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Abstract *Focus group discussions and interviews were held with 40 orphans, 25 caretakers and 33 other community workers from a rural area near Mutare, Zimbabwe. Orphan concerns included feeling different from other children, stress, stigmatization, exploitation, schooling, lack of visits and neglect of support responsibilities by relatives. Many community members, while recognizing their limitations due to poverty, were already actively helping orphans and caretakers. Extended family networks are the primary resource for orphans, though some relatives exploit orphans or fail to fulfil their responsibilities. Interventions are suggested which support community coping mechanisms by strengthening the capacities of families to care for orphans. Outside organizations can develop partnerships with community groups, helping them to respond to the impact of AIDS, by building upon existing concern for orphan families. They can help affected communities to develop orphan support activities which encourage caring responses by community leaders and relatives and which discourage property-grabbing and orphan neglect. Material support channelled through community groups to destitute families at critical times can strengthen family coping mechanisms. Income-generating activities should build upon communities' existing capabilities and benefit the most vulnerable orphan households. Some communities are responding to the AIDS disaster by adaptations to cope with devastating changes taking place in their communities.*

> This disease has spread. There are graves everywhere. Sometimes we bury three people a day within the same area, mostly men who died while working in Harare; there is a high death rate among the young. (Home visitor with an orphan support programme.)

Introduction

One of the most distressing consequences of HIV/AIDS is its impact on children. The number of orphans has increased recently because of deaths from AIDS. WHO estimates that

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by late 1993 about 2.5 million children had lost one or both parents to AIDS. By the year 2000 the number is projected to reach 10 to 15 million with roughly 90% of these children living in Africa (Merson, 1991). Protection and care for growing numbers of orphans are becoming global concerns.

The progression of the HIV epidemic in Zimbabwe has been rapid. Anonymous unlinked surveillance of pregnant women in 5 urban and 17 rural antenatal clinics during 1992/93 found 21.2% (1,205/5,679) to be HIV-positive (MOHCW, 1994). Families are caring for numerous orphans in Zimbabwe and other developing countries. A 1992 enumeration study of orphans in Mutare district found 12.8% of the children in the area studied were orphaned; 50% of recent parental deaths were ascribed to AIDS (Foster *et al.*, 1995a). A 1995 enumeration in the area of the current study found 14.7% of children orphaned with one quarter of parental deaths occurring in the preceding year (Foster *et al.*, 1996).

AIDS is unlike other disasters in that its impact is diffused over large geographical areas; multiple illnesses and deaths have a cumulative effect with an increasing attrition rate year after year; and unlike most other disasters, it is difficult to envisage an end to the cataclysm after which life can return to normal. It has been suggested that because of AIDS, households and communities could quickly cease to be viable social or economic units. The trauma of grieving death after death can induce a feeling of powerlessness and an inability to act. Support systems could falter with the seemingly endless demands made upon them; relatives, already overburdened caring for their own children, must also bear the economic burden of caring for orphans (UNDP, 1993).

In view of the unique features of this long-term, slowly-evolving disaster, it is imperative to understand the ways in which those affected are responding. Are communities characterized by powerlessness, inability to act and breakdown in the face of AIDS? Or are some communities responding to the disaster by trying to muster their available resources to cope with the devastating changes taking place in their localities? Previous studies have demonstrated the importance of the extended family as the predominant orphan caring unit, while noting that some relatives neglect or sometimes exploit orphan relatives; extended families and communities are adopting strategies to cope with increasing numbers of deaths of adults (Foster *et al.*, 1995a; Lwihula *et al.*, 1995; Over *et al.*, 1995; Semali *et al.*, 1995). It is important that outside organizations seeking to help devastated communities avoid making matters worse by adopting strategies which do not undermine existing community coping mechanisms. This paper describes the responses of a community coming to terms with the pandemic by examining the views of orphaned children and the perceptions of community members. In the light of these findings, interventions are suggested which can help policy-makers and programme planners seeking to strengthen the capacities of communities and families to care for growing numbers of orphaned children.

