because she can bring Harry and Lucy to a safe environment where they can play with other children, eat good food and have plenty of water to drink. However, when she will have to pay for day-care, Tisa is worried that she will not be able to afford it. This means that the future of Harry and Lucy is in danger if they are denied access to this CBCC. Being denied access to CBCC will put them behind other children in terms of knowledge and skills.

Concluding remarks
Everyday is a struggle for Tisa to get the necessary food for her and her little brother and sister. I want to end this case by using a quotation from Tisa about this struggle. "I am not happy at the moment because I am poor. I do not have a future and I do not know what to do. Probably I will just stay like I am doing now. My biggest concern is to find a way to take care of my younger brother and sister".

4.2   Case B

General information

Jannet, a girl of sixteen years old lives with her two little brothers, Innocent who is twelve years old and Elias who is nine years old, in a small village (X) in the Southern part of rural Malawi. The village is located thirty kilometers from the nearest city, Mangochi Boma. The walls of her home (figure 7) are made from bricks and the house has a thatched roof. The house has windows just as any other house in this village. In this village, some houses are built with corrugated iron roofs. These homes are owned by people who are better off. The house where Tisa lives is in decent condition however it can leak during raining time. Inside Jannet's house are some clothes, blankets, cups and plates, and maize but nothing more. The outside area around her house is most of the time properly swept. Her house is surrounded by houses of her extended family and therefore she lives in a clan structure.

Figure 7. The house of Jannet and her younger siblings.

Jannet lost her father (age unknown) in the year 1999 and her mother (age unknown) in the year 2006, probably because of AIDS. During the time that her parents were alive, they were cultivating their own land and were involved in different kinds of piece jobs, e.g. digging and weeding of gardens. In general terms the family was considered poor by relatives and neighbors.

In the period that her parents were sick she sometimes dropped out of school in order to take care of them. This was a traumatic experience for Jannet. After a while, Jannet did not go to school anymore and that is why she only finished standard 4 or 5 of primary school. In the time that she took care of her parents, she was assisted by her grandmother. Jannet took care of her parents by making African medicine, boiling water, searching and preparing food, and by looking after her two little brothers. When her mother passed away she and her brothers moved into their aunt's house. During that period Jannet had an argument with one of her nieces which made her decide to move out of her aunt's house and live on her own with her younger brothers. While Jannet lived with her aunt, she was working in the garden and she did not go to school like her niece did. When her niece came back from school she did not help Jannet in the garden but Jannet was told that she was lazy and was made to do more work. This made her feel like a slave of her niece. Her exact words were: "I felt like a slave of my niece, every time when she came back from school she did not help me in the garden and she told me that I was lazy and therefore I had to get out of this place".

Another reason that Jannet lives alone with her little brothers is the fact that other members of the extended family do not want to take care of them. For example her grandmother wants to take care of them but her son, who lives in South Africa, has forbidden her to take care of them.

In general the children suffer from malaria almost every month as well as multiple stomach problems, scabies, ringworm, and suffer with sore throats and lots of coughing during the winter season.

It is too emotional for Jannet to think about the past because "It is too hard because I miss them a lot and I can not think of nice things".

Jannet's Everyday life
Jannet's everyday life can be described as a day where she is mainly busy with piece jobs. Early in the morning between five and six o'clock she is up and she will do several piece jobs that day. The kind of piece jobs that she did were; physically transporting maize, water and sand, cultivating and harvesting gardens and many other sorts of piece jobs. In return for her piece jobs, Jannet sometimes received a few Kwacha or some food, e.g. pumpkins or maize. For example, when she was physically transporting maize, she received only six pumpkins. For Jannet, physically transporting maize on top of her head for long distances is a very intense & exhausting job. Just one bag of maize can weigh up to fifty kilograms. Due to the distance of the delivery, time only permitted Jannet to carry three bags of maize per day. Jannet said: "It is a heavy job but it is the only possibility to get something to eat because I can not beg".

Jannet gets her piece jobs by asking the less poor of the village if they have a piece job for her. On some occasions it works, but on other occasions it fails. When it fails, she just stays home. Another possibility to get a piece job is through asking her relatives if they have a piece job for her.

Jannet is not only involved in piece jobs but also in small-scale business activities. For instance, during the raining season she sells different kinds of fruits, e.g. avocado pears, guavas and mangos. She is able to sell those fruits because she has her own fruit trees and sometimes she buys them from the market, located twelve kilometers from the village. She will go there by foot and it will take her a whole day to go back and forth. She is selling these fruits on the market in Mangochi Boma. She goes there by Motola and this is costing her four hundred Kwacha for going back and forth. She goes there a couple of times in the week and she earns just enough to pay her trip and to buy some food and soap. Sometimes, mostly on the weekends, she spends the night in Mangochi Boma because she wants to sell avocado pears on both days. Asking where she spends the night Jannet answered: "I sleep on the street outside the market without any blankets or anything else".

Besides her piece jobs and small-scale business, Jannet has also a small garden where she cultivates mainly maize. She did not cultivate other crops because she did not have the seeds for it.   However due to a lack of farm inputs, in particular fertilizer, she was not able to get high yields from her garden. This year she only harvested a few bags of maize. Fertilizer was applied to the amount of maize harvested from my observations. Jannet told me that sometimes her grandmother gave her some fertilizer to apply to her garden but it was not enough for the entirety of the maize garden. The maize-cobs that I saw existed out of mixture of hybrid and local maize. The cobs themselves were big and small and this was because of a lack of fertilizer. Jannet would peel the maize and later she would pound the maize in order to make nsima from it. Sometimes she received assistance from a friend or a relative.

This year, Jannet will also grow pumpkins. The pumpkins that she received for her piece job were used for two different purposes; to eat them and use the pumpkin seeds in

order to plant them. Jannet got this specific knowledge from her grandmother who told her how to store and use the seeds. Unfortunately, during the time of my visits, she did not go to her garden so I did not get to see it.

Jannet and her younger brothers normally eat nsima with vegetables and if she could afford it she would buy some small fish but this was very rare. On some occasions, she would only eat one meal because there was not enough food.

Elias's everyday life
Innocent who is twelve years old and Elias who is nine years old are Jannet's younger brothers. During my research, I was not able to talk with Innocent because he was in Mangochi Boma where he went to school. The reason for this was that he had some behavior problems and therefore he was sent to relatives in Mangochi who could take care of him. Therefore I could only talk with Elias.

Elias can easily be recognized by his worn out clothes which he would wear for days. He is a skinny boy and looks unhealthy. He goes to primary school (standard one) almost every day. The days that he does not go to school is due to not having a school uniform. Elias said, "I will not go to school when my school uniform is dirty because I am ashamed of myself and other children will tease me". However, going to school for Elias means that he is guaranteed to get porridge. The school in the village is supported by the World Food Program (WFP). They give porridge to schools in order to enable the children to concentrate during class time. Many children, like Elias, go to school without breakfast.This causes problems with concentration in class which leads to poor performance and early drop outs in primary school for many children.

When his sister is not around, his neighbors are taking care of him. He usually eats and sleeps in his aunt's house when Jannet is away.

Elias, regardless his young age, is sometimes doing some piece jobs and working in his sister's garden. For instance, he is carrying sand for brick making or is searching for maize in already harvest gardens. In return for this, he will get some money or some food. On one occasion, I saw him walking with a sugar cane and I asked him how he got this sugar cane. He said, "I bought this sugar cane for five Kwacha because I did a piece job".

Although he does piece jobs sometimes, most of the time he is playing with his friends. He likes to play football with his friends and he likes to score goals. He is always running around with his friends.

Elias' future dream is to become a pilot.

Social relations
Jannet is living in a clan structure. This is a Malawian/ African phenomenon where different generations live together on one compound. In Jannet's case, her house is surrounded by houses of her aunts and her grandmother. Everyday, Jannet is in direct contact with her relatives. Although she lives in her own little house, she can be seen as part of the wider extended family. Often she would eat with her relatives and her brothers would spend the night in one of the other houses if Jannet would not be around. Jannet helps her relatives by taking care of the younger children. Her relatives are also helping her with many other kinds of issues. For instance, her younger brothers can eat together with their aunts or grandmother. Especially in the morning, they would get some sweet potatoes from one of the aunts.

The people who play the most important role in the lives of the children are the grandmother and the aunts. They assist them whenever and wherever they can, however they also said: "we are also poor and therefore we are not able to help her that

often". In my opinion this argument is too simplistic because I observed that most of the neighbors were better off than Jannet. Therefore I think it is strange that they would not help her more often. This is not really applicable for the grandmother because she assists the children on many occasions. She is able to do this because her son lives in South Africa and assists her with money and other things. As already said, she gave Jannet fertilizer in order to help her have higher yields from her maize garden. The grandmother gives her also maize from her own garden in order to feed the children. On other occasions, she gives Jannet maize flour so that she can make nsima from it. Furthermore, she prepares food for the children and they can eat and sleep in her house. Of course this will not happen on a daily basis but the grandmother is at least helping them a couple of days in the week.

The grandmother, together with one of the aunts, are the people who are involved in the socialization process of the children. They are giving them knowledge and advice about different subjects. For instance, the grandmother said, "Jannet, you have to stay with your younger brothers because you must take care of them. You can not go away and leave them behind. You always must ask your younger brothers if they are feeling well". The grandmother also gives her agricultural knowledge and skills. For instance, she taught her how to store and use the pumpkin seeds. She also tells Jannet, "You can not beg, you have to work in order to get your food".

Her aunt is giving her knowledge about how to take care of her younger brothers. She is especially giving her advice on how to take care of them when they are sick.

Jannet spends a lot of time with her nieces. She talks about her life and about her future. One of her nieces said, "Jannet is sometimes happy but sometimes she is worried about her younger brothers. She does not know how she can take care of them in a proper way". Her niece also said something about Jannet's future, "Jannet wants to go back to school because she likes school very much but she can not go because she has to take care of her younger brothers". The same niece said, "She wants to get married because she wants someone who can support her and her younger brothers".

Confronting Jannet with this she said, "I do not want to get married because I am afraid what will happen with my younger brothers, although in the past someone promised me to marry but this never happened because he did not show up". Jannet really wants to go back to school but it is not possible because she has to take care of her younger brothers. In my opinion, she can go back to school because I heard that her aunts and grandmother were willing to take care of her younger brothers more often in order for her to go back to school. Unfortunately, I do not know if she really went back to school because this conversation was at the end of my research and I was not able to follow up.

Jannet is not always busy with piece jobs or other activities because she can spend time with her friends. When she is with her friends, they are playing and they are talking about all sorts of things, just as other children do. Her friends are important to her because sometimes she can borrow things from them, e.g. money and clothes.
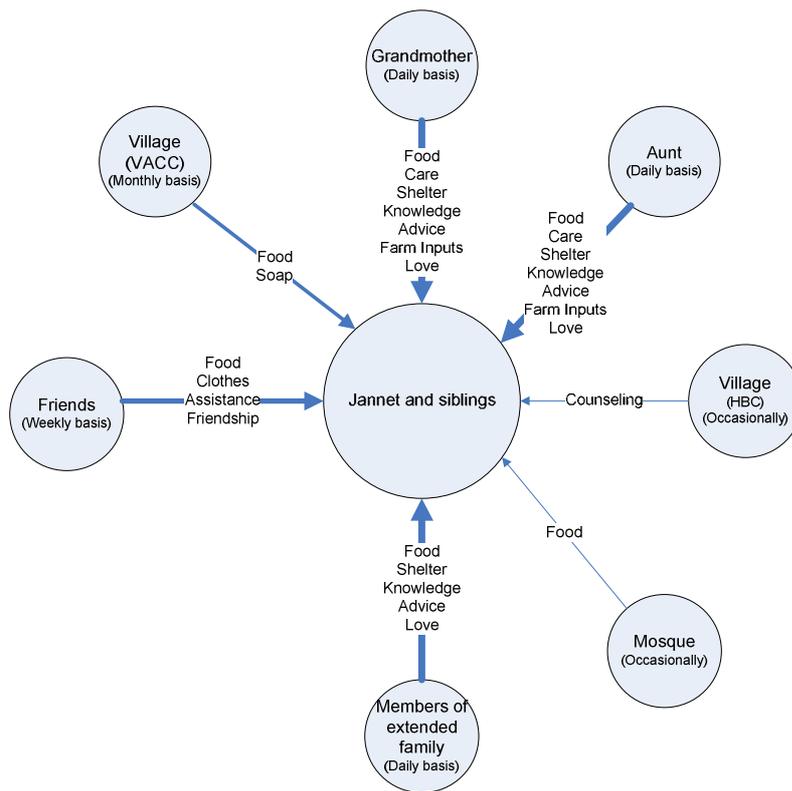
Figure 8. Social network of Jannet and her siblings.

The figure above is an illustration of the social network of Jannet and her siblings. This figure explains from whom Jannet and her siblings are receiving support. The form of support that is given by the social relations consists mainly of food, care, knowledge and shelter. The size of the arrow illustrates the frequency of support from a particular social relationship, as the arrow gets larger the frequency of support increases. For instance the grandmother is giving support on a daily basis and the mosque only occasionally.

Jannet is getting support from the Village Aids Coordinating Committee (VACC). This is a committee that gives support to orphans and chronically ill people (OVCs) on a monthly basis. The support that is given by them exists mainly out of maize. The reason that Jannet is getting this assistance is because she is perceived as someone who is poorest of the poor. The VACC defined someone who is poorest of the poor as someone who is struggling everyday to get food. Again, this illustrates that Jannet is in a continuous struggle to survive.

The mosque is supporting Jannet by giving her some food once a year. The main religion of the village is Islam. The majority of the people go to the mosque every day. Jannet is does not always go to the mosque because she is too busy with her piece jobs and sometimes she does not want to go to the mosque.

Concluding remarks
In general, Jannet is a happy girl who is always busy with finding food for her and her younger brothers. Almost everyday, she is busy with her piece jobs and small-scale business. She said, "My biggest need is to get more food so that I can take care of my younger brothers and for this I will need money so that I can buy fertilizer". Jannet is unclear about her future, "I do not know how my future will be".

4.3   Case C

General information
Enala, a girl of twelve years old lives with her brother George who is fifteen years old and her grandmother Ruthie who is between seventy and eighty years old, in a small village (X) in the Southern part of rural Malawi. The village is located thirty kilometers from the nearest city, Mangochi Boma. In the village they live in a small, typical Malawian house (figure 9), where the walls are made from bricks and with a thatched roof. The house has no windows just as other houses in the village and this makes it very dark inside. The house where Enala lives is in general condition, however it can leak during raining time. Inside the house are some clothes, blankets, cups and plates, but nothing more. The surrounding around her house is properly swept by Elana most of the time.
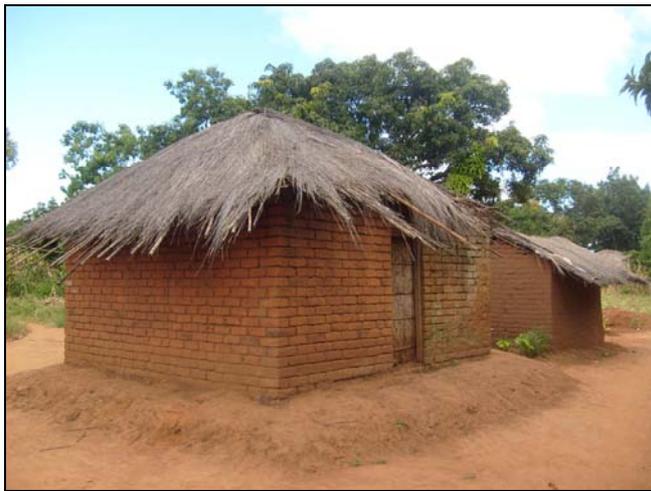
Figure 9. The house of Elana, George and their grandmother Ruthie.

Elana and George lost their father and mother (age unknown) when they were little probably because of AIDS. I was told that first their father passed away followed by their mother a few years later probably by the same disease. In the time that their parents were alive they were cultivating their own land and were involved in different kind of piece jobs, e.g. digging and weeding of gardens. Furthermore their father had a small-scale business selling clothes. In general terms the family was considered poor by relatives and neighbors.

Since then the children were taken care by their grandmother who is now taken care of by the children.

In general the children suffer from malaria a couple of times a year, they sometimes suffer from stomach problems and they suffer from sore throats and are coughing especially when it is cold.

Everyday life of Elana
In the past the grandmother used to take care of the children but because she is getting old the children are forced to take care of her. In particular Elana takes care of her grandmother. Elana is a twelve year old girl who is in standard four of primary school. Elana lives with her grandmother in one house and her brother lives in a separate house because boys and girls can not sleep under the same roof. Early in the morning Elena is busy with sweeping the surroundings of the house. After this she walks to the borehole in order to fetch some water for washing herself and her grandmother. After this she will prepare some food for herself, her brother and her grandmother and then she will go to school. This means that she already fulfilled a half days work and that for a school going

girl of twelve years old. When she goes to school she wears a school uniform and she said that she likes going to school. Her favorite subjects are English and Mathematics and she wants to become a nurse. Around ten o'clock, during the break she runs back home in order to prepare lunch for herself, her brother and grandmother. Most of the times she prepares Nsima, pumpkins and vegetables. When she is finished, she runs back to school. After school she comes home and she will clean the dishes or wash the clothes and after that she will go out to look for a piece job. Most of the times she will carry sand for brick making or she will carry maize. For Elana, physically transporting maize on top of her head for long distances is a very intense & exhausting job. Just one bag of maize can weigh up to fifty kilograms. Due to the distance of the delivery, time only permitted Jannet to carry three bags of maize per day. During one of my last conversations with her she said that she was searching maize in one of the gardens. The maize that she found would be used for making Nsima. Elana said: "I am taking care of my grandmother for a long time now and I do not know exactly for how many years". Furthermore she added: "The most important person in my life is my grandmother because she took care of me when I was little". Elana does not always do piece jobs after school. She also has time to play with her friends, most often on Fridays. She does not often play with her friends because: "I am always busy with caring of my grandmother and do a lot of household tasks and therefore I do not have time to play with my friends".

On Fridays she will go to a Muslim school (Madrasa) in order to learn about what is written in the Koran. Many children will do that because the Muslim religion is very important in the village.