Methodology

Site of study

Focus group discussions and interviews were conducted in a rural area 20 km from the city of Mutare, Zimbabwe, at an independent church which also served as the administrative centre for the families, orphans and children under stress (FOCUS) orphan support programme. The church established AIDS awareness and homecare activities in 1991 in collaboration with Family AIDS Caring Trust (FACT), an AIDS service organization founded in 1987 based in Mutare. In 1993, the church helped to establish the FOCUS

programme in its community with assistance from FACT; 25 women from different community groups were recruited from the 18 villages throughout the programme area. The programme operates in a communal farming area of approximately 200 square kilometres with a population of 10,611 people in 2,089 households. Nearly half of the orphan homesteads in the area consist of huts made with mud bricks and grass roofs; most households are poor, with the main source of income being from the sale of maize and other agricultural produce.

The principle throughout the programme was to target limited material support and regular home visits to families with the greatest needs. Women were recruited based on their existing concern for orphans; some were already visiting orphan households on a sporadic basis and most were caring for orphaned relatives in their own homes. As community visitors, they became responsible for regularly visiting nearby orphan households and assessing physical, educational, psychological and spiritual needs (Makufa, 1995). They met monthly with FACT's FOCUS programme co-ordinator to report on their activities and decide whether orphan households should receive regular material assistance. A committee of three caretaker-visitors, a volunteer administrator and the pastor of the church supervised the programme; the pastor was responsible for liaison with community leaders and government departments.

One year after its establishment, the programme was evaluated (Foster *et al.*, 1996). The visitors identified 300 households containing 702 orphans and in one year made 1725 home visits. They also initiated assistance activities with local resources, including a communal garden, agricultural training for children, and small income-generating projects run by older children. The programme provided an average of $9.60 of material assistance (food, blankets, maize seed and clothing) to 123 needy households. Primary school fees ($3.50) were paid for 42 orphans. By the time of the current research project in mid-1995, community visitors were carrying out some 300–400 home visits per month.

Subjects and method

Seven focus group discussions were held with orphans and caretakers representing a geographical cross-section of households in the programme area. The discussions took place during regular weekly meetings for caretakers and orphans. Prior consent was obtained from orphans involved in the discussions, from their caretakers and from other caretakers taking part in the discussions. No attempt was made to distinguish households where children were orphaned as a result of AIDS or to determine whether children or caretakers were HIV-infected. Care was taken to ensure that confidentiality of sensitive personal details was maintained. Counselling was provided by community visitors for children who became upset during focus group discussions.

Orphans were defined as children below 18 years old who had lost one or both parents; two focus groups consisted of girls only, one of boys and one was mixed. The groups totalled 40 children aged 9–16 years old, 21 girls and 19 boys; there were 30 paternal orphans, 7 maternal orphans and 3 double orphans; their caretakers were grandparents (24), mothers (13), and a stepmother, older brother and uncle. The higher number of paternal compared to maternal orphans in the sample and the proportions of each type of caretaker reflect the general situation of orphan households in the programme area.

Caretakers, defined as relatives looking after orphans, totalled 24 women who between them cared for 96 orphans; one focus group was predominantly widowed mothers; grandmothers predominated in the other two groups which included 7 women ('caretaker-visitors') who were also community visitors in the FOCUS programme.

Two focus groups were held with 28 community workers responsible for home visiting, mainly community workers employed by the ministry of community development or an international non-governmental organization, or volunteers in a church-led homecare programme.

Interviews were held with six key informants: a 23-year-old male ('brother-caretaker') caring for five younger orphaned brothers and sisters; the headmaster of the local primary school; an elected councillor involved in local government decision-making; a kraalhead (village leader) involved in the traditional structure of community administration; the pastor in charge of the local FOCUS programme; and the wife of the pastor, a schoolteacher and volunteer worker with the FOCUS programme.

Focus group discussions were held in the Shona language and were led by an experienced facilitator with an observer; two stenographers recorded literal transcripts of respondents' comments. Discussion group checklists were drawn up during training of researchers before gathering data; a pilot study was carried out with groups outside the programme area; afterwards, checklists were modified and were subsequently used to guide discussion groups. One facilitator and one stenographer attended interviews with key informants. Following each session, the researchers reviewed their transcripts and translated the reports into English. The results below present respondents' verbatim quotations which have been edited with minor grammatical changes for clarity.

Results

Situation

Many orphans are satisfactorily cared for and have their basic needs met by their extended family, sometimes in circumstances of extreme deprivation. The study provided valuable insights into the situation of orphans, with the children themselves identifying several key issues. One aim of the research was to identify issues of concern to affected children, families and community members. Consequently, the problems experienced by orphans and difficulties faced by caretakers and community members receive prominence in this situation analysis.

Extended family support to orphan households. Most responses concerning the function of the extended family concerned the important role of relatives in providing support to orphans. Relatives are providing support to orphans in their extended family in different ways (Foster *et al.*, 1995b). They may take responsibility for orphan care by moving in with the children or by taking the children into their own homes; they may contribute financial assistance to impoverished orphan families, provide school fees, clothing or food. Orphaned children may be divided between different family members, or may move between urban and rural areas; loss of a father led to urban-rural relocation for three families:

> When father was alive, we used to go to school without any problem of school fees; my uncle helped with school fees and now my brother helps. (Girl, 13)

> We moved from our original home and built on another spot after my aunts and grandmother refused to take care of us. (Brother-caretaker)

Seven children noted that relatives had stopped visiting their household following the death

of a parent. Relatives may cease visiting to avoid feelings of guilt induced by observing the destitution of family members without providing any assistance:

> Relatives were once helping but do so no longer. (Girl, 14)
>
> Fathers often desert to town and remarry. (Wife of pastor)
>
> There is not much help rendered by relatives unless a girl is to be married; then the uncles grab most of the bride price; but they never help boys who need to pay bride price. (Caretaker-visitor.)

In traditional Shona culture, the death of a husband led to the inheritance of the wife, children and property by a brother of the deceased. Inheritance patterns in Zimbabwe are changing; many women now refuse traditional remarriage and paternal relatives less frequently take on responsibility for orphan care (Drew *et al.*, 1996; School of Social Work, 1994). The inheritance of property continues, though the extent and severity of 'property-grabbing' is unclear. Although two children said that property was left behind, seven stated that relatives had taken property; in one case, everything was taken. Children seemed resigned to the fact that relatives removed household property:

> My uncle used to come when he wanted mother to be his wife but when mother refused, he stopped coming. (Girl, 15)
>
> Auntie only came when she wanted to take the property. (Girl, 14)
>
> Some relatives, especially the husband's, take the property and leave the children with nothing and no one looking after them. (Caretaker-visitor)
>
> These days all property is left to the deceased's family. I disagree; even today, the husband's relatives take the property—they take the cattle and leave the chickens. (Two community workers.)

In seven cases, families sold livestock to get money for food or school fees. Livestock are a form of savings for many rural families with their sale being a measure of last resort when there are no other sources of income. Selling assets such as oxen which provide draught power meets immediate needs by undermining long-term development.

Extended family networks remain the primary source from which most orphaned children obtain support and assistance. The extended family, though weakened, continues to be the predominant orphan-caring unit and the principal social structure on which the livelihood of the community depends (Williamson, 1995). Criticism was frequently levelled against relatives, especially uncles and aunts, who failed to fulfil their responsibilities within the extended family. Such strongly-held convictions among community members suggests it may be possible to work with communities to strengthen mechanisms which encourage erring relatives to fulfil traditional family responsibilities.