Everyday life of George
George is a fifteen year old boy who lives in a small house next to that of his little sister and grandmother. George is not going to school because he said: "I can not go to school because I have to take care of my grandmother and sister". In my opinion this is not exactly true because his sister Elana does the majority of the work in and around the house. Of course George is sometimes helping his sister but mainly if she is tired of when she is not around. George finished standard 5 of primary school. He dropped out of school because his grandmother became too old to take care of him and his sister. The fact that George does not go to school makes his grandmother furious. His grandmother says: "You must go to school because it is important for you". George reaction on this is: "I want to go to school but I can not go because I have to take care of you and Elana". They always were arguing about this and unfortunately I do not know if George went back to school.

George wears nice shoes and jeans. He is one of the few children with those kind of clothes that I saw. I asked him how he could wear that kind of clothes and he said: "I do piece jobs and from that money I buy clothes and sometimes I borrow them from my friends".

Most of the time I saw George hanging around his little house. He was often busy with fixing his radio while his sister was busy with cooking or doing piece jobs. His grandmother and other neighbors called George a lazy boy. However I do not completely agree with them because he does some piece jobs in the week. Sometimes, he is carrying maize or sand and in return he receives money or food. George also has a small-scale business. He goes to Mangochi Boma by motola where he buys paraffin (one hundred and fifty Kwacha per liter) that people in the village use for their lamps. He sells this to people in the village for ten Kwacha per cup because there is no electricity in the village and people use the oil for lamps. The two hundred and eighty Kwacha, that he earned will be used to buy more paraffin but also to buy food and soaps for himself, his sister and his grandmother. He usually decides what to buy but sometimes the grandmother makes those decisions.

George and his friend had plans to start up a construction business. He and his friend wanted to build houses and other things. However I do not know if it was only a dream or that it became reality.

The future dream of George is to become a mechanic but he has some doubts if he will ever become one. "I want to become a mechanic but I do not know if I will ever be a mechanic".

Everyday life of Ruthie (the grandmother)
Ruthie is an old woman between seventy and eighty years. In the past she used to take care of Elana and George but nowadays the children need to take care of her. Ruthie often complains about pain in her legs and arms. She used to go to her garden everyday but this is not possible anymore because of her health. Nowadays she sits on the ground before her house. Therefore the main garden is not really been used by the family but they also have a small garden next to their house where, they grow a little bit of maize. Another reason for neglecting their main garden is the fact that they lack resources, e.g. fertilizer, equipment, labor and knowledge. Especially the children lack knowledge although she used to teach them agricultural knowledge and skills. Ruthie told me that a couple of weeks ago their hoes were stolen by someone and now they can not work in their garden. Therefore the family has problems with their food security.

As already mentioned, Elana can be seen as the person who takes care of her grandmother. Her grandmother does appreciate what she is doing every day. She said: "The young girl is doing a lot more than her brother in the household. She is cooking, cleaning, washing, fetching water and she goes to the maize mill". Furthermore she told me that she had hardly any arguments with Elana. When she has arguments it is with George. She argues about the fact that George is not going to school. She said: "The boy refuses to go to school while school is really important for him". Later that week she gave the boy a ultimatum: "You can choose: you go back to school or you go to work".

The grandmother told me that the biggest problem of the household was that they have little to eat. Other problems were; the house is in bad condition and it will leak when it rains, they lack farm inputs and furthermore they lack clothes, soaps and other basic needs.

Although the grandmother is elderly she still makes the majority of the decisions in the household. When the children earned some money she will usually decide what to buy with it. When the children have problems the grandmother will tell them how to solve them.

Social relations
Due to the fact that the family is poor they receive support from their extended family. Especially the aunts are important for the family. They are assisting them with maize, maize flower, soap, salt and clothes. Sometimes the children can take a bath at their aunties house. During one of my conversations with one of the aunts I observed how Elana who just came back from school, took something to eat from her aunt. This simple example shows that the aunt assists them. The aunt does not only give them food and other items, she is also doing piece jobs for them. She sometimes find a piece job and the money or food that she receives will she give to Elana's grandmother.

The aunt also said that Elana takes care of her grandmother and she said about George: "He just stays idle, he is not helping his younger sister, Elana".

The aunts are involved in the socialization process of the Elana and George. They tell them how to take care of their grandmother, that school is very important, although George does not want to hear that. Furthermore they are teaching the children

agricultural knowledge and skills because their grandmother is not able to do that anymore.

I observed more than once that Elana and her grandmother were sitting at their neighbors house to peel the maize. I asked them why they were doing that and Elana said: "We are peeling the maize-cobs because we want to use them to make a fire in order to cook dinner". This meant that they would get the cobs if they would peel the maize of the neighbor. In my opinion this is a sort of reciprocity.

The family is getting support from the Village Aids Coordinating Committee (VACC). This is a committee that gives support to orphans and chronically ill people (OVCs) on a monthly basis. The support that is given by them consists mainly of maize. The reason that they are getting this assistance is because they are being perceived as someone who is poorest of the poor. The VACC defined someone who is poorest of the poor as someone who is struggling everyday to get some food.

The mosque is supporting the family by giving them some food once a year. One has to understand that the main religion of the village is Islam and therefore the majority of the people go to the mosque every day. They do not always go to the mosque because they are too busy with piece jobs and sometimes they do not want to go to the mosque.

NGO support
Elana and other girls who go to school are getting support from the Public Affairs Committee (PAC). This organization is supporting girls in order to empower them. This concretely means that Elana receives some money, soap and school materials and also a school uniform. She is supported by PAC every month in the form of some money and a few soaps.

She also gets porridge at school from the World Food Programme (WFP). They give porridge to schools in order to stimulate children to go to school. One has to understand that many children, like Elana, go to school without breakfast and this will cause concentration problems or children will not go to school at all.

The figure below is an illustration of the social network of Enala, George and their grandmother. This figure explains from whom they receive support. The form of support that is given by the social relations consists mainly of food, care, knowledge and shelter. The size of the arrow illustrates the frequency of support from a particular social relationship, as the arrow gets larger the frequency of support increases. For instance the grandmother is giving support on a daily basis and the mosque only occasionally.
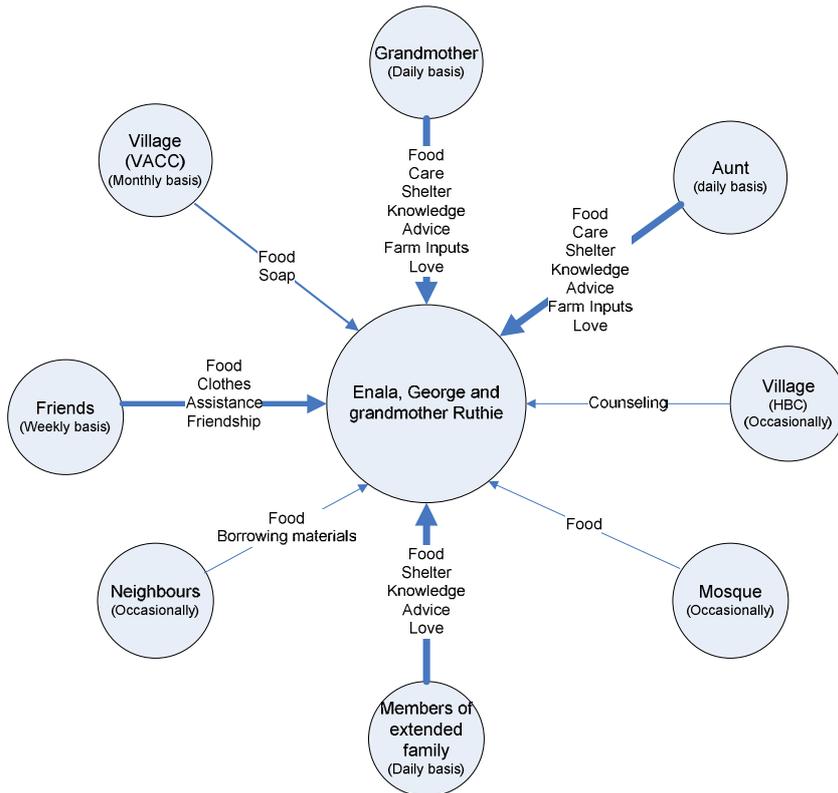
Figure 10. Social network of Enala, George and their grandmother Ruthie.

Concluding remarks
Elana, a twelve year old girl, takes care of her grandmother and of her brother every day. Besides taking care of them she does different kinds of piece jobs. In the meanwhile she is also going to school where she is in standard four. Her future dream is to become a nurse.

4.4   Case D

General information
Julita, a girl of nineteen years old, takes care of her brother Yobu who is fifteen years old, her sister Stella who is twelve years old, her little brother Anderson who is four years old and her own son Michael who is one year old. They also have an older brother of eighteen years but he does not live in the village. He goes to secondary school somewhere in the Northern part of Malawi. The family is living in a small village (Y) in the Southern part of Malawi on a distance of twenty kilometres from the border of Mozambique. The children live in a typical Malawian house (figure 11) where the walls are made from clay and with a thatched roof. The house has no windows just as any other house in the village. The house of the children is in general condition, however it will leak during raining time. Inside the house are some clothes, blankets, cups and plates, but nothing more. The surrounding around the house is most of the time properly swept by the children. Her house is surrounded by houses of her extended family and therefore she lives in a clan structure.

Figure 11. The house of Julita and her younger siblings.

The children lost their father in the year 2006 probably because of AIDS because his sickness lasted three years. His age was unknown but I assume that he was not older than forty years. Their mother passed away two years later because of unknown reason. Her age was also unknown but I assume that she was not older than forty years. After the death of her husband the mother remarried in order to cope with her changed situation. After her death the second husband ran away and he left the children behind in order to marry someone from another village.

In the period that their parents were sick, Julita sometimes dropped out of school in order to take care of them. She would boil the water, take care of her younger brothers and sister, prepare food and other things. In that time she was assisted by the sister of her mother who passed away in 2006, probably because of AIDS. Due to the fact that Julita had to take care of her parents she failed her standard eight school exams and therefore she could not finish her primary school. In 2007 Julita gave birth of her son Michael. She got pregnant because a guy promised to marry her but after one week he changed his mind and ran away, leaving Julita pregnant.

When the parents were still alive they were cultivating their garden, did some piece jobs and had their own small-scale business. It was told by the children and relatives of the children that life in that time was much better than nowadays, because the parents were

able to get enough food for the household and they could solve the problems of the household. Now the household is considered to be very poor.

Julita's everyday life
Julita can be recognized by her tall and slim body. She often wears the same clothes which have a strange odor and are in bad condition. She talked openly about her life and she found it very nice to know me and to talk with me. At the end of our conversation she said: "I could finally talk to someone about my life and future and I wished that I could talk everyday with you".

Everyday Julita is busy with taking care of the little ones who consume a lot of time. On many occasions she is assisted by her younger sister Stella. Almost every day Julita is busy with piece jobs or she is working in her garden or in the vegetable garden where they grow tomatoes. Taking care of the entire household is a heavy task for her as she explained: "Taking care of my younger siblings feels as a heavy stone on top of my head". This means that she has problems with taking care of them. On many occasions she does not know how to take care of them and she is worried if they will survive. This can be illustrated by the fact that her own child was suffering from malnutrition. This was found out by myself during one of the conversations with her. I saw that her child was not looking well, as if he was suffering from malnutrition. Lucky enough for her, my translator that day was an environmental health officer and he would examine the child in the hospital. Later he was diagnosed with malnutrition and he is getting supplementary food that contains a lot of vitamin A. I asked if Julita knew if her child was suffering from malnutrition and she said: "No I did not notice that". This illustrates that she lacks specific knowledge about how to take care of the child. Furthermore this means that the household has problems with their food security.

Once when her own child had stomach problems she gave him an African medicine in order to cure him.

The household has three gardens although they are not really big. In the biggest garden Julita is growing maize, sorghum, beans, millet, groundnuts and peas. In the second garden she is growing rice and in the last garden she is growing tomatoes. During my field visits I observed that there was no fertilizer applied on the crops because they were not very mature. This is because they do not have the money for this. Julita was busy with planting of tomato plants. She and her sister were planting them in little holes and while they were doing that Julita tried to explain to her sister how she had to make the holes and how to plant the tomato plants. When the tomato plants were planted, she would give them water with a broken watering can. Half of the water was gone before it reached its destiny. Then she would give the plants some goat manure because she has no fertilizer to apply. Furthermore I saw that Julita was busy with clearing half of the garden with her hoe because she wanted to plant more tomato plants or other sorts of crops. When the tomatoes are matured she will sell them at the local market in the village.

The gardens located near the house were full of weeds and it can be concluded that Julita or someone else does not have the time to weed the gardens. It was also evident that she had low yields from her garden. She only harvested a few bags of maize and that is not enough to feed every child in the household.

Julita does piece jobs in order to take care of her younger brothers and sister and son. She does piece jobs at least four or five days a week, but not every day. Sometimes when she has finished working in the garden she will do a piece job in the afternoon. For example she will weed and dig the gardens of other people, she will wash clothes or pound maize for other people and many other forms of piece jobs. In return for her piece jobs she will receive food or money. She can decide for herself how she is paid. She told

me: "If there is no food that day then I will say that I want some maize or something else. If there is food then I want some money so that I can buy soap or salt".

She is not the only one who is doing piece jobs. Her younger brother and sister are also doing piece jobs. When they bring money or food with them then Julita will decide what they will buy from it. She is the oldest in the household and in this case she is the decision maker. When there are arguments between children in the household she calls them together and they will sit down and talk about it. In many occasions problems are solved in this way.

On the days that Julita is not going to the garden or doing a piece job she will go to the nearest mountain in order to get some firewood. This is a dangerous adventure. It is not always safe on the mountain because of the animals but also of its height. For Julita this is a heavy job because she has to walk for hours in the burning sun with the heavy firewood on top of her head. However she has no other option because she has not the money to buy charcoal. When she is away her little sister will take care of the younger ones and for this she sometimes skips school.

Julita has a few friends with whom she talks about her life, but she has little time for that. What I observed is that she is always busy with taking care of her child and her younger brothers and sister in one or another way.

Yobu's everyday life
Yobu is a fifteen old boy who is in standard seven of primary school and who was not very open during our conversations. "My future dream is to become a doctor and for this I need to go to secondary school". "I like to play soccer and my favorite position is number 9 because I like to score goals". Yoby sees himself as an grown up because he is providing a livelihood for the household.

He goes to school almost every day but sometimes he does piece jobs instead of going to school. His favorite school subjects are English and Mathematics. He is an average student on school. He does not have a school uniform and because of this he is sometimes chased away by the headmaster of the school. Yobu has also other problems with his school. The first problem that he faces is that he has to pay five Kwacha each month because the school hired a temporary teacher due to a shortage of teachers. The other problem that he faces is that he has to pay three hundred Kwacha for a pre exam and hundred fifty Kwacha for a school fund where the school will buy presents for the children as an incentive to study hard. However Yobu is not able to pay this amount of money and therefore the possibility exists that he will not take the state exam. I asked him how he would solve this problem and he said: "I will do a lot of piece jobs and with that money I will pay my pre exam but I think it will be hard to raise that amount of money by myself".

Yobu does not sleep in the same house as his sisters because older boys can not sleep together with girls and therefore he sleeps in a small house near his sisters house. He is sharing that house with his nephew who is in standard 8 of primary school. I once found a condom in his house but Yobu said: "It is not my condom but it is from my nephew".

To get enough food and money for the household Yobu does piece jobs. Once he transported sieves with a cycle for someone and in return he received fifty Kwacha. On other occasions he works on a tobacco estate or he digs and weeds gardens. He said: "When I see that we have problems for example we need money or food I will decide for myself to do a piece job". He said that they are poor and that they need food, soap and clothes. Most of the times he does his piece jobs after school although not on every day. Sometimes he does piece jobs together with his little sister, for example they search for maize in already harvested gardens. When he earns some money or food he will give it to his sister because she is the head of the household. Sometimes when there are

problems he talks about it with his sister. When his sister is away he makes the decisions in the household.

Yobu also helps his older sister in the garden. He helps her with digging and weeding of the garden and furthermore he helps her with harvesting the maize.

As already said, Yobu likes soccer and his favorite team is Malawi. He plays often soccer with his friends. On Saturday he always play in the soccer team of his school. This team competes against other school teams in the region. When he does not have to play then it is obligatory for him to watch the match.

With his friends he talks about all sorts of things, e.g. his life and about his future plans. Furthermore he sometimes borrows school materials of his friends or he gets some food from them. Yobu told me that he had no girlfriend at the moment.

Yobu goes to the Mosque but not regularly. Sometimes he does not want to go or he is too busy with other things.

He sometimes suffers from emotional problems. He does not want to think back on the past because it is too painful. Sometimes he also suffers from malaria and stomach problems.

Stella's everyday life
Stella is a girl of twelve years old who is in standard four of primary school. In the beginning Stella was not very open but at the end of my study she was very open and we could laugh about things. Stella wants to become a 'madam'. This is the local name for a teacher. Her favorite school subjects are; English, Mathematics and Social Science. She is doing very well at school. Her teacher told me that she is second best of her class out of one hundred and fifteen pupils at the moment. It is a big achievement for Stella to be the second best of the class as she can not always go to school because of her school uniform and school fee problems. She is also sent away from school by the headmaster because of her school uniform. She told me: "I wore the same school uniform for four years and yesterday I had to throw it away because it was totally torn". It is not strange that she had to throw her school uniform away because she worn it almost every day even when she did not go to school.

Stella is the person who takes care of the little children when her older sister is not around. She cooks dinner for them, e.g. Nsima with vegetables. She washes the children and their clothes and she goes to the borehole in order to fetch water. Her sister told me: "Stella is the most important person in my life because she takes care of the younger children when I am not home". Her relationship with Julita is good although they have sometimes arguments, e.g. when her sister tells her to do something but she does not want to do that, but in my opinion this is normal. She does not go to school sometimes in order to take care of the little children.

Stella not only does well in school and takes care of the younger children but she also does piece jobs. She digs in the gardens, pounds maize and she does other piece jobs. She was searching for maize and she came back with some maize and she had a conversation with her sister about it and I could not follow it so I asked the older sister what they were discussing and laughing about. She told me: "Stella is fantasizing about what she will do with the money when she has sold the maize". When she sees a problem in the household she will do a piece job or she will beg in order to solve that particular problem. Sometimes they talk about their problems and discuss how they will solve those problems. Sometimes Stella waits until her sister tells her what to do.

On the weekends she helps her sister in the garden. One time she was helping her sister with planting tomato plants in the vegetable garden. She was assisted by a friend of her.

During that time her sister was teaching her how to make holes for the tomato plants with the hoe. She tried and did her best but she did not really succeed. I asked if I could also make holes and when she saw me making the holes she laughed. Furthermore her sister was telling her how to plant the plants. I asked Stella if she was enjoying herself and she said: "No I do not enjoy myself, I want to play with my friends". During that morning she was wearing her school uniform that she threw away later on.

Like her brother, she also is obliged to go and watch the soccer game of the school team, however she does not always go because she does not want to go.

Friends are important to Stella because she can discuss her problems and her future with them. Furthermore she can borrow clothes and school materials from them and sometimes they share food with her.

Stella suffers from emotional problems and she tries to not think of the past. Sometimes she cries by herself or with her sister. Besides emotional problems she sometimes suffers from health problems. Most of the time she suffers from malaria. The children do not have a bed net in order to protect them against the mosquitoes.

Social relations
The extended family is playing an important role in the lives of the children. When the children have problems they go to one of their aunts. They can not go to their grandmother because she died a long time ago. One aunt who lives near the house of the children is playing a central role for the children. This is the aunt where they always go when they need something. They often need food and their aunt can give them what she can offer them, e.g. maize flower, soap, vegetables etc. They sometimes go there and beg for things like food or a piece job.

The children also go there when they need emotional support or when they are arguing. In those cases the aunt can solve their problems. She is also involved in the socialization process of the children. She tells them: "Go to school because it is important for you, go to the garden because you need to take care of them, go to the mosque because that is also important for you". And many other things. She also said to Julita: "It is time that you get married because when you are married you can solve more problems than when you stay alone". The aunt is teaching the children agricultural knowledge and skills. In the past their mother was doing this but nowadays she is doing this.

The children see their aunt as their guardian who helps them a lot and without her they would have bigger problems sometimes they also sleep and eat at their aunt's place.

Other family members do also help the children. They sometimes give them maize flower and salt. However they also said: "We are also poor and therefore we are not able to help her that often".

Without the help of their extended family the children would have big problems. Therefore it can be concluded that they make a difference in the lives of the children.

The household does not get support from the Village AIDS Coordinating Committee (VACC) because it is not able to support the orphans and the chronically ill people in the village. The reason for this is that there is a lack of commitment and the people do not have the resources for it, although it is hard to believe that they lack the resources.
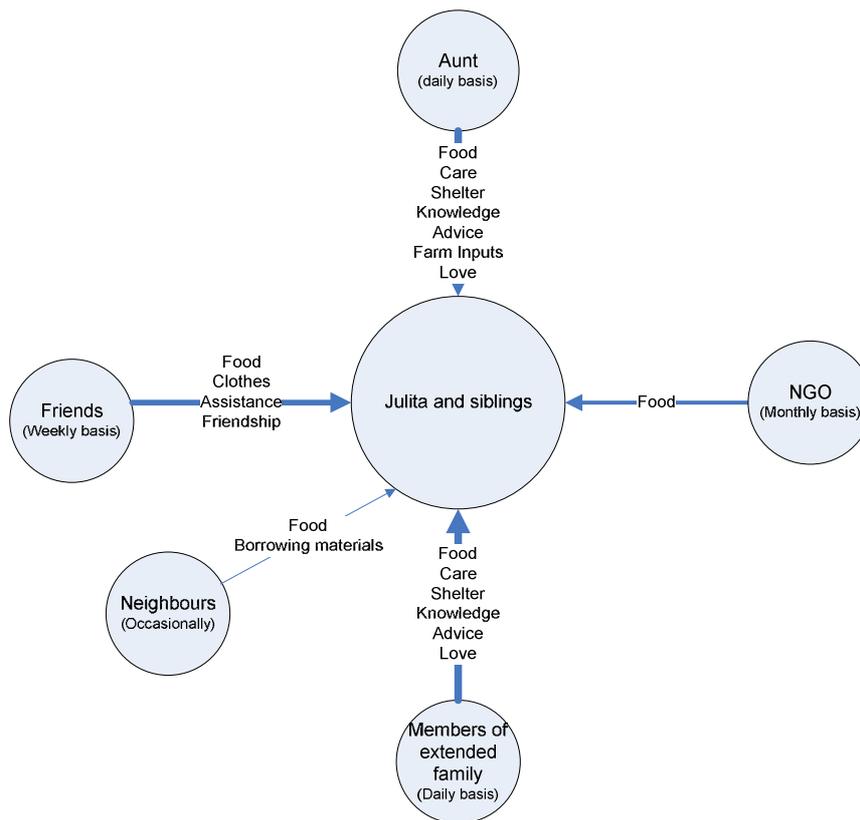
Figure 12. Social network of Julita and her siblings.

The figure above is an illustration of the social network of Julita and her siblings. This figure explains from whom Julita and her siblings are receiving support. The form of support that is given by the social relations consists mainly of food, care, knowledge and shelter. The size of the arrow illustrates the frequency of support from a particular social relationship. As the arrow gets larger the frequency of support increases. For instance her aunt is giving support on a daily basis and the mosque only occasionally.

NGO support
The household is in a programme of a NGO. Every month this NGO gives them twenty five or fifty kg cereals, one tin with cooking oil, five kg beans and ten kg Soya. The household has been in their programme since last year. With this support they are guaranteed to eat at least for three weeks. However this programme will stop at the end of 2008 they will not receive this support anymore. I asked the children how their lives would look like if they would not receive support anymore from this NGO. They said: "If we do not get this support anymore then we would have the same problems as before, like food shortage". Furthermore I asked them how they would solve their problems if the NGO would stop their programme. Yobu gave me an interesting answer. He said: "We will do extra our best and we will work hard in the garden and we will do a lot more piece jobs in order to get money to buy some fertilizer".

The children were not aware that the programme of the particular NGO would phase out at the end of 2008. In my opinion it will be a heavy task for them to cope with this.

Concluding remarks
The children are working together in order to survive the day. The girls play an especially important role in this process. They are the ones who really make a difference. The boy can be seen as the person who deals with problems immediately. Their future is hopeful but the NGO ends its programme I for see problems.

4.5 Case E

General information
Silvia is a girl of eighteen years old. She lives in a small village (Z) in the Southern part of rural Malawi with her younger sister Linily who is sixteen years old, her younger brother Chimwemwe who is twelve years old, her little sister Lifa who is six years old and her little sister Ides who is four. The family is living in the Southern part of Malawi at a distance of twenty kilometers from the border of Mozambique. The children live in a typical Malawian house where the walls are made from clay and with a thatched roof. The house has no windows just as any other house in the village. The house of the children is in reasonable condition, however it will leak during raining time. Inside the house are some clothes, blankets, cups and plates, hoes, bicycles and a bed net. The surrounding of the house is most of the time properly swept by the children. Her house is surrounded by houses of her extended family and therefore she lives in a clan structure.

Figure 13. The house where Silvia and her younger siblings used to live in.

The children first lost their father in the year 2002 probably because of AIDS, since he was sick for a few years. His age is unknown but people assumed that he was not older than forty years. Their father married three different women before he passed away and therefore the father was not able to give enough support to the children. Their mother passed away two years later in 2004 probably because of AIDS. Her age was unknown, but people assumed that she was not older than forty years.

In the period that their parents were sick, Silvia sometimes dropped out of school in order to take care of them. She would boil the water, take care of her younger brothers and sister, prepare food and other things. In that time she was assisted by her extended family. Silvia completed her primary school despite dropping out of school sometimes in order to take care of her parents. She was not able to go to secondary school because she could not afford the school fees and neither could her extended family. Silvia said: "It was possible for me to go to secondary school because my parents could pay my school fees but now they are not here anymore".

When their parents were alive they cultivated their garden, did some piece jobs and had their own small-scale business, selling clothes. It was told by the children and relatives of the children that life in that time was much better than nowadays, because the parents were able to get enough food for the household and they could solve the problems of the household. Now the household is considered to be very poor.

Silvia's everyday life

Silvia is a spontaneous girl who takes care of her younger brother and sisters with a lot of love and affection. In the beginning of our conversations she was closed but after a while she opened up and often she would laugh and make jokes. She takes care of her younger brother and sisters by being engaged in a range of casual, piece jobs in the village, by exploiting a small-scale business and by working in the gardens. The household has two gardens although they are not really big. In the biggest garden Silvia is growing maize, sorghum, beans, millet, groundnuts and peas. In the second garden she is growing rice. During my field visits I observed that there was no fertilizer being applied on the crops because they were not very mature. This is because they do not have the money for this.

The gardens located near the house were full of weeds and it can be concluded that Silvia or someone else does not have the time to weed the gardens. It was also evident that she had low yields from her garden. She only harvested a few bags of maize and that is not enough to feed every child in the household. This means that the children have problems with their food security.

It was told by relatives of Silvia and later on by herself that they owned another piece of land but this was grabbed by the chief. In the time that their parents were still alive they had rented the land from the chief. After the death of her parents the children were cultivated this land for several years. In 2007 the chief grabbed this land and gave it to his relatives. Silvia asked the chief why he had grabbed the land: "The land does not belong to you because your parents borrowed this land from me and therefore I am entitled to take it back from you. Silvia acted passively: "I did nothing because the chief has the power and we are just children, what can we do?". The possibility existed that Silvia could go to the group village headman (GVH) to discuss her issue. I explained her that this was a real opportunity for her to solve her problem with the chief because the GVH has more authority than a chief. Unfortunately I do not know if this issue has been solved.

Due to the fact that Silvia is not able to cultivate enough food she also does casual, piece jobs. She does piece jobs at least four or five days a week, but not every day. Sometimes when she has finished working in the garden she will do a piece jobs in the afternoon. For example she will weed and dig the gardens of other people, she will wash clothes or pound maize and many other forms of piece jobs. In return for her piece jobs she will receive food or money, however she can decide herself what she wants. She told me: "If there is no food that day then I will say that I want some maize or something else. If there is food then I want some money so that I can buy soap or salt". The piece jobs must not be seen as a daily activity rather as an activity to solve the urgent problems and needs of the children. The children ask people and relatives for piece jobs and when they have a piece job for them the children will do that particular piece job. The children will not choose between different piece jobs because they are scarce especially in the months of April through September. It is a matter of supply and demand and of having access to the right social networks. She is not the only one who is doing piece jobs. Her younger brother and sister are also doing piece jobs. When they bring money or food with them then Silvia will decide what they will buy from it. She is the oldest in the household and in this case she is the decision maker. When there are arguments between children in the household she calls them together and they will sit down and talk about it. In many occasions problems are solved in this way.

Besides cultivating the gardens and doing piece jobs, Silvia has also a small-scale business. She and her younger brother and sisters sell fruits, e.g. bananas, oranges and avocado pears at the local market. They have their own fruit trees but they do also buy them from other people in order at sell them on the market. With the profits they will buy food, like cassava, or they will buy fertilizer.

However all the activities that Silvia is doing is not enough to solve their food security problems and their lack of clothes. To solve those problems she is thinking of marrying someone. She said: "I think marring someone will solve my problems because two persons can do more than one". Another solution to their problems is having fertilizer. With fertilizer they are able to have higher yields and in this way they can harvest more maize and other crops.

Silvia is a volunteer in a care group organized by a NGO who gives food aid to OVCs. However Silvia personally does not receive this food aid because local staff of the NGO are not willing to put her in the programme while she satisfy the criteria to receive this support. I asked several times why Silvia and her younger brother and sisters were not in the programme and one of the field officer said: " I am not the person who has the authority to place her in the programme, the chief or the progarmme manager must do that". Silvia is part of the group because she can speak and understand English. The care group is teaching people in the village how to care for sick people and about sanitation and hygiene. They have been trained about sanitation and hygiene by the local staff of the NGO. Once every two weeks they will meet together and teach people in the village about this.

Linily's everyday life
Linily a sixteen year old girl is in standard 6 of primary school. Linily wants to become a madam (a teacher) and her favorite subjects are English, Mathematics and Chichewa. She told me that she is not going to school every day because she can not afford to pay 5 Kwacha each month and she has problems with her school uniform. When she for example did not wash her school uniform she was sent away by the headmaster of the school.

When Linily is not in school she is doing piece jobs or she is playing with her friends who are also sent away by the headmaster. She finds her own piece jobs by asking people if they have one for her. She cuts trees, cuts grass, digs in gardens and she does many more piece jobs. The money that she earns will be given to her older sister who decides what they will do with it. She does not only do piece jobs in order to get some money or food. She also begs. She asks her neighbors (who are relatives) if they have maize, maize flower, salt and other things for her.

Linily is the person who takes care of the little children when her older sister is not around. She cooks dinner for them, e.g. Nsima with vegetables. She washes the children and their clothes and she goes to the borehole in order to fetch water. Her sister told me: "Linily is the most important person in my life because she takes care of the younger children when I am not home". Her relationship with Silvia is good although they have sometimes arguments, e.g. when her sister tells her to do something but she does not want to do that, but in my opinion this is normal. Sometimes she does not go to school in order to take care of the little children. Linily also helps his older sister in the garden. She helps her with digging and weeding of the garden and furthermore he helps her with harvesting the maize. Her older sister will give her the necessary agricultural skills and knowledge.

With her friends she talks about all sorts of things, e.g. her life and about her future plans. Furthermore she sometimes borrows school materials and clothes from her friends or she gets some food from them. Linily told me that she had no boyfriend at the moment.

Linily goes to the Mosque but she does not always go because sometimes she does not want to or she is too busy with other things.

She sometimes suffers from emotional problems. She does not want to think back of the past because it is too painful. She also suffers sometimes from malaria, bilharzias and stomach problems.

Chimwemwe's everyday life
I talked with him when he was searching for maize with his friends in one of the gardens.

Chimwemwe, a twelve year old boy, is in standard four of primary school. "I want to become an accountant and my favorite subjects at school are Mathematics and English". Just like his sister, he does not always go to school because of school uniform problems and the five Kwacha problem. During my study, Chimwemwe together with his friends would search for maize every day after school (figure 14) in one of the gardens. He would walk in the garden and would look if he saw maize that was left behind by people during the time of harvest. Most of the time he would find little maize-cobs that he would put in his bag that he brought with him. Searching for maize can be an effective way to get some food or to earn some money. The boys were busy for a couple of hours and in that time they were able to search in different gardens. During the time that they were searching for maize they would also search for groundnuts. If they found some groundnuts they would eat them. They would walk in straight lines and search with their feet by kicking against the maize and hands by touching the maize. In some gardens they found nothing and in other gardens they found a lot of maize, even big cobs. When their bags or t-shirts were half full with maize they decided to stop and continue the next day. After searching, Chimwemwe would peel the maize and he would sell it the same evening by knocking on his neighbors doors. He would earn fifty Kwacha that evening.

Searching for maize is in particular a piece job for children. They are send by their parents in order to find some food or to earn some money. Adults would never search for maize because it is inappropriate for an adult to search for maize. However I observed that adults were searching for groundnuts.

Figure 14. Chimwemwe and his friends are searching for maize in one of the gardens.

Chimwemwe also does other piece jobs. He digs gardens, cuts grass, processes tobacco, carries maize, peels groundnuts and other piece jobs. For example, when he is peeling groundnuts he earns fifty Kwacha per tin and he is able to peel three tins of groundnuts a day. The money that he earned will be given to his sister because she is the head of the household. Sometimes when there are problems he talks about it with his sister. When his sister is away he makes the decisions in the household.

He finds his piece jobs by asking people if they have a piece job for him. When they have a piece job for him he accepts it because he needs the money or food that he can earn in order to solve the daily problems. "I am not in a position to decline a piece job offer from someone because I need food and money". When he observes a problem in the household he would find himself a piece job in order to solve that problem. Sometimes his friends will help him with a piece job. They would work together and give Chimwemwe the money or food that was earned. Chimwemwe does not only do piece jobs in order to get some money or food. He also begs. He asks their neighbors (who are relatives) if they have maize, maize flower, salt and other things for him.

With his friends he talks about all sorts of things, e.g. his life and about his future plans. Furthermore he sometimes borrows school materials of his friends or he gets some food from them. One of his friends said: "We are poor but we have our parents who can solve our problems and Chimwemwe has to solve his own problems". He told me that he had no girlfriend at the moment. Chimwemwe likes soccer and his favorite team is Malawi. He plays often soccer with his friends. On Saturday he always plays in the soccer team of his school. This team competes against other school teams in the region. When he does not have to play then it is obligatory for him to watch the match.

He goes to the Mosque but he does not always go because sometimes he does not want to or he is too busy with other things.

He sometimes suffers from emotional problems. He does not want to think back on the past because it is too painful. He also suffers sometimes from malaria and stomach problems.

Social relations
The extended family is playing an important role in the lives of the children. When the children have problems they go to one of their aunts or grandmother. They can not go to their grandmother because she died a long time ago. One aunt who lives near the house of the children is playing a central role for the children. This is the aunt where they always go when they need something. They often need food and their aunt can give them what she can offer them, e.g. maize flower, soap, vegetables etc. They sometimes go there and beg for things like food or a piece job.

The children also go there when they need emotional support or when they are arguing. In those cases the aunt can solve their problems. She is also involved in the socialization process of the children. She tells them: "go to school because it is important for you, go to the garden because you need to take care of them, go to the mosque because that is also important for you". The aunt is teaching the children agricultural knowledge and skills. In the past their mother was doing this but nowadays she is doing this.

The children see their aunt as their guardian who helps them a lot and without her they would have bigger problems. Sometimes they also sleep and eat at their aunt's place. Other family members also help the children. They sometimes give them maize flower and salt. However they also said: "we are also poor and therefore we are not able to help her that often". Without the help of their extended family the children would be in big problems. Therefore it can be concluded that they make a difference in the lives of the children.

The household is getting support from the Village AIDS Coordinating Committee (VACC) four times in a year. This is a committee that gives support to orphans and chronically ill people (OVCs). The support that is given by them exists mainly of maize, money and soap. The reason that Silvia is getting this assistance is because she is perceived as someone who is poorest of the poor. The VACC defined someone who is poorest of the poor as someone who is struggling everyday to get some food.
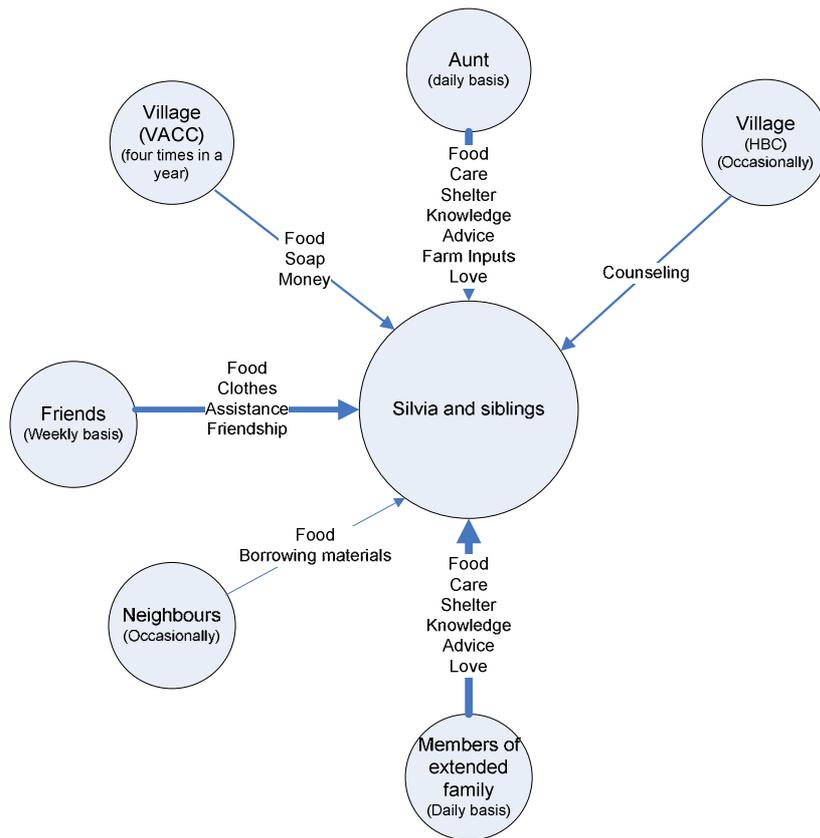
Figure 15. Social network of Silvia and her siblings.

The figure above is an illustration of the social network of Silvia and her siblings. This figure explains from whom Silvia and her siblings are receiving support. The form of support that is given by the social relations consists mainly of food, care, knowledge and shelter. The size of the arrow illustrates the frequency of support from a particular social relationship, as the arrow gets larger the frequency of support increases. For instance her aunt is giving support on a daily basis and the mosque only occasionally.

NGO support
The household received some assistance from a NGO in the past. This NGO gave them twenty five kg cereals, one tin with cooking oil, five kg beans and ten kg Soya. It is unknown why the household does not get support from this NGO anymore.

Concluding remarks
The children are working together in order to survive the day. The girls play an especially important role in this process. They are the ones who really make a difference. The boy can be seen as the person who deals with problems immediately. Their future is hopeful.

4.6   Case F

General information
Florence is a girl of eighteen years old. She lives in a small village (Z) in the Southern part of rural Malawi with her older sister Jen who is twenty two years old, her younger sister Ruth who is sixteen years old, her younger sister Jennifer who is twelve years old, her younger brother Patrick who is nine years old and her little sister Jess who is six. They also have an older brother who is nineteen years old but he works as a servant on a tobacco estate in the Northern part of Malawi. The family is living in the Southern part of Malawi at a distance of twenty kilometers from the border of Mozambique. The children live in a typical Malawian house (figure 16) where the walls are made from clay and with a thatched roof. The house has no windows just as any other house in the village. The house of the children is in reasonable condition, however it will leak during raining time. Inside the house are some clothes, blankets, cups and plates, hoes, a chair and a bed net. The surrounding of the house is most of the time properly swept by the children.

Figure 16. In the background the house of Florence and her younger siblings.

The children first lost their in 2005 probably because of AIDS. Her age was unknown, but people assumed that she was not older than forty years old. Their father passed away in the year 2006 after a long illness probably because of AIDS. His age was also unknown but people assumed that he was not older than forty years old.

In the period that their parents were sick, Florence was in secondary school somewhere in the Northern part of Malawi. Her school fees were paid by an uncle. In that time her extended family was taking care of her sick parents. Florence completed her primary school and was in form three of secondary school before she came back home. Her father called her back from school because he wanted to see his daughter one more time before he would pass away. From that moment on she has taken care of her younger and older brother and sisters.

When the parents were alive they cultivated their garden, did some piece jobs and had their own small-scale business, selling clothes. It was told by the children and relatives of the children that life in that time was much better than nowadays, because the parents were able to get enough food for the household and they could solve the problems of the household. Nowadays the household is considered very poor. They have problems with their food security, they lack clothes and soaps and furthermore their eldest sister Jen is mentally ill and therefore she needs expensive medicines.

Florence's everyday life

Florence is a spontaneous girl who takes care of her younger brother and sisters with a lot of love and affection. Furthermore she is a smart girl who can talk and understand English very easily. During my fieldwork, Florence was pregnant and during my last day in the village she gave birth to a healthy daughter. She became pregnant at secondary school just before her father called her back from school. Florence takes care of her younger brother and sisters by being engaged in a range of casual, piece jobs in the village, by exploiting a small-scale business and by working in the gardens. The household has a garden although it is not really big, where she is growing maize, sorghum, beans, millet, groundnuts and peas. During my field visits I observed that there was no fertilizer being applied on the crops because they were not very mature. This is because they do not have the money for this.

The garden is situated on a mountainside and relatively far from the house. It is a dangerous adventure to reach the garden because the children have to cross a small river and during raining season this path is inaccessible for the children. Furthermore it is a long walk to the garden and there are a lot of holes and rocks on their path. The garden itself was full of weeds and it can be concluded that Florence or someone else does not have the time to weed the gardens. It was also evident that she had low yields from her garden. She only harvested a few bags of maize and that is not enough to feed every child in the household. This means that the children have problems with their food security.

Due to the fact that Florence is not able to cultivate enough food she also does casual, piece jobs. She does piece jobs at least 4 or 5 days in the week, but not every day. Sometimes when she has finished working in the garden she will do a piece job in the afternoon. For example she will weed and dig the gardens of other people, she will wash clothes or pound maize and many other forms of piece jobs. In return for her piece jobs she will receive food or money, however she can decide herself what she wants. She told me: "If there is no food that day then I will say that I want some maize or something else. If there is food then I want some money so that I can buy soap or salt". The piece jobs must not be seen as a daily activity rather as an activity to solve the urgent problems and needs of the children. The children ask people and relatives for piece jobs and when they have a piece job for them the children will do that particular piece job. The children will not choose between different piece jobs because there is a scarcity, especially in the months of April through September. It is a matter of supply and demand and of having access to the right social networks. She is not the only one who is doing piece jobs. Her younger brother and sister are also doing piece jobs. When they bring money or food with them then Florence will decide what they will buy from it. She is the oldest in the household and in this case she is the decision maker. When there are arguments between children in the household she calls them together and they will sit down and talk about it. In many occasions problems are solved in this way.

Besides cultivating the gardens, doing piece jobs, Florence has also a small-scale business. She and her younger brother and sisters sell fruits, e.g. bananas, oranges and avocado pears at the local market. They have their own fruit trees but they do also buy them from other people in order to sell them at the market. With the profit they will buy food, like cassava, or they will buy fertilizer.

Florence is a smart girl who was not able to finish her secondary school. She said often: "I want to go back to secondary school but I do not know how and when". Her English skills are good especially for someone in the village and therefore NGOs are offering her workshops a couple of times a year. The kind of training that she received is unknown because she did not want to elaborate about this. When Florence participated in those workshops she received a daily allowance that she would use for buying soap, food and clothes. Furthermore Florence is a volunteer in a care group organized by a NGO who gives food aid to OVCs. The care group is teaching people in the village how to care for

sick people and about sanitation and hygiene. They have been trained by the local staff of the NGO. Every two weeks they will meet each other and teach people in the village about this.

Florence also teaches at a nursery school and in return for this she is getting some money. This example shows that Florence is an active girl in the village.

There will be a big change in the life of Florence now she has her own daughter. It means that she has to take care of one more child. This will give problems because there is not enough food for the entire household. Therefore her relatives decided that she has to marry the father of her baby in order to be able to take care of the children. I asked her if it was her idea to marry him and she said: "I do not want to marry this guy but I do not have another possibility because I am forced by the elders to marry him". That she would marry him became evident when I observed that people where constructing a house next to the house where she is living now.

Ruth's everyday life
Ruth is a girl of sixteen years old who is not going to school anymore. She was in standard three of primary school before she dropped out of school. Ruth has an unknown health condition that makes her cry suddenly and therefore she was not able to go to school anymore. Nowadays she does piece jobs and she works in the garden. She will search for maize, dig in gardens and she is working on a tobacco estate. When her sister is not around she takes care of her younger brother and sister. Furthermore she will make the decisions in the household. She told me that the biggest problems in the household were food, clothes and soap. The aunt who lives next to the house of the children is the most important person in the lives of the children. The children will go there when they need something.

Her aunt tells her: "Get married, go to the mosque, go to the garden, take care of your younger brother and sister".

Jennifer's everyday life
Jennifer is a twelve year old girl who is in standard three of primary school. Jennifer wants to become a madam (a teacher) and her favorite subjects are English, Mathematics and Chichewa. She told me that she is not going to school every day because she can not afford to pay five Kwacha each month and she has problems with her school uniform. When she for example did not wash her school uniform she was sent away by the headmaster of the school. She told me: "I do not know if I will go to school on Monday because maybe the headmaster will chase me away because of my school uniform".

When Jennifer is not in school she is doing piece jobs (three times in a week) or she is playing with her friends who are also sent away by the headmaster. She finds her own piece jobs by asking people if they have one for her. She is cuts trees, cuts grass, digs in gardens and she does many more piece jobs. The money that she will earn will be given to her older sister who decides what they will do with it. She does not only do piece jobs in order to get some money or food. She also begs. She asks her neighbors (who are relatives) if they have maize, maize flower, salt and other things for her.

With her friends she talks about all sorts of things, e.g. her life and about her future plans. Furthermore she sometimes borrows school materials and clothes from her friends or she gets some food from them.

She sometimes suffers from emotional problems. She does not want to think back of the past because it is too painful. She also suffers sometimes from malaria, scabies and she was coughing during my conversation with her.

Patrick's everyday life

Patrick is nine year old boy who is in standard one of primary school. Patrick wants to become a driver and his favorite subjects are social science and English. He told me that he is not going to school every day because he can not afford to pay five Kwacha each month and he has no school uniform. When he for example goes to school he was sent away by the headmaster of the school. He told me: "I do not know if I will go to school on Monday because maybe the headmaster will chase me away because I do not have a school uniform".

When Patrick is not in school he is doing piece jobs (two times in a week) or he is playing soccer with her friends who are also sent away by the headmaster. He finds his own piece jobs by asking people. He cuts trees, cuts grass, digs in gardens and he does many more piece jobs. The money that he will earn will be given to his older sister who decides what they will do with it. He does not only do piece jobs in order to get some money or food. He also begs. He asks his neighbors (who are relatives) if they have maize, maize flower, salt and other things for him.

With his friends he talks about all sorts of things, e.g. his life and about his future plans. Furthermore he sometimes borrows school materials and clothes from his friends or he gets some food from them.

He sometimes suffers from emotional problems. He does not want to think back of the past because it is too painful. He also suffers sometimes from malaria, scabies and he was coughing during my conversation with him.

Social relations

The extended family is playing an important role in the lives of the children. When the children have problems they go to one of their aunts. They can not go to their grandmother because she died a long time ago. One aunt who lives near the house of the children is playing a central role for the children. This is the aunt where they always go when they need something. They often need food and their aunt can give them what she can offer them, e.g. maize flower, soap, vegetables etc. They sometimes go there and beg for things like food or a piece job. The children also go there when they need emotional support or when they are arguing. In those cases the aunt can solve their problems. She is also involved in the socialization process of the children. She tells them: "go to school because it is important for you, go to the garden because you need to take care of them, go to the mosque because that is also important for you". And many other things. The aunt is teaching the children agricultural knowledge and skills. In the past their mother was doing this but nowadays she is doing this. The children are seeing their aunt as their guardian who helps them a lot and without her they would have bigger problems. They also sleep and eat sometimes at their aunt's place. Furthermore the aunt is doing piece jobs in order to earn money (three hundred and fifty Kwacha) for the expensive medicines for the eldest girl Jen. Sometimes they are not able to raise that amount of money.

The chief of the village is the uncle of the children and therefore he can support the children more often than others. He assists the children with maize, maize flower, money, soap and salt on a regular basis. Another uncle also assists the children with maize, maize flower, salt, soap and medicines. This uncle has his own little shop and he is a tailor. This uncle said: "I see those children as my own children and therefore I visit them every day and ask how they are doing". Furthermore he said: "we help each other according our culture. When I see that a child has no food I will give him some food". An uncle said: "I can not let them sleep with an empty stomach because they will starve".

Other family members also help the children. They sometimes give them maize flower and salt. However they also said: "we are also poor and therefore we are not able to help her that often". Without the help of their extended family the children would have big

problems. Therefore it can be concluded that they make a difference in the lives of the children.

The eighteen year old brother is working on a tobacco estate in the Northern part of Malawi. When he has earned some money he will send a part of it to his younger brother and sisters.

The household is getting support from the Village AIDS coordinating Committee (VACC) four times in a year. This is a committee that gives support to orphans and chronically ill people (OVCs). The support that is given by them consists mainly of maize, money and soap. The reason that Florence is getting this assistance is because she is being perceived as someone who is poorest of the poor. The VACC defined someone who is poorest of the poor as someone who is struggling everyday to get some food.

NGO support
The household is in a programme of a NGO. Every month this NGO gives them twenty five or fifty kg cereals, one tin with cooking oil, five kg beans and ten kg soya. The household has been in their programme since last year. With this support they are guaranteed to eat at least for three weeks. However this programme will stop at the end of 2008 and they will not receive this support anymore. I asked the children how their lives would look like if they would not receive support anymore from this NGO. They said: "If we do not get this support anymore then we would have the same problems as before, like food shortage".

The children were not aware that the programme of the particular NGO would phase out at the end of 2008. In my opinion it will be a heavy task for them to cope with this.
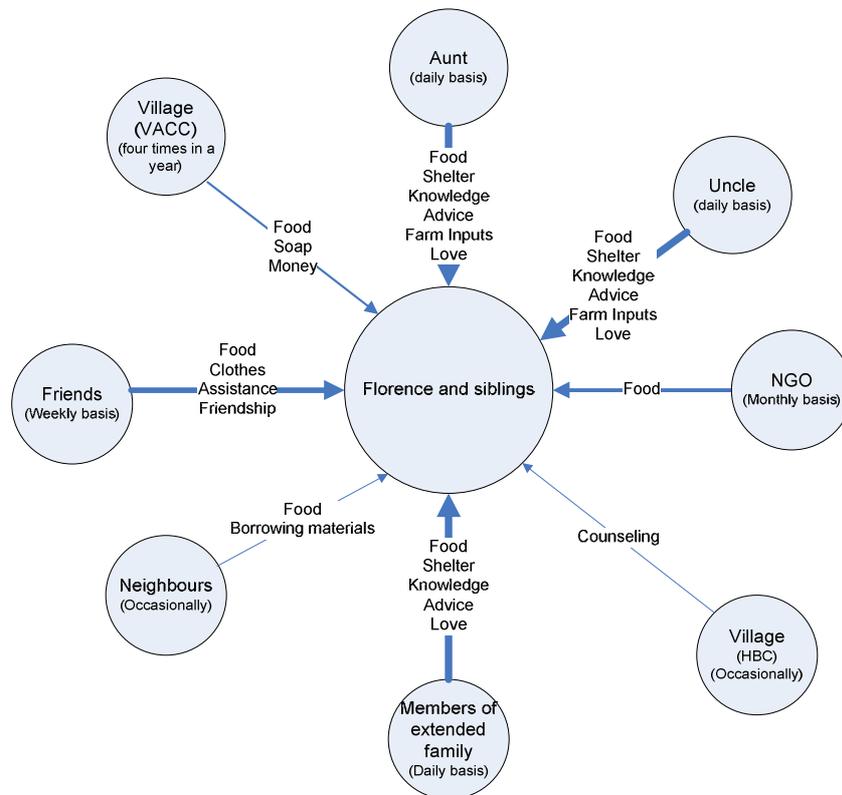
Figure 17. Social network of Florence and her siblings.

The figure above is an illustration of the social network of Florence and her siblings. This figure explains from whom Florence and her siblings are receiving support. The form of

support that is given by the social relations consists mainly of food, care, knowledge and shelter. The size of the arrow illustrates the frequency of support from a particular social relationship, as the arrow gets larger the frequency of support increases. For instance her aunt is giving support on a daily basis and the mosque only occasionally.

Concluding remarks
The children are working together in order to survive the day. Florence is a smart girl who is able to get access to different kind of resources. The extended family is playing an important role in the lives of the children. Their future is hopeful.

4.7   General conclusions

It can be concluded from the six cases, that each case was unique. The cases do also show that there are different kind of CHH settings. The first setting is a household that exists only out of siblings who are related to each other (case A, B, C, D, E and F). The second one is a household where the head of the household has its own child (case D). The third one is a household with an older grandmother who is taken care by others (case C). The fourth one is a household where the head of the household is older than eighteen years (case A and D). In general, the studied cases are part of a broader social network. Although there are some differences between these networks.

There exists a high degree of variation between the six cases that can explain why some cases experience more difficulties than other cases. An important difference between the cases is their settlement structure. For instance cases B, D and E are situated in a clan structure what means that they are being surrounded by members of their extended family. This will mean that they can expect more support than the cases A, C and F who do not live in a clan structure. A key similarity between the cases is that only certain individuals from the extended family were supporting the children in the cases. These certain individuals were the grandmothers, aunties and uncles of the children. From my observations and conversations I conclude that the grandmother is often the first person in line who takes responsibility for supporting the children. Another similarity between the cases is that neighbours who are non- related, play hardly any role in the lives of the children. The community (VACC) only plays an important role for the cases A, B and C. This can easily be explained by the fact that there were different NGOs active in this village for certain years. Therefore the village has resources which can be used in order to support the OVCs.

In the following chapter I will elaborate more about the key differences and similarities of the cases.

5   A life full of problems and uncertainties

The title of this chapter makes clear to the reader of this report that daily life in the studied cases can be seen as a struggle for the day to day necessities, e.g. food, soap and money. In the forthcoming paragraphs of this chapter one can read more about this daily struggle of the children in the studied cases. The analysis of this daily life is based on the six cases studies that were described in the previous chapter.

5.1   When a child could still be a child

In the studied cases the lives of the children was 'better' in the time that both parents were alive than after their death, children told me. In that time, there were hardly any problems related to food insecurity because both parents were able to get enough food for all the members of the household through small scale business, piece jobs and through cultivating their plots of land. For the children it was normal to make a contribution to the livelihood activities of the household. After school and on Saturday and Sunday children were involved in different kind of piece jobs, e.g. cultivating plots of land, washing clothes and other forms of piece jobs.

When there were problems in the household they were handled and solved by the parents themselves, e.g. an argument between children, when there was someone sick, when the house needed some maintenance, etc.

In this 'normal' life, the mother was the most important person in the lives of the children. On different occasions they made clear that when there was a problem they would run to their mother and she took care of them, e.g. when a child was sick the mother would take care of him/her. The importance of the woman in Malawian society can be explained through matrilineal and matrilocal patterns of organization in the villages in the Southern part of Malawi. This matrilineal and matrilocal pattern of organization means that, "descent and inheritance are traced through the mother's line, and husbands are expected to move to their wives' village" (Peters et al, 2007:3). Furthermore it means that the woman can be seen as an important structure of society because they live and work on their own land and their husbands are working on their land and are living in their home. In other words, women are the owners of the property and in this way they have a certain security over land than in other parts of Malawian society (Peters et al, 2007). Due to the fact that matrilineal and matrilocal patterns exists in the area where I did my study, I conclude that the children received assistance from the family members of the mother's side[1].

In all cases, the women/girl could be seen as the head of the household. This meant that the woman is cultivating the land, is preparing food, is taking care of younger and older siblings, is making the major decisions, etc. It was clearly visible that the woman is responsible for almost everything that happens in and outside the household. Without her, life would be much harder.

During the time that both parents were still alive, children could go to school and play with their friends after school. It was normal for them go to school (almost) every day and on some occasions children could go to secondary school after finishing their primary school. However it was not strange for children to drop out of school in that time because of school uniforms or other problems. Of course, there are many more examples about life under 'normal' conditions, but there is not the time or the space for in this report.

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[1] I am not 100% sure about this statement.

5.2   When life dramatically changed

During and after the death of both parents, the lives of the children was obviously disturbed and would never be the same as before. Suddenly, as a child, your whole world collapses and they have to continue life without parental support. It is hard to understand for someone who did not experience something like that. One can imagine the consequences of this event, because the illness and death of a parent is a sad and problematic situation for each child left behind. These children (orphans) may experience anxiety and depression, loss of their education, greater risks of diseases and they may be abused or exploited by others (UNICEF 2006). Before life was so familiar and 'good', then suddenly they have to take over the roles of their deceased parents. One can understand and see the daily problems and difficulties of the children and especially of the head of the household.

5.2.1 Emotional problems

In the first place children suffered from emotional problems. The children in the cases were suffering almost every day from emotional problems and they wished they could forget the past and that they could continue their lives with one problem less. During the study, children told me that while they were talking with me they could forget their painful past and they could even smile. One child even told me that she could finally talk to someone about her life and future and she wished that she could talk everyday with me.

When children were suffering from emotional problems they would sit down together and comfort each other or they would talk with a relative from the extended family (an aunt or grandmother). However, sometimes children would keep it to themselves and just cry secretly and think about the past.

5.2.2 Dropping out of school

For all the cases, except case F, it meant that the head of the household had to drop out of school to take care of her sick parent(s) and of her younger siblings. They started dropping out of school the moment one of the parents became sick and stopped (entirely) going to school when they had to take care of their younger and older siblings. A study of Germann (2005), showed children dropping out of school the moment that they had to take care of their sick parents. This clear example shows how children who are forced to take care of their younger and older siblings can not continue their education and can not even finish primary school most of the time. When one looks at UN Millennium Development Goal (MDG) number two: Achieve universal primary education*, ensure that all children complete primary schooling by 2015* (UN, 2003), then dropping out of school is in contradiction with this MDG. When looking at the cases (head of household), only two out of six finished their primary school and only one, case F, was in secondary school (form two) before dropping out of school.

However dropping out of school has not only to do with taking care of younger siblings but also with school uniform problems or not able to have breakfast in the morning before school starts (Van Dijk, 2008, Funkquist et al, 2007). The children in almost every case suffered from school uniform problems, e.g. children did not have an uniform or it was worn out, and in many cases they were sent away from school by the headmaster. During one of the interviews with a headmaster I asked him why his school is chasing children away from school when they do not have a proper school uniform? He explained that his school would not do such a thing, because they were not allowed by the Malawian government. However during my conversations with the children they explained that they were sent away at least every week (or even more often). For example, a girl in case D worn her school uniform every day for a period of four years and during this research she threw her uniform away because it was totally worn out and now she was asking herself: " how and where can I get a new school uniform?". In Malawi it is a unwritten rule that children who do not posses a (proper) school uniform

are being send away from school. Furthermore some children could not go to school because they were not confident enough when other children saw his/her old and worn out school uniform and thus children decided to stay home. Dropping out of school is not the only change in life of the person who took over parental roles. Taking over parental roles, means that a child has to take care of her younger siblings at an age where she supposed to be at school or play with friend instead of running a household. It involves making daily decisions, caring for younger siblings, making of a livelihood, solving of arguments etc. The head of the household in case D told me that taking care of her younger siblings felt as a heavy stone on top of her head.

However children who live in Africa are capable to take care of others at a young age because of the extended family system (Van Dijk, 2008, Germann 2005). Although it is not the case that they are fully capable and knowledgeable to take care of others, because they lack essential skills and knowledge. For instance, in case D a child was suffering from malnutrition and the person who was responsible for looking after that child did not notice this until it was discovered by me. Furthermore the head of the households lack conflict resolution skills, because on many occasions the head of the household would run to their extended family during an argument.

5.2.3 Housing condition

Another problem is the bad condition of the houses the children live in, especially during raining time when they leak heavily. The houses of the children are made from clay with a thatched roof. The houses had no windows and thus it is very dark and unhealthy inside. I observed that there were hardly any assets, e.g. a chair, bed, clothes, table etc, inside the houses. The assets that were found, e.g. a bed, clothes table, chairs and a bicycle, were left by the deceased parents. I asked the children if they had sold anything after their parents death and the general response was that they did not because they needed the assets and it would remind them of their parents, e.g. children wore the clothes of their deceased parents or used the bicycle or the hoes.

The bad condition of the houses made clear to me that either the children lacked knowledge about how to maintain the house or they were not able to find someone who could assist them in one or another way. Under 'normal' conditions one of the parents would do the maintenance of the house. Some houses collapsed due to the lack of knowledge and they lost their parental house. The bad condition of the children's houses were not unique because other people in the villages suffered from the same problems.

5.2.4 Food security problems

After the death of both parents, it is the task of the children to run the household and to make a livelihood for the household. For many Malawian families the garden[2] can be seen as the main source of living, but they also depend on piece jobs and small scale businesses. However, in none of the six cases the garden could be seen as the main source of living. One of the reasons for the fact that children are not able to use their garden efficiently, often cited in the literature, is that parents who are chronically ill are not capable to transfer agricultural knowledge and skills to their children anymore. This is also made clear in a study of Alumira et al (2005) where is stated that chronically ill people (80%) do not transfer agricultural skills and knowledge to their children any more. When this inter- and intra generational transfer of agricultural knowledge and skills is interrupted then it is clear that children will lack necessary skills and knowledge. A study of Ayieko (1997) already showed that only 7% of the total number of orphans in the study possessed enough knowledge for executing farming activities. Further on it made clear that orphans (80%) lacked some agricultural knowledge and skills, e.g. land preparation, seed selection/sowing, harvesting and storage, use of fertilizers, use of farm chemicals, raising farm animals and marketing of their farm produce. Although the

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[2] People in Malawi call their plot of land a 'garden'. In this garden they grow all sorts of agricultural products for their own consumption, e.g. maize, millet and groundnuts.

older children in the studied cases did not lack basic agricultural skills and knowledge and therefore this is not the reason why they were not using their garden in an efficient way.

The assumed lack of knowledge and skills is not the only reason for neglecting the gardens. Another important reason is that the head of the household does not have enough time to cultivate the garden because she has to take care of her younger siblings, especially when they are below five years. This was especially the situation for case A where the head of the household was not able to go to her garden even on weekly basis. In the period of research she was too busy with taking care of two little children below the age of five.

When children are not capable enough to manage their garden then there is a chance that some children will suffer from malnutrition as shown in case A and D. This line of thinking did already exist in a study of (Barnett and Rugalema, 2001) where they made it clear that orphans who cannot manage the family farm due to lack of knowledge, experience, and physical strength, become malnourished. I want to add farm inputs to this list, because maybe it is even the most important cause of malnutrition. When they lack the inputs, e.g. time, money, seeds and fertilizer then they cannot farm in an efficient way and they have to find another way to get their daily food.

In my opinion, neglecting of the gardens and low yields have more to do with choosing the right strategy for making a livelihood than the big knowledge gap as suggested in many articles (Ayieko, 1997, Barnett and Rugalema, 2001, Alumira et al 2005) because the head of the households posses the necessary basic agricultural skills and knowledge, inherited from their mothers side. A problem could be the transfer of agricultural knowledge and skills to younger siblings, but this is also not a problem because in many occasions the older sister or other relatives, e.g. grandmother or an aunt, will transfer their agricultural knowledge and skills to the younger brothers and sisters.

5.2.5 Health status

The general health status of the children in the studied cases could be seen as average although there were some differences within the studied cases. As mentioned earlier, three children (case A and D) were suffering from malnutrition probably due to shortage of food. The majority of the children in the cases were suffering from malaria, scabies, ringworm, bilharzias and diarrhea. The children were suffering from malaria on a monthly basis and when they were suffering from malaria this had severe consequences for their livelihood activities. Due to the fact that they are parentless, they are the ones who have to make a livelihood for the household and malaria can and will disturb this process. The majority of the people in the villages do not posses a bed net that can prevent malaria. The arguments of NGOs and other organizations with whom I spoke were; "We can not distribute bed nets to every household in every single village because we do not have the money for it, we do not have a distribution network in place and we do not know if people will really use the bed net for its intended purpose". This argument shows in my eyes the unwillingness of organizations to invest in an effort to distribute bed nets to every single household in Malawi or in a wider context, Sub-Saharan Africa. The examples above were found in the villages where I came and probably they will be found in (almost) every Malawian village.

However, the health status of the children in the cases is comparable with that of other children within the wider communities. Their major health problems are caused by different factors, e.g. bad condition of the houses, poor clothing and sharing of clothes, lack of nutritious food as well as a shortage of food and lack of standard hygiene levels.

5.3 Reorganizing daily life

In the previous paragraphs, one could read how the lives of the children changed dramatically after their parents' death. This change brought a lot of problems in the lives of the children and the big question is: How do children reorganize their lives after their parents' death? The following paragraphs will give an answer on this important question by looking at the children's livelihood activities, social networks and 'coping' strategies.

5.3.1 Livelihood activities

The term livelihood 'best expresses the idea of individuals or groups striving to make a living, attempting to meet their various consumption and economic necessities, 'coping' with uncertainties, responding to new opportunities, and choosing between different value positions' (Long, 1997:11).

When looking at the livelihood activities (table 2) of the cases then one can conclude that they try to make a living as a group (several children will work together during a piece job) but also as an individual but they do not really succeed, because often they experience food security and other problems as explained earlier. The livelihood activities of the cases are fragmented and consists mainly of piece jobs, small scale business and their own garden(s). One can describe the livelihood activities of the children as a real struggle to get day to day necessities. As already said the cases do not really depend on their garden because of the lack of inputs. Of course they try to cultivate their garden, but they already know it will not be enough. Therefore the children are involved in various kind of piece jobs, e.g. carrying maize, weeding of gardens, cutting grass, etc. however not on daily basis, only when they needed something, e.g. food and soap. When they are involved in piece jobs then they can receive money or food in return for it. The children told me that they receive an amount of twenty- sixty Malawian Kwacha[3] (local currency) for a days work or a tin of maize or something else. However this depends on what the children want and need but also what the people in the village can offer them. With this amount of money they can for example buy a piece of soap for twenty Kwacha, some small fish for fifty Kwacha or some salt for ten Kwacha. One can see immediately that the earnings of the children are hardly enough to buy food for the day.

Besides their piece jobs, most cases have a small scale business, but this depends on the season. The small scale businesses of the children are; selling of various kinds of fruits and vegetables, selling grasses and selling African cake. A striking and in my eyes an inventive example of a small scale business is that of searching maize and groundnuts in already harvested gardens of other people. During one of my participant observations, I went together with a boy of case E, who was around twelve years, searching for maize that was left behind because it was too small or just forgotten during harvest time. The boy, together with his friends were doing this almost every day after school and it was surprising to me to see how much maize they collected in a few hours. The boy told me they did this as soon as other people were finished harvesting maize in their fields. I asked him what he would do with the harvested maize and he said: "I will peel the maize and I will sell the maize to my neighbors for 20 Kwacha per cup". He also said: "I had just increased the prices because maize was getting scarce around the village".

One sees immediately that this is only for earning the day to day necessities and it is not a business for the long run. De Haan & Zoomers (2005) explains that the poorest of the poor are simply trying to survive on a day to day basis instead of using a strategic plan behind their livelihood activities to bring them out of poverty. A study of Van Dijk (2008) makes clear that children in CHHs are not always aware of different livelihood activities

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[3] Exchange value: 1 euro is 205 Kwacha (on 10 September 2008)

or other possible support channels. In my opinion children copied the livelihood activities of their deceased parents and this means that they try to continue their lives as usual.

Table 2. Livelihood activities of children in CHHs.

Livelihood activities
Piece jobs:
- Harvesting maize
- Carrying maize
- Going to the maize mill
- Carrying water
- Carrying sand
- Molding bricks
- Mowing grass
- Pounding maize
- Cutting trees
- Giving water to seedlings
- Working on tobacco estate
- Processing tobacco
- Digging of gardens
- Weeding of gardens
- Transporting materials
- Washing clothes
- Peeling groundnuts
Small scale business:
- Selling fruits (bananas, oranges, avocado peers, mangos)
- Selling African cake
- Selling grass
- Selling vegetables (tomatoes)
- Searching maize and groundnuts and selling
Own garden:
- Maize
- Groundnuts
- Millet
- Sorghum
- Elephant beans
- Peas
- Rice

The livelihood activities of the cases are similar of those of other families in the village. However there is one exception. The studied cases depend more on piece jobs than on their garden, as mentioned earlier. Thisis what makes CHHs different from other households in the communities, although other families also do piece jobs and have their small scale business.

Not all the persons in the cases could assist in the livelihood activities of the household. Some children were too young and others were physically not able to assist. This made a big difference in the number of persons who could make a contribution to the livelihood activities of the household. For instance case A consisted of three children and only one was capable of making a livelihood while case D consisted of four children and three of them were capable of making a livelihood.

5.3.2 Coping strategies

The sequence of responses or actions of households to deal with external shocks, e.g. HIV/AIDS, poverty, conflicts etc. are usually called 'coping strategies'. This is a set of activities or actions taken by a particular household in order to sustain the same standard of living before the external shock took place (Curtis, 1995 in Rugalema, 2000).

In the studied cases a diversity of 'coping' strategies were identified (table 3) and it made clear to me that most of the strategies are used for getting the daily necessities,

e.g. food, soap, salt. The most effective strategies to get daily necessities are begging and relying on the extended family. In all cases these strategies were used by the children and indeed they got their daily necessities like food and soap. The reasons of the effectiveness of those strategies are twofold; other family members do feel sorry because they are orphans and their culture tells them to take care of each other. However, the burden on the extended family is increasing because of the growing number of orphans and other vulnerable people (OVCs), that is why it is arguable if the extended family who is already poor and under severe pressure can fulfil their traditional carrying role (Loevinshon and Gillepsie, 2003, Peters et al, 2007). This 'coping' strategy shows that the children are using their most important social network very effectively. Especially the children of the cases B,C,D and E could easily use this strategy because their homes were situated in a clan structure. Living in a clan structure means the children's houses are surrounded by houses of family members. This means that the bigger the clan is, the more support one can expect. Comparing this with the situation of case A who does not live in a clan structure, then one can understand why case A had more difficulties with getting access to scarce resources.

The strategy of getting married was for four cases a real solution to overcome their problems, because they said: "when you are together, you can obtain more resources for the household". In my opinion, getting married can indeed solve some problems in the household, but it is uncertain how long this arrangement last. Although not a single person was married in the time of the study, they (head of household) were seriously considering this option in order to overcome some of their problems.

Another strategy, dropping out of school by the head of the household was identified within all cases and also in other studies (Loevinsohn and Gillespie, 2003, Germann, 2005). One can be very critical about this strategy, because how effective is it in the long run? The aim of this strategy is in all most every case to take care of younger siblings or to do piece jobs. In that case it can be seen as a 'coping' strategy because the head of the household is able to take care of them. However, on the other hand, finishing primary school does not guarantee a child a future of going to secondary school because of the combination of poverty and high school fees. This is one of the reasons why a lot of children drop out of primary school before they reach standard eight. They lack the incentive to finish primary school and not only because they have to take care of someone. Of course there are many more reasons, e.g. lack of decent school uniform, going to school without breakfast, poverty, culture, etc.

The most interesting 'coping' strategy was used by the head of the household of case F. She was participating in workshops organized by different NGOs, although this only took place a couple of times per year. One has to understand that people who go to training receive knowledge but also a daily allowance for attending the training. It is this daily allowance that it makes a 'coping' strategy, in my opinion, although further research is needed on this topic in order to make such statements. More research is also needed because a lot of NGOs give daily allowances to the participants for attending a training without knowing the real incentive of the participant behind it.

By looking at the 'coping' strategies of the children in the CHHs it can be concluded that the used strategies are really for the short term, except, maybe the strategy of getting married and relying on their extended family members. It is arguable whether these are 'coping' or 'struggling' strategies, because one has to look at the context. In the context of CHHs it can be concluded that the concept of 'coping' is not applicable because one has to understand that the lives of the children in the cases will never be the same as it was before, in other words they will be in a continuous struggle to get access to various kinds of resources, e.g. food, money, clothes, soap etc. Therefore I conclude by saying that the children are struggling more than coping.

Table 3. Coping strategies been used by children in CHHs.

'Coping' strategies
Piece jobs (carrying of maize, sand and water, weeding of gardens)
Small scale business (selling fruits)
Getting married
Begging
Searching for food in gardens that are harvested
Dropping out of school
Extended family
Training of NGOs
Leaving out meals
Borrowing (clothes, food, money, school materials)

5.3.3 Social capital

The aim of this paragraph is to give insight into the social networks of children in CHHs that they use in order to get access to (scarce) resources, e.g. food, clothes, emotional support, knowledge, etc. In order to give insight in the social networks, the concept of social capital is used because through social capital a diversity of networks can be accessed by a particular individual.

It can be argued that social capital was the most important capital for the children in the studied cases. Without their social capital, it would be hard for the children to survive. Therefore social capital can indeed still be seen as the most important capital for a poor person.

The children in the CHHs were able to access scarce resources, e.g. food, clothes and soap, etc. by virtue of their membership in different social networks. Furthermore children used their social networks for doing piece jobs. They would ask members of their social networks if they had a piece job for them. The social networks that were accessed by the children were: the extended family (grandmother, aunts, uncles and nieces and nephews), friends, neighbors, community, the mosque, NGOs and school. It can be said that the extended family can be seen as the most import network for all the cases that were studied. However, there exists a difference in the support that was given by relatives to the children in the CHHs. It was clear that families who had a relative in South Africa were better able to support the children in CHHs than families without such a relative because they received assistance from them in the form of money and other goods, e.g. farm inputs. Out of six cases, only two of them (B and C) received such support through the help of the wider extended family. As said earlier, it also made a difference if someone was living in a clan structure.

The support from the extended family was given in the form of food, soap, clothes, fertilizer, advice, emotional support and agricultural knowledge. In the following chapter the importance of the role of the extended family will be elaborated because it deserves special attention. It has already been concluded that without the support from the extended family, lives of the children would be very miserable. This observation was also made in studies of Germann (2005) and Peters et al (2007), where was said that the extended family is still the most important structure in society for OVCs despite the increasing burden on it. However the role of the extended family must not be romanticized because the support that the children received was not enough to solve their problems.

Besides the extended family, NGOs can be seen as another important social network for the children in the CHHs. Due to the fact that the children are orphans, they gain access to this kind of network even without any effort from their sides, because they have this special status of being a orphan. This means that the developed world is seeing those children who are orphan as more vulnerable than other children and think that they are in urgent need of protection and support (Van Dijk, 2008). This popular discourse has been used by Western governmental and non- governmental organizations, however

when one looks critically at grassroot- level then children who are not parentless experience almost the same problems as children who are orphaned. During my study I observed in the villages that there exists hardly any differences in terms of (access to) food, clothes, health issues, housing and other aspects between orphaned and non-orphaned children. During one of the many interviews that I had with the 'community', I asked them what they thought were the most important differences between orphans and non-orphans. They told me that orphans have (severe) emotional problems and that they can not fall back on parental support when they experience problems in comparison with non-orphans. Furthermore they told me that all other problems that orphans experience are the same as that of non-orphans, e.g. food insecurity, health issues, clothing, school uniform and school fees.

Out of the six cases that were studied, two of them (D and F) got direct assistance from a NGO in the form of food hampers. Every month this particular NGO gives twenty five or fifty kg cereals, one tin with cooking oil, five kg beans and ten kg Soya to OVCs and chronically ill people. One can be very critical about this sort of support to OVCs and chronically ill people, because it is this kind of support that makes them dependent on NGOs and furthermore it is not sustainable (Foster et al, 2002 in Germann 2005). A much better way of supporting those groups is in the form of indirect support, on community level. In one of the studied villages, this way of support was given by various NGOs and the community, and the Village AIDS Coordinating Committee (VACC), was able to give support to those groups every month. In other villages, where this was not the case, the community (VACC) was not capable of giving such support to OVCs and chronically ill people. This indirect support makes households much less dependent on NGOs than direct support as mentioned above. One can read more about the role of NGOs and their interventions in chapter nine.

As already explained, the community can play an important role provided that they are supported by NGOs and well organized. When this is the case, then the VACC and other community organizations, like a home based care organization (HBC) can give support to OVCs and chronically ill people. The support that was given by such groups consisted of food, soap, clothes and emotional support, although not more than once in a month. When a community is not supported by NGOs, it is not entirely capable to give support to OVCs and chronically ill people as proven by this study, however this depends on the context. It is arguable whether this kind of support is really different than the direct support on household level by NGOs, because now NGOs can make the wider community dependent on their support.

Friends (of the same age) are another import network in the lives of the children, as shown by this study. Through their friends the children can get access to clothes, food, money, emotional support and school materials. However they do not receive this support frequently, because their friends are not in a position to support them daily or even weekly basis.

Less important networks are the mosque and neighbors (none related). They play a role, but it is a minor role. They only support the children sometimes when they have the resources.

5.4   Conclusions

Life of the children in the studied cases changed dramatically after their parents death. Some important differences exist between the cases; some cases experienced more problems than other cases. This can be explained by the following reasons. First of all the household composition of the cases is play an important factor. The bigger a household is, the more persons there are who can make a contribution to the livelihood activities of the household. However, only when they are old enough. Secondly, the social networks of the cases play an important role. The bigger a particular social networks is, the more support one can expect. This explains why some cases are better off than other cases.

For instance case D and F were in a programme of a NGO and with this support they were assured of receiving food every month. Furthermore some cases received more assistance from certain individuals from their extended family. Case B is a good example, because she got daily support from her grandmother and aunties.

6   The extended family

This chapter elaborate on the role that the extended family fulfils in the lives of children in the studied cases. It can be argued that the extended family is still by far the most important safety net for orphans in Southern Africa.

6.1   The extended family as social sponge

"Families in traditional societies typically involve a much larger network of connections among people, enveloping the household in relationships that include multiple generations, extend over a wide geographical area and are based upon reciprocal rights and duties. The term *extended family* places special emphasis on the role of relatives outside the household in providing economic and social support to survivors from AIDS-affected homes" (Foster, 2002:4).

There exist two competing theories about the traditional caring role of the extended family (Abebe & Aase, 2007). The first theory is the social rupture thesis "that emphasizes the breakdown of family structures and social safety nets as a result of the impact of HIV/AIDS and the increasing burden of orphan care" (Chirwa, 2002:94). The second theory explains the opposite, that the extended family in South African countries is still fulfilling its traditional caring role, although it is under severe stress due to poverty and HIV/AIDS (Rutayuga, 1992, Germann, 2005, UNICEF, 2003, Peters et al, 2007). Despites this increased burden on the extended family, it is still capable of fulfilling its traditional caring and supporting role and it can (still) be seen as the number one solution for dealing with the increasing number of OVCs (Germann, 2005, Peters et al, 2007). Furthermore in a report of UNICEF (2006) is stated that the extended family takes care of more than 90 % of single and double orphans who do not live with a surviving parent. The role of the extended family of supporting each other is the result from the urgent need of the extended family to survive as a group (Meursing, 1997). Grant and Palmiere, conclude that "The extended family as a safety net is still by far the most effective community response to the AIDS crisis" (2003: 233).

In a study of Foster and Germann (2002) is stated that "the extended family is not a social sponge with an infinite capacity to soak up orphans" (2002:665). However I do not agree with this statement, because evidence from my study showed that the extended family is still willing and capable of taking care of an ever-increasing number of orphans. In the studied cases the grandmothers and the aunts were the most important persons for the children. In my opinion the extended family is reorganizing itself by taking care of orphans in an indirect way (CHHs) instead of a direct way (absorbing orphans in households). By some authors (Wevelsiep, 2005, Bower, 2005, Foster et al, 1997) it is also argued that CHHs are 'a new coping mechanism of the extended family'. In my opinion it means that orphans who live in CHHs did not slip through the traditional safety net (figure 3), as suggested by Germann (2005), but they are still taken care by the extended family. Although they live in their own house, this does not mean that they live independent from others. Evidence from my study showed that it is the decision of the orphans themselves to live on their 'own' and not because the extended family is not capable of absorbing them in their households. Reasons for orphans to decide to live on their 'own' are: they want to stay together instead of living scattered, to protect family assets, e.g. house and land, a conflict took place in the past, or there is no place in a household. These reasons show that it is the children themselves who decide how and where to life, so it does not mean that a child-headed household is the result of a failing safety net. On the contrary, evidence from the cases showed that the households depend heavily on their extended family and without this support they would have bigger problems.
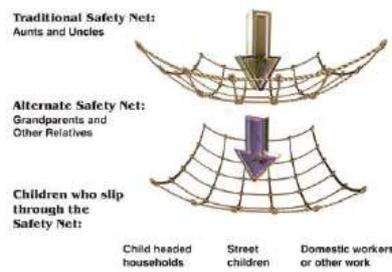
Figure 18. Traditional safety nets for orphans in Africa (Germann, 2005).

The support that was given by the extended family to the children existed out of emotional support, counselling and advice sessions, shelter, knowledge transfer, e.g. agricultural and care and daily necessities like food, soap, salt and clothes. Often, children were very mobile. For different purposes, e.g. shelter and food, they would move from one house to the other. Therefore I argue that the concept of a household, as cited in the literature, does not exists in Malawi.

Another important role of the extended family is their involvement in the socialization process of the children during and after their parents death. Socialization means "the successful transmission of culture from one generation to the other" (James at al, 1998:23, in Van Dijk, 2008). In this process of socialization parents play the most important role, because they are the first to teach their children how to behave, followed by other members of the family (Van Dijk, 2008). The children in the CHHs were told by an aunt or grandmother that taking care of each other is a very important thing, one could not leave his or her younger siblings behind. Furthermore children were taught to go to school everyday, not to get involved in prostitution, not to be outside late in the evening and many other important things.

As said earlier, the intensity of assistance depends on the available resources and the density of the extended families. Therefore some cases received more support than others. Although, in general, the extended family really tried to support the cases but it was difficult for them to give enough support on a daily basis. However, as already said, due to poverty and HIV/ AIDS, the traditional caring role of the extended family is under severe stress (Rutayuga, 1992, Germann, 2005, Peters et al, 2007). In future time the pressure on the extended family will be enormous due to the growing number of OVCs and chronically ill people due to HIV/AIDS, increasing global food and fuel prices, and climate change (Care, 2008). Therefore interventions on the extended family level are needed instead on household level in order to keep its traditional caring role alive, otherwise Southern African society will lose its most valuable and precious safety net.
If this happens orphans can end up living on streets, which of course no one wishes, or they can end up in an institutional setting, like an orphanage. However the role of the extended family must not be too romanticized. The extended family is not an institution. It consists of normal human beings who all have their own daily problems but who still find a way to assist their family members. Therefore the extended family can not support every orphan and that's why I consider an orphanage as a valuable solution for the growing number of orphans.

6.2   Rethinking institutional setting
In my opinion, an orphanage is an underestimated solution in the fight against the growing number of orphans. I was in a position to spent two months in an orphanage and the data that was collected in that period showed that an orphanage is a good and

valuable solution for the growing number of orphans. The orphans who were living in this orphanage have the guarantee that they receive a nutritious diet every day, have access to good sanitation services, sleep under a decent roof, have enough clothes and soaps and also the guarantee of primary (and secondary) education. At the moment the children are even taught how to use a computer in order to prepare them for secondary school. These same observations were also made in a study of Germann (2005) during several visits to orphanages in Africa. When one compares this with the living conditions of orphans who live with their extended family, then children in the orphanage (that I visited) are much better off than the majority of children who live in the extended family. I think that it can be concluded through my observations that the majority of those children who live in the extended family system do not have a proper diet, lack clothes, lack proper shelter and sanitation, lack education and suffer from several diseases.

However as stated by a study of Germann (2005) "orphanages undermine the traditional care of orphan care by removing the child, and the responsibility of care, away from the extended family" (2005:89). Furthermore orphanages put no effort in teaching children their traditional culture as the extended family system does. However, this research did not mention that orphans are often discriminated and exploited by members of their extended family, as data showed from this qualitative study and other studies (Van Dijk, 2008). In an orphanage, children are all equal and they can understand each other better because they experienced the same things in life, and thus the chances to be discriminated would be less.

Another disadvantage of an orphanage in general is the high operating costs per child and thus the donor dependency of an orphanage as stated in the same study of Germann (2005) and in a study of Subbarao and Coury (2003). But talking about donor dependency is not appropriate here because if one wants to support the extended family or another institution then one also need funds from donors, and thus one ends up with the same issue of donor dependency.

The two disadvantages of an orphanage described above let the researcher, Germann (2005) conclude that an orphanage should be seen as the last resort, for a child, if all other care arrangements fail.

The Malawian government also describes that orphanages should be the last resort to take care of orphans and other vulnerable children n their National Policy on Orphans and other Vulnerable children of 2003. In the eyes of the government, the only and best way to take care of orphans is through the extended family system.

I do not agree with this conclusion and see an orphanage, provided that it is well managed, as a good and valuable solution for the growing number of orphans because of the many advantages described above. If the government of Malawi and other institutions still believe that the extended family system is the best way to take care of orphans then they have to support those families with the necessary resources. Having this said, it is almost impossible to give every family the necessary resources for taking care of these orphans. I argue therefore that government and donors put more emphasis on orphanages in their policies. When the government and donors delegate more resources to orphanages then maybe they can do an even better job than they do now.

7   CHH further explored

The aim of this chapter is to explore the concept of a CHH in the form of a comparative analysis. Within this analysis I look at the household composition and the social relations of the households. The central question of this comparative analysis is: what does a CHH mean in reality?

7.1   A comparison of theory and practice

In the table below I will give insight in the household composition of the six cases in order to give an answer on this question. In the literature one can find a variety of different definitions of a CHH. UN organizations, NGOs and scholars use different sorts of definitions in practice. It is argued that CHHs are headed by children under the age of eighteen years (UNICEF, 2003). Furthermore it is argued that a CHH consists of children and that they are all orphans (Sloth-Nielsen, 2002). As one can conclude from the table below these characteristics of a CHH do not match with the CHHs that were studied. In the first place children can be older than eighteen years and can be still seen as the head of a CHH. In the villages where I conducted my case studies children were not per se defined as younger than eighteen years. A second difference with the conceptual definitions of a CHH in the literature is the fact that a CHH does not only exists out of orphans. For instance, the head of case D had her own biological child and the head of case C was taking care of her grandmother who was not able to take care of the children and herself anymore. In short, there exists a variety of different CHHs in practice.

A striking similarity between the six cases is the fact that the sex of the head of the household is female. This can be explained by the matrilineal and matrilocal patterns of organization in the villages in the Southern part of Malawi. From the table it can be concluded that the composition of the household and the age of the household members plays a significant role in the ability to get access to scarce resources. For example; case A consists of three members and two of them are below five years. This means that only one person is involved in the livelihood activities of this household.

Table 4. An analysis of the household composition of the six cases.

	Case A	Case B	Case C	Case D	Case E	Case F
Number of household members	3	3	3	5	5	6
Persons older than 18	1	-	1	1	1	2
Children aged between 10-16	-	2	2	2	2	2
Children aged between 5-10	-	1	-		2	2
Children younger than 5	2	-	-	2	-	-
Number of biological children	-	-	-	1	-	-
Age of head of household	21	16	13	19	18	18
Sex of head of household	Female	Female	Female	Female	Female	Female

In the literature (Plan, 2005, Van Dijk, 2008) is explained that CCHs are independent from others. However during my study I found that the children in the six cases were not living independent from others. They had different kind of social networks, e.g. the extended family, NGOs, community and others. The children accessed their social networks for different purposes, e.g. food, shelter, knowledge, care and other purposes. Within the studied cases there existed some differences. For instances only two cases, D and F, received assistance from a NGO. The community played an important role in the cases A, B and C.

7.2   Towards a different definition

As concluded above, current theoretical definitions of CHHs do not match with the CHHs found in the villages where I conducted my study. In my opinion we should not differentiate in biological age anymore neither we should look at who takes care of someone or who makes the major decisions nor we should take the household as our

mode of intervention. Instead, I argue that a CHH should be seen as a social unit that is part of a broader social network. This broader social network consists mainly of the extended family but also of friends, school, NGOs and religious institutions. Each actor makes it own contribution to the lives of the children. In this broader social network social cohesion is playing an important role. For instance children can eat and sleep in the houses of their extended family, e.g. an aunt or an uncle. Furthermore children are being raised by their extended family members, e.g. during arguments they run to their family members.

However this new concept can only be applied on the Malawian context and not for other contexts because every context is different. I conclude that there does not exist one similar definition of a CHH. In a study of Van Dijk (2008) is stated that children who were living in CHH were not part of a broader social network.

Within this broader social network the concept of vulnerability will play an important role. At the moment organizations and other institutions concentrate on the concept of CHH where they only have an eye for the persons in this household and not for others who are outside this household. This will mean that certain poor people will be excluded while they are also vulnerable. In my opinion it is very strange that organizations and other institutions do not take this broader social network seriously. In this network there is mutual assistance where everybody helps everybody, even when they can barely take care of his/her own. Is it not odd that a grandmother or an aunt who is supporting the children each and every day does not also receive support? By giving support to the children, while she can barely do that, does she not also become just as vulnerable?

By taking this broader network into account more vulnerable people will be identified who also need support in addition to the persons in a CHH setting. Within the concept of vulnerability certain categories must be made because there are different degrees of vulnerability. People in Malawi may be poor but not every person is as poor as the other. In order to assess which person is more vulnerable than an other person, a measurement instrument must be developed with specific indicators, e.g. household composition, frequency of support given to others, types of social networks, income etc. The data from this instrument can be used for identifying the different categories of vulnerable people. In my opinion not only the most vulnerable people have to be targeted but also slightly less vulnerable people.

Considering a CHH as a social unit that is part of a broader social network has severe consequences for intervention programmes of UN organizations, governments, NGOs and other institutions. I will elaborate about these consequences in the following chapter of this report.

8   Interventions

This chapter will critically address some of the interventions which were deployed by different stakeholders in order to assist the children in the cases. However, it is not my aim to give an in depth analysis of current interventions that are/were deployed in Malawi. For such an analysis one can read more in a paper of Kidman (2008). Furthermore this chapter will elaborate about the kind of interventions that are needed in the context of CHHs and their extended families.

First of all I want to express myself that children with parents must be treated the same as parentless children, thus orphans. In this contemporary world children who are not parentless are treated differently by UN organizations, governments, NGOs, FBOs and other institutions than children who are parentless. It is assumed that children who have parents are better off than children who are parentless and thus they hardly receive any assistance from those institutions. It is assumed that children who are orphan are more vulnerable than other children and they are in urgent need of protection and support (Van Dijk, 2008). This popular discourse is been used by Western governmental and non- governmental organizations, however when one looks critically at grassroot- level then children who are not parentless experience almost the same problems as children who are orphaned. During my study I observed in the villages that there existed hardly any differences in terms of (access to) food, clothes, health issues, housing and other aspects between orphaned and non-orphaned children. I argue therefore that UN organizations, governments, FBOs and NGOs treat all the children the same whether they are orphan or non-orphan. Therefore interventions by those organizations must concentrate on all needy children regardless their background.

8.1   Current interventions in Malawi

There are many international organizations and NGOs active in Malawi such as UNICEF, World Vision, UNAIDS, Care and many others that have programs for OVCs. The reason for the presence of the overwhelming number of NGOs is the fact that Malawi suffers from the devastating impact of HIV and AIDS. Many communities suffer from AIDS related deaths and therefore many children are left behind. These children are being taken care by the extended family but due to the growing number of orphans their traditional caring role is under sever stress. International organizations and governments recognized the problem of the growing number of orphans and therefore they decided to scale up their responses (Madhavan 2004). Therefore international and non- governmental organization developed together the policy: The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (UNAIDS/UNICEF 2004). The framework has five key strategies for national policies and programs:

1. Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support;
2. Mobilize and support community-based responses;
3. Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others;
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities;
5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS (UNAIDS/UNICEF, 2004:5).

The response of the Malawian government is guided by this framework. The Malawian government formulated 5 policy goals for their OVC response:

1. Ensure that communities and extended families caring for orphans are assisted and empowered with resources, services and skills
2. Ensure that orphans are not denied access to primary education, whether by virtue of their inability to pay, their age or their gender
3. Put in place mechanisms for registering births and deaths at local level, to monitor and plan for the orphan situation
4. Ensure that child-headed households are supported, in order to safeguard the best interest of children
5. Put in place mechanisms to protect the inherited property of orphans until they are adults (GOM, 2003)

These policy goals are translated into the National Plan of Action (NPA) for Orphaned and Vulnerable Children 2005-2009 (GOM, 2005). It can be concluded that the formulated policy goals of the Malawian government are similar to that of the 5 key strategies of the *framework.* The emphasis of both documents is on helping families and communities to provide support for OVCs. Therefore many interventions of international organizations and NGOs are community- based in Malawi as well in other African countries. In order to involve the community, Community Based Organizations (CBOs) were set up by international organizations NGOs, government and religious institutions. Chirwa (2002) calls it "best practices in orphan care" (2002:109). The CBO system operates at three levels. At the first level are the village CBO committees. These committees coordinate and plan village-level activities relating to orphan care. At the second level are the volunteers who carry out activities that were already identified at the former level. The volunteers monitor and register the wellbeing of the orphans and they report to the orphan care committee. At the third level is the external assistance from international agencies, NGOs, government, and other institutions (Chirwa, 2002).

In the next paragraph I will give an overview of those community-based interventions as well as other types of interventions that were used in Malawi.

8.1.1 Community-based interventions

Community-based care is being emphasized as the most sustainable and effective approach to support the 11.6 million orphans who are orphaned by AIDS in sub-Saharan Africa (UNAIDS 2008). Community based care is an ambiguous term where the community plays an important role. The community needs to take initiative as a whole, it needs to be engaged and committed in order to take care of the orphans (Thurman et al, 2007).

There are essentially two ways of developing community-based interventions: internal and external. For the former, there is an emphasis on the continuing importance of the extended family (Madhaven 2004:1451). The extended family is always changing and adapting to the circumstances of disasters like the HIV and AIDS tragedy. Members of the extended family will support each other 'every time' not matter how poor they might be. There is no need to bring family members in line to take up their responsibilities (Madhaven, 2004). In a paper of Foster (2002) is explained how communities have their own responses to the orphan crisis. For instance there exists support groups who help each other in times of need. Another example was given about a communal garden that was used in order to secure the food security status of the orphans.

External forms of interventions are interventions from outside the extended family or clan structure (Madhaven 2004:1451). These external interventions come from NGOs, the community, religious institutions and from the government. A good example of an external intervention is *home based care* (HBC). This is a group of community members that take care of AIDS patients and support family members and orphans. In almost every village in Malawi is a HBC group active. Another form of an external intervention is the recent Community Based Childcare Centre (CBCC) developed by UNICEF for early childhood development. The goals of the CBCC are promoting learning and stimulation in

early childhood, promoting psychosocial care, and reducing malnutrition (Borst 2008). These interventions focus mainly on health and care. A recent intervention of the Malawian government together with UNICEF is the Social Cash Transfer Scheme. The purpose of the social cash transfer scheme is "to contribute to national efforts to reduce poverty and hunger in ultra poor households, increase school enrollment and attendance and improve the health, nutrition, protection and well being of orphaned and other vulnerable children" (Kidman, 2008:50).

Other current community-based interventions in Malawi focus on food security, economic strengthening and child protection (Kidman 2008).

In practice it is proven that the majority of people in need do not receive support from the community where they live in at all (Thurman, 2007). Despite the emphasize on the role of the local community in many policies, people in need receive hardly any assistance from the community. They receive only assistance from their extended family members.

8.1.2 Other forms of interventions

Another form of intervention used by NGOs is direct material support to OVCs and other persons in need. This kind of support ranges from food handouts, fertilizer, seeds and other materials. The consequences of this kind of support are various. First of all it can make the aid recipient dependent on the given support. In the literature this is described as *the dependency syndrome* (Harrell-Bond, 1999). Another consequence is that it can hamper the social relations between people in the community and within the extended family (Thurman et al, 2007). People can react with jealousy because other people get support from a NGO and they do not and therefore orphans are sent away by members of the extended family. Another example is that orphans are abused by people. It can destroy the voluntarism of people in the communities, e.g. they are not willing to help each other anymore.

In a study of Luzze (2002) in Germann (2005) is explained how a NGO created CHHs through their support. Orphans who lived with their extended family were told by their extended family to live on their own and therefore they would receive support.

8.2   Interventions in studied cases

In this paragraph I will explain what kind of interventions were deployed by various actors. In the first place I will elaborate about the kind of interventions that were deployed by NGOs. Secondly I will discuss the role of the extended family although very briefly because I already explained their role in chapter six. Then I will discuss the interventions by the community and at last the interventions by the mosque.

8.2.1 By NGOs

Dependent is the word that fits best for the situation of two cases, D and F that were studied. These cases received food aid every month from a NGO and it is this approach of direct support by NGOs that can make them dependent on this NGO. Every month the children received twenty five or fifty kg of cereals, one tin with cooking oil, five kg of beans and ten kg soya from this particular NGO in order to assist them with their food security. This type of intervention can not be regarded as socially constructed. Aid was given to the children because they were perceived as children in need by NGOs. In my opinion this type of intervention shows the typical inside and outside forces as stated by Long (2001). This particular NGO did not ask the children what they needed the most instead the NGO decided on behalf of the children. During my research I received the information that the programme of this particular NGO will phase out at the end of 2008 and this shows in my opinion one of the major problems of such interventions. Confronting one of the cases (D) with this in my mind, I asked what would happen with them if they would not receive assistance anymore from this NGO and the children told

me: "Our lives will be the same as it was before we received this assistance, a real struggle to survive". Furthermore I asked how they would deal with this problem and they told me: "We will do more piece jobs in order to cope with this situation and it will also mean that we will ask more assistance from our extended family". This same problem of dependence was discovered in a study of Luzze (2002) in Germann (2005) where CHHs were heavily dependent on a NGO for their survival.

It was strange for me to observe that only the cases D and F were in the programme of the NGO while case E does also fit into the criteria. In my opinion this has to do with the local staff of the NGO and with the chief of that particular village. I made up from my conversations with the local staff that people were blaming each other instead of taking action. Some persons were afraid to take the responsibility to place case E in the programme.

In my opinion, direct support in the form of knowledge would be a better approach than giving handouts to people. In general, I am not against food aid, but in this particular context I was. In emergency situations, e.g. an earthquake, it is understandable to give relief aid to the victims but not in this case. The children of the CHHs were not suffering from acute hunger. The expression, it is better to teach someone how to fish than give a fish, is applicable here. This particular NGO that gave handouts to the CHHs was also giving knowledge about how to start a vegetable garden, but it was unclear for me what the impact of this knowledge transfer was. In my opinion this was a wrong intervention because one of the cases already had a vegetable garden where she was growing tomatoes. During one of the conversations that I had with one of the staff members of this particular NGO I asked him why they were not giving knowledge about soil management, e.g. manure making and he said: "I do not know why we are not doing this but I recognize the problem that many household lack this sort of knowledge".

Besides making households dependent and implementing the wrong kind of interventions, NGOs also target the wrong unit. Many NGOs are targeting single households but in my opinion it is better to target a set of households, because of the extended family structure. By supporting the extended family instead of one single household, the extended family would be more capable to fulfill its traditional caring role. However this also raises the question of making people dependent on NGOs, but when NGOs are giving knowledge, e.g. soil management, then in my opinion it is more justifiable than giving handouts to people.

Only two cases, D and F received support from NGOs while other cases and other households in the villages were not given support. This observation shows that NGOs are not able to identify and support every poor household. The cases that did not receive support had exact the same problems as the cases D and F. Why did these other cases not receive support from NGOs? In my opinion NGOs do not make a proper need based assesment before interventions are implemented. Furthermore NGOs do not always involve the local community in their programmes. Therefore not always the poorest of the poor are being targeted by a NGO. However involving the local community does not always guarantee that the poorest of the poor are being targeted. Often NGOs make use of local institutions, e.g. a chief, for this identification process. In the villages Y and Z the chiefs were in my eyes a little bit corrupt and I will make this clear with the following examples. The chief of village Z was not willing to use his authority to place case E in the programme of a NGO. A second example is how the chiefs were distributing fertilizer coupons amongst his relatives and friends and therefore none of the cases received a coupon. It shows that NGOs and government institutions need to make an assesment themselves and not only rely on local institutions.

In my opinion NGOs and other organizations do not often listen to the people in the villages and therefore their needs are not being fulfilled by intervention programmes. The children of the CHHs told me that they needed clothes, blankets and fertilizer.

However there was not a single NGO or other organization that supported the children with these practical things.

8.2.2 By the extended family

The support that was given by the extended family to the children exists out of emotional support, counseling and advice sessions, shelter, knowledge transfer (agricultural, caring) and daily necessities like food, soap, salt and clothes. An other important role of the extended family is their involvement in the socialization process of the children during and after their parents death. The children in the CHHs were told by an aunt or grandmother that taking care of each other is a very important thing, one could not leave his or her younger siblings behind. Furthermore children were taught to go to school everyday, not to get involved in prostitution, not to be outside late in the evening and many other important things.

8.2.3 By the community

There exists a big gap between the form and the frequency of support given by the communities to the children in the studied cases. The first village were I did my study was capable of giving support to OVCs and chronically ill people on a monthly basis. The support consisted of a tin of maize and some soaps. The support was given by the VACC. This committee consisted of the 'elite' of the village who owned a community garden. Every year they grew maize for the poorest of the poor in this garden. The other villages were I did my study were not able to give support on a monthly basis. One village could only assist the OVCs and chronically ill people four times in a year with maize and soap, while the other village did not give support at all to their OVCs and chronically ill people.

The reason why there is such a big difference between the villages has in my opinion to do with an intervention of NGOs that took place in the first village (Y). Although before the project was implemented the community did already support the OVCs and chronically ill people by giving them maize but not every month. The village was located in the impact area of FAO, UNICEF and WFP. These three UN organizations implemented there their pilot project called: *Protecting & Improving Food and Nutrition Security of Orphans and Other HIV/AIDS Affected Children*. This project had a duration of three years and had a budget of $3 million. The aim of this project was to enhance the food security of the growing number of orphans and other vulnerable children. In the village households were selected and in the beginning of the season each household in the catchment area was given two bags of fertilizer, improved maize seed, groundnuts and soya beans. At the end of the harvest period it was expected that each beneficiary would contribute one bag of maize to the village grain bank (figure 19) that was created during this project. A village grain bank is a metal silo or made from natural materials where maize is stored by the village in order to support OVCs and chronically ill people (FAO, UNICEF and WFP, 2008). There were many more interventions implemented during this pilot project. It was later called a playground of UNICEF and FAO were they could implement all kind of interventions without really considering if they could make a difference for the people in the villages (personal interview). The strength of this pilot project was the fact that the whole community was targeted instead of a few individual households. In my opinion this is the reason why this community is capable of giving support to its OVCs and chronically ill people on a monthly basis. The weakness of this pilot project was that these interventions were not socially constructed. In order to identify the needs of the people a rapid appraisal method was been used. Therefore the majority of the interventions did not work because they did not solve the problems of the people. On the other hand, interventions that did work were not sustainable enough. A good example was the bumper harvest that was realized by handing out seeds and fertilizer after a year. However during my study I found out that the situation of the people was the same as before the interventions took place. In my opinion it was better to socially construct these interventions instead of treating people as guinea pigs. During

this project a lot of valuable time and money was wasted which could be used differently.

Figure 19. A modern version of a village grain bank.

An other type of support was given by the home based care group (HBC) to the children. Occasionally, members of the group would visit the households of the children in order to talk with them. They would talk about their problems, e.g. daily and emotional problems. Not in every village was a HBC group because either their existed a lack of commitment in the village or there was simple no HBC group formed.

8.2.4 By the mosque

The members of the mosque support the children occasionally with food handouts in one village. They would give the food to the OVCs and chronically ill people in the village. The mosque did not play a role in all the studied villages. In my opinion the mosque is playing a minor role here.

8.3 Needed interventions

Before I discuss the types of interventions that are needed for the children and their broader social network I will first reformulate the concept of intervention. As discussed on page twelve and thirteen of this report I argued to socially construct interventions in order be more efficient. I also argued that orphans and other people are not passive, lazy and incapable people, but they are active persons who give direction to their own lives. In order to socially construct interventions a bottom-up approach is needed whereby poor people are recognized as people with agency. These interventions must concentrate on their capabilities instead on their inabilities. By studying their livelihoods, information about these capabilities will be gained and this information can be used by policymakers. Therefore interventions can only work if they are founded on a local context. During my own study I found out that the children were lacking farm inputs while they have access to their lands and they possess the necessary knowledge. A good intervention would be the handout of fertilizer, because with fertilizer they can cultivate their plots of land. Instead, they received food aid every month. This type of intervention can only work if there is an interaction between the different actors.

Before interventions are implemented it is important to look at the household composition because this is an important aspect. A household where only one person is involved in the livelihood activities will experience more difficulties than households where more than one person is involved in the livelihood activities. Within the household composition one must also look at the person who takes care of the other persons. For example, many orphans are being taken care by their grandmother who is an old person. This sort of living arrangement needs another form of interventions than orphans who live for example with their aunt. Furthermore one has to look at the

density of the extended family. It makes a difference if the extended family consists of a few persons or a lot of persons. In my study the children of case A were in very bad condition in comparison with the children of the other cases. This was related to the household composition and the density of the extended family of case A. The households of the other cases consisted of more persons and the majority of the children were at an age where they could assist in the livelihood activities of the household. Furthermore the extended family consisted of more persons and therefore they received more support than case A. However it does not always necessarily mean that bigger extended families are more capable of giving support than smaller extended families. In short it will mean that each situation is unique and therefore interventions are needed that are shaped for a particular context.

When NGOs are willing to shift their focus from the household level towards the extended family level then this would mean a great relief for this family. If this will happen, then the key function of the extended family will be preserved and lives of many people could be saved. The kind of interventions that are needed on this level are; setting up of grain and fertilizer banks in villages in order to assist the needy ones, micro financial loans in order to set up small scale business, e.g. a vegetable garden, agricultural knowledge in the form of soil and manure management, and irrigation schemes. There are many more interventions possible, but it is important for NGOs to see what is needed on grassroot- level. In my opinion, the above interventions are a good example of what is needed on this level.

Besides interventions at the extended family level, interventions are still needed at the household level but not in the form of handouts as observed in the studied cases. During several group discussions, training of life skills were mentioned by the participants. When children are trained in life/vocational skills in the form of tin- smiting, carpentry, construction etc. then they would be able to make a livelihood. However, as mentioned in a study of Peters et al. (2007), these kind of interventions are currently very popular by NGOs and communities, but it is uncertain if these kind of interventions really benefit the children. Therefore it is suggested to first do a study on what is needed on grassroot- level before just implementing blueprint interventions like those. In a study of Loevinshon and Gillepsie (2003) is advocated that researchers, NGOs and other institutions have to concentrate more on exceptional and unique responses (innovations) of households affected by HIV/AIDS than just implementing the outcome of a baseline survey.

NGOs and government institutions are not capable of seeing and implementing the simplest things that are needed in the lives of the children in the studied cases. A simple practical thing like a school uniform for example could change the life of a child in general. In one of the cases, a girl of twelve years worn the same school uniform for four years and during this study she had to throw it away because it was totally worn out. Furthermore other children did not even have a school uniform. How hard can it be for a NGO to distribute school uniforms to children? Especially when one knows that children are send away from school because they lack (a decent) school uniform and this observation was made every day and can be applicable for every school throughout Malawi. In this way, children without a decent school uniform can never complete their primary education. This is a good example of not understanding the local situation. Probably NGOs think that a school uniform is not important for a child. However if NGOs would interact with the children then they would understand how important a school uniform is.

Furthermore, the children in the households lacked decent clothes and blankets. This makes them more vulnerable and susceptible to diseases. The children suffered from scabies and ringworm caused by a lack of clothes but also by a lack of hygiene in general. Furthermore the children are more vulnerable for other diseases, e.g. malaria.

To solve these health problems, interventions such as distribution of clothes and blankets are needed.

Another simple intervention would be training in soil and manure management. During this qualitative study, I was able to visit the gardens of the studied cases and what I saw could be described as a total disaster. For instance, it was obvious that the maize which was already harvested did not received fertilizer or manure, because they simply lack the resources or knowledge for doing this. Furthermore the soil in most gardens is unfertile and thus it needs fertilizer or manure in order to get a decent yield. I asked the children how much they could harvest if they had applied fertilizer and they told me: "We could harvest twenty bags of maize instead of the two bags of maize that we harvested now". When the children and other people are trained in soil and manure management then their food security could be improved.

The government of Malawi recognizes the necessity of fertilizer for improving food security of households and thus it is implementing a 'fertilizer coupon system' in the country (GOM, 2006) On paper, this means that every household can buy fertilizer at a low price (900 Kwacha instead of 6000-9000 Kwacha for a bag of fifty kg), however in reality only a few households and individuals benefit from this system. None of the studied cases were able to make use of this coupon system, because they did not receive a coupon due to two reasons; the chief was distributing the coupons amongst his relatives and friends and there were simply not enough coupons available, for instance only 50 for a village with more than 200 households.

Another intervention that must be implemented is in relation to the health status of the children in the cases but also of other children and people in the Malawian communities. It was observed that only a few of the studied cases had a bed net, either it was left by their deceased parents or thanks to a government policy of the Ministry of health that gives households with newborn children or children under five get a free bed net, because they are more vulnerable than others. I do not agree with this policy. What is needed is a revision of this policy immediately, because not only children under five suffer from malaria, but people in all age categories suffer from this disease, which can hamper livelihood activities of those people. Therefore, this study advocates that every household that can not afford a bed net, has the right to get a bed net because it can be seen as a basic need, just like safe drinking water, for people in Southern Africa and other Malaria affected countries.

A last intervention being overlooked by NGOs in many occasions, is the need for trauma counselling for children who lost their parents. Many interventions of NGOs concentrate on income generation activities, agricultural activities and other activities. In my opinion NGOs underestimate the need for trauma counselling for children who lost their parents. In one of the villages I heard that a home based care organization (HBC) was visiting the houses of the orphans once a month in order to talk about their emotional problems. However the children told me that this was not the case and that there was no one with whom they could talk about their emotional problems besides their friends and relatives. It would be a good suggestion for NGOs to establish counselling session groups with orphans where they can talk about their problems and needs, of course only if the children want to do that. In a study of Van Dijk (2008) was explained that it is valuable for children to talk about their traumatic experiences in order to continue their lives. This way of dealing with traumatic experiences is also done in post war situations, e.g. in Rwanda where people talked about their traumatic experiences (Van Leeuwen, 2008).

9   Conclusions and Recommendations

This qualitative study gave insight in daily lives of children who live in CHHs by focusing on their livelihood activities, coping strategies and social networks. From this study it can be concluded that daily life of these children can be seen as a struggle to get the day to day necessities. In the time that both parents were alive, life of the children was much better, because the parents were able to make a decent livelihood through cultivating the garden, by doing piece jobs and through small scale businesses. After the death of both parents, life for the children changed dramatically because they had to take over parental roles and this caused severe problems, e.g. food security, health, knowledge and others. One can say that they try to reorganize life, but unfortunately it is a real struggle for them.

In the first place the children reorganized their livelihood activities by depending more on piece jobs than on their parents garden. The children do piece jobs, e.g. searching for maize, carrying maize, digging and weeding of gardens, washing clothes etc. The reason for reorganizing their livelihood activity is because they lack farm inputs in order to get sufficient yields. It is not that they lack basic agricultural knowledge as suggested in several studies (Ayieko, 1997, Barnett and Rugalema, 2001, Alumira et al 2005) but they lack fertilizer and time to cultivate their gardens. What is needed is knowledge about soil and manure management in order to improve their poor yields.

Another way of reorganizing their daily lives is by being more dependent (begging) on their relatives, the extended family than before. The children received assistance almost every day from this important social network in the form of food, soap, knowledge, soap, support, advice and shelter. It can be concluded that the extended family is by far the most important social network in the lives of the children. Furthermore, it must be recognized that the extended family is still the most important safety net for orphans in rural Malawi despite the increasing pressure on it from outside forces. Due to the fact that they depend much on their extended family, a CHH must be seen as a social unit that is part of a broader social network. This broader social network consists mainly of the extended family but also of friends, school, NGOs and religious institutions. Each actor makes it own contribution to the lives of the children. In this broader social network social cohesion is playing an important role. For instance children can eat and sleep in the houses of their extended family, e.g. an aunt or an uncle. Furthermore children are being raised by their extended family members, e.g. during arguments they ran to their family members. Within this broader social network the concept of vulnerability will play an important role. At the moment organizations and other institutions concentrate on the concept of CHH where they only have an eye for the persons in this household and not for others who are outside this household. This will mean that certain poor people will be excluded while they are also vulnerable. In order to assess which person is more vulnerable than another person, a measurement instrument must be developed with specific indicators. The data from this instrument can be used for identifying the different categories of vulnerable people. In my opinion not only the most vulnerable people have to be targeted but also slightly less vulnerable people.

This last observation must let NGOs rethink their current strategies because many of their interventions are on household level, instead on this broader social network. In a study of Peters et al (2007) the same conclusion is given, where they also argue that the household is not the only relevant unit for considering orphans, but NGOs have to focus more on the extended family.

In order to improve the daily lives of children who live in CHHs and of other children several interventions on household level and on extended family level are needed. These interventions must take a bottom-up approach instead of a top-down approach, whereby interventions are socially constructed in order to meet their needs. Policymakers must recognize poor people as active and capable persons and not as passive, lazy and

incapable. The livelihood framework will be an important tool in order to assess what the needs of the people are.

First of all, they need agricultural knowledge in the form of soil and manure management. This intervention could change their lives by improving their food security. Through improving their food security, health related problems, like malnutrition could be solved. Other interventions must concentrate on distribution of clothes. Evidence from the studied cases showed that the children's lack of decent clothes is what caused health problems, like scabies and ringworm. Furthermore children are been chased away from school due to uniform problems. When children are chased away from school they are not able to finish their primary school. This study urgently calls for distribution of school uniforms and other clothes throughout Malawi so that these problems can be solved.

A final conclusion of this qualitative study is the need of shifting the focus from HIV/AIDS towards a broader field of health-development problems, e.g. Malaria, scabies, ringworm, diarrhea etc. by the developed world. It can be argued that individuals, who suffer from those problems every day, are not capable to develop themselves. Therefore interventions are needed on more health issues than just HIV and AIDS. Furthermore I argue that UN organizations, governments and NGOs treat all children the same whether they are orphan or non-orphan. Therefore interventions by those organizations must concentrate on all needy children regardless their background.

10 Policy brief

In this chapter I will make clear how and in what way children can be supported by donors, UN organizations, governments and NGOs. As explained in this study children in CHHs but also other children lack certain essential basic needs that they need in order to have a certain future. The following steps must be considered before any type of support is given to the children and their extended family.

1   There does not exist a blueprint for implementing interventions. Each and every context is different.
2.   Understanding of the local context is important and therefore each and every local context must be studied before policies are made.
3   Do not only involve local leaders, e.g. the chief and group village headman but also the needy people themselves.
4.   Ask the children what they need and want. Do not pretend as if they do not exist. Do not let someone else speak on their behalf. Visit the children in order to talk with them about their problems.
5.   Look at the social relations of the children. It is important to ask the question from whom do the children receive support?
6.   Talk with the social relations of the children in order to see where aid is needed.
7.   Do not target a single household because this will cause problems, e.g. conflict and jealousy.
8.   Instead target a set of relations, a set of households. In many occasions children are looked after by their extended family.
9.   Look at the household composition before an intervention is being implemented. How many people live in the household? What is their age? What is their sex?
10.   Look at the density of the extended family network.
11.   Look at local initiatives that are implemented by the local community themselves before other interventions are implemented. Support those local initiatives.
12.   Do not give handouts in the form of food aid or other things. It is better to teach someone how to fish than to give the fish.
13.   Do not think that small things are unimportant. If a child, e.g. needs a school uniform please assist the child in this. A small thing can make a big difference.
14.   Set up local mechanisms in order to support the needy people in the communities. Only where they do not exists. Otherwise support existing local mechanisms.
15.   Teach the local communities agricultural knowledge in the form of soil and manure management. Although first consider if this is needed.
16.   As an UN organization, government, NGO or other institution do not operate individually. It is important to work with the community but also with other NGOs or UN organizations. A multi-sectoral approach is needed where different stakeholders cooperate and coordinate their interventions. A platform where NGOs and other stakeholders meet can be a valuable tool for doing this.

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Appendix I   Research themes and questions

Socio-economic characteristics of the household (head of household)
1.   Name of respondent   Sex   Age
2.   Are you going to school? What is the last class of school you completed?
3.   What is your main occupation (farming, business, carpentry, fishermen, other)?
4.   Are you married? If yes, how many years?
5.   How many people (children) live in your household?
6.   What is their age? And are they (children) related (brother, sister, nephew) to you?
7.   How many children in your household attend school regularly?
8.   What kind of daily decisions do you make?
9.   Who takes the decisions in your household?
10.   How many acres of land do you own and how many acres do you cultivate?
11.   What types of animals do you keep and how many?
12.   How did you obtain those acres of land and/or other properties (inherited from mother, inherited from father, bought, rented, borrowing, or other)?
13.   What kind of crops do you grow (maize, tobacco, chilli, groundnuts, soyabeans)?
14.   To whom do you go when you need some assistance with your farming activities?

Background of HIV/AIDS
15.   Is your father still alive? (Y/N) (cause of death)
16.   How old were you when he passed away, or how many years ago?
17.   Is your mother still alive? (Y/N) (cause of death)
18.   How old were you when she passed away, or how many years ago?
19.   Do you know where your other relatives are?
20.   What are the reasons that you live in this household?
21.   How many years do you live in this household?

Food security
22.   What are your main sources of food (own harvest, market, relatives, relief food, peace works)?
23.   Which (three) crops do you mostly eat as food? What kind of food do you eat?
24.   How many times do you eat on daily basis?
25.   Do you have problems in relation with food security? What kind of problems?
26.   During which period of the year do you have the most problems?
27.   When you have run out of food, how do you get alternative food? To whom do you go?
28.   How many times were you sick last month, (symptoms)? (two months)
29.   Are there people in your household sick, right now?
30.   Are there people (children) in your household often sick? (How often?)
31.   What do you do when you or someone else is sick? To whom do you go?

Livelihood
32.   What kind of activities do you undertake in order to earn a living?
33.   How are the other members of the household involved?
34.   What are your main sources of cash for the household (crops, relatives, other)?
35.   Who decides how to use the money in your household?
36.   What kind of problems do you have in relation to your livelihood activities?

37.   To whom do you go when you experience such problems?

Coping strategies

38.   What kind of daily problems do you have?
39.   How do you manage those problems?
40.   What do you do when you run out of money/food/clothes?
41.   How often do you have those problems?
42.   To whom do you go?

Social capital/networks/membership/intervention

43.   To whom do you go when you need something (food, clothes, care etc)?
44.   How often did you asked for help, last week, month?
45.   For what reasons do you ask help?
46.   Do you go to church or to any other institution?
47.   Does the government, a NGO, church or other organizations, support you in any way/or did support you?
48.   What are you biggest needs in daily life?
49.   If you could get some support from anyone, what would that be and from whom?
50.   What are your aspirations/hopes/wishes for the future? What would you like to be when you are grown up?

Appendix II   Research themes and questions in Chichewa

Socio-economic characteristics of the household (head of household)

1.   Dzina la woyankha   Mkazi/Mwamuna   Zaka
2.   Kodi mumapita ku sukulu? Nanga sukulu mudalekeza kalasi yanji?
3.   Kodi mukakhala mumachita chiyani pa moyo wanu wa tsiku ndi tsiku? (ulimi, bizinezi(usodzi, zina)
4.   Kodi muli pa banja?Mwakhala zaka zingati pa banja?
5.   Kodi mumakhala ndi angati pa khomo panu pano?
6.   Kodi anawo ali ndi zaka zingati za kubadwa? Ndi ubale wanji omwe ulipo pakati pa inu ndi anawo?
7.   Kodi ndi ana angati amene amapita ku sukulu pa khomo pano?
8.   Kodi ndi zinthu monga ziti zimene mumakonda kupanga tsiku ndi tsiku?
9.   Kodi munthu yemwe amatsogolera zochitika za pakhomo pano ndi ndani?
10.   Kodi muli ndi malo aakulu bwanji ndipo mumalima pamalo aakulu bwanji?
11.   Kodi mumasunga ziweto zanji ndipo zilipo zochuluka bwanji?
12.   Kodi malo anuwa mudawapeza bwanji?(kuchokera kwa makolo, kugula, kubwereka kapena arenti)
13.   Kodi mumalima mbeu za mtundu wanji?(chimanga, fodya, tsabola, mtedza kapena soya)
14.   Kodi mumathandizidwa bwanji/ndi ndani pa nkhani zokhudzana ndi ulimi?

Background of HIV/AIDS
15.   Kodi bambo anu ali moyo (eya/ayi) (anamwalira bwanji)
16.   Kodi anamwalira inu muli ndi zaka zingati ndipo padutsa nthawi yayitali bwanji?
17.   Kodi mayi anu ali moyo? (eya/ayi) (Anamwalira bwanji)
18.   Kodi adamwalira inu muli ndi zaka zingati ndipo padutsa nthawi yayitali bwanji chimwalilire?
19.   Kodi mumakudziwa kumene kuli abale anu ena?
20.   Nchifukwa chiyani mumakhala pakhomo pano?
21.   Kodi mwakhala nthawi yayitali bwanji pakhomo pano?

Food security
22.   Kodi chakudya chanu chimachokera kuti?(zokolora, kumsika, kwa achibale, mabungwe kapena maganyu)
23.   Ndi mbeu zanji zimene mumadalira ngati chakudya (zitatu) Mumadya chakudya chanji?
24.   Pa tsiku mumadya kangati?
25.   Kodi mumakumana ndi mavuto a zakudya? Nanga ndi mavuto anji amene mumakumana nawo?
26.   Ndi miyezi monga iti imene mumakonda kukumana ndi mavuto?
27.   Kodi nthawi ya njala, chakudya mumachipeza bwanji? Nanga mumapita kwa ndani kukapempha thandizo?
28.   Kodi mwadwala kangati mwezi wathawu?(Miyezi iwiri)
29.   Kodi pakhomo pano pali odwala angati pakali pano?
30.   Kodi pali ana amene amakonda kudwala pafupipafupi pakhomo pano(amadwala mowirikiza bwanji)
31.   Mumachita chiyani mukadwala kapena wina akadwala? Mumapita kwa ndani?

Livelihood
32. Kodi ndi zinthu zanji zimene mumapanga kuti mukhale ndi moyo?
33. Nanga anthu ena omwe mumakhala nawo amatengapo mbali yanji?
34. Kodi mumapeza bwanji ndalama zogwilira ntchito pakhomo?
35. Kodi amalamula ndi ndani za kagwiritsidwe ntchito ka ndalama pakhomo?

Coping strategies
36. Kodi ndi mavuto anji amene mumakumana nawo tsiku ndi tsiku?
37. Kodi mumathana nawo bwanji mavuto amenewa?
38. Kodi mumachita chiyani ndalama kapena chakudya komanso zovala zikakutherani?
39. Kodi mavutowo mumakumana nawo mowirikiza bwanji?
40. Kodi mumapita kwa ndani mukakhala ndi mavutowo?

Social capital/networks/membership/intervention
41. Kodi mumapita kuti kukapempha chithandizo monga chakudya, ndalama ndi zina?
42. Kodi mumapempha chithandizo mowirikiza bwanji pa mwezi/sabata?
43. Kodi nchifukwa chani mumapempha chithandizo?
44. Kodi mumapita ku tchalitchi kapena kwina?
45. Kodi boma kapena mabungwe kapena mipingo imakuthandizani mu njira ina iliyonse?
46. Kodi zofunikira kwambiri pa moyo wanu wa tsiku ndi tsiku ndi chani?
47. Mutafuna kupempha chithandizo kuchokera kwa wina aliyense, kodi mungapemphe chani ndipo mungapemphe kuchoka kwa ndani?
48. Kodi mtsogolo muno umafuna utazapanga chani?

Appendix III   Study process
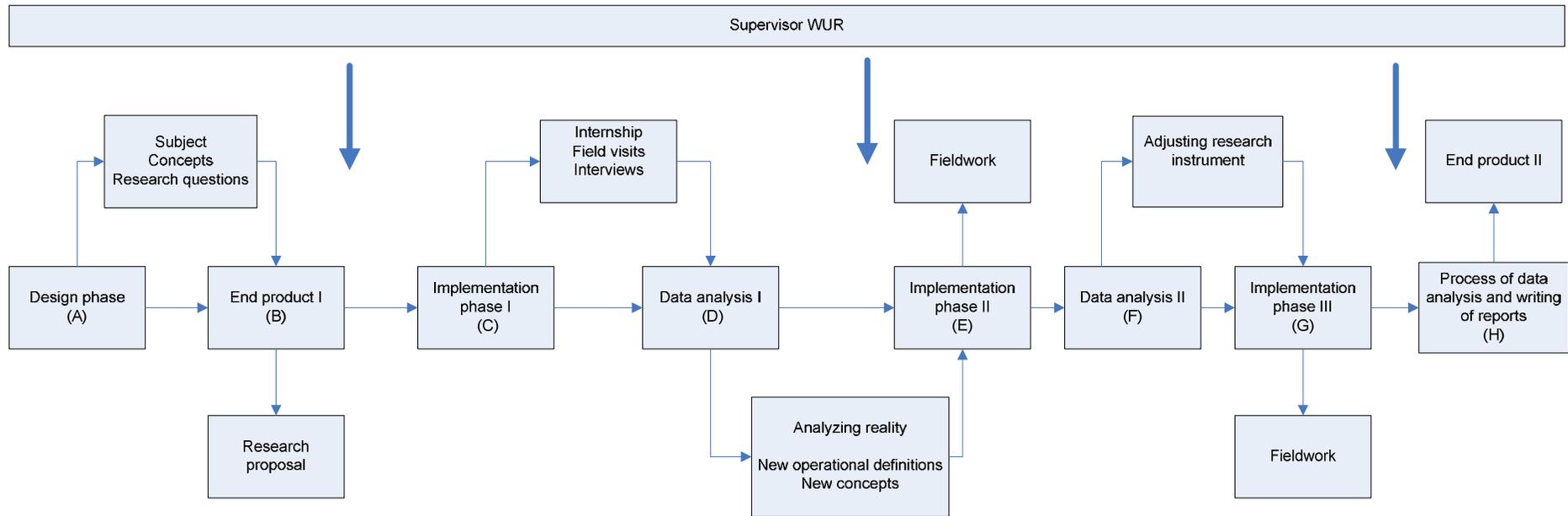
Figure 20. Overview of the different steps that were taken during this study.