Differences from other children. Five orphans considered there were no differences between themselves and non-orphans. Twenty children stated that significant differences existed in the lifestyles of orphans compared to non-orphans. Several children complained that they were treated differently from others. Two children said their workload of domestic chores was excessive compared to non-orphans while others felt they were discriminated against and were not allowed to complain about unfair treatment:

> We steal and sell to earn a living which is different from them (non-orphans). (Girl, 15)

> Even if there are other children in the family, the orphans are forced to do the work and are found doing the job alone. (Caretaker-visitor)

> Other children can refuse to do some work but orphans cannot. (Caretaker-visitor)

Some families treat all children equally, but others discriminate against orphans; this may be due to poverty since caretakers struggling to provide for their family sometimes ration scarce resources to benefit biological rather than inherited children:

> We want to go to school but I must help uncle in the fields. He said 'you are not my child so I cannot send you to school'. (Girl, 16)

> When a woman dies the husband takes another wife who does not look after the children well. At times, they are not bathed. It is better to move the children to another home. (Kraalhead)

> The caretaker's own children ill treat the orphans. (Community worker)

Many orphan households contain a large number of dependants with a shortage of productive adults. As a result, orphans may be required to work to produce an income for their households. The mother or another caretaker may seek employment away from the home leaving children in the care of a grandmother or older orphan. Although these strategies illustrate the flexibility of households to cope with the loss of family members (Over *et al.*, 1995), child labour and the absence of the caretaker may adversely affect children's education and expose them to injury, exploitation or abuse:

> When my ballpoint finishes, I sometimes absent myself from school and sell manure to get money to buy the pen. I am not pleased being absent from school. (Boy, 13)

> Orphans are always busy and work at odd hours. (Community worker)

> The orphans do a lot of hired labour leaving themselves with very little time to attend to their own fields or gardens. (Caretaker-visitor)

> Frequently, these orphans do work which is not in accordance with their age. (Caretaker-visitor)

> These (caretakers) even leave their children in search of employment, thus creating more problems. (Community worker)

Some relatives and community members exploited orphans directly or indirectly by taking advantage of their extreme poverty:

> People take these orphans as their labourers with little reward. (Community worker)

> Some families looking after orphans use them as cheap labour, fetching water, firewood and for cooking and deny them access to education; however some treat them very well. (Councillor)

> Some people take advantage of the deceased's property and ask the orphans to sell these to them. The orphans sell at low prices due to poverty. (Neighbourhood watch committee chairman)

Girl orphans are particularly vulnerable to exploitation, resulting in their being married off while still young, their involvement in commercial sex, or sexual abuse:

> Father remarried another woman who mistreats me. (Boy, 11)
>
> Under age girls are married to get the bride price; or they are made pregnant by older men out of desperation. (Community worker)
>
> Girls are being married early and child abuse is rife. (Wife of pastor)

No respondent commented upon stigmatization of children occurring because of AIDS. Although most Zimbabweans recognize that the recent increase of parental deaths is the result of AIDS, there is reluctance to state publicly that an individual died of AIDS; the same observation was made in Uganda (Naerland, 1993). Stigmatization was based upon orphan status or poverty rather than the possible death of a parent from AIDS:

> A certain girl assaulted me saying she did not want to play with those who don't have fathers. (Girl, 13, who then started crying)
>
> My friends changed after the death of my mother. (Two 10-year-old boys)
>
> I am sometimes scolded because my father is dead. (Girl, 12)
>
> We are segregated because we don't have shoes. (Girl, 12)
>
> The grade six child often repeats bad things which people say about my family. (Brother-caretaker)
>
> Most of the people in the community laugh at us or give us nicknames, saying we don't have anything to do and anyway, we are not being paid (for voluntarily visiting orphan households). Frequently, the relatives of the orphans are leading in the mocking. (Caretaker-visitor)

Psychological problems. Children suffer anxiety and fear during the years of parental illness, then grief and trauma following the death of a parent. Stigmatization, dropping out of school, changed friends, increased work-load, discrimination and social isolation all increase stress for orphans; this makes coping with their situation more difficult and painful. Difficult relationships with new caretakers also contribute to stress; two children said they were 'being given a hard time' by a grandparent and a stepmother.

As a result, children may become depressed, reducing their ability to cope with growing pressures. During one focus group discussion, the facilitator asked about changes experienced following parental death. One boy stated his stepmother mistreated him whereon a 12-year-old boy started crying and continued sobbing throughout the rest of the discussion. Psychological problems are often less obvious than material ones and may remain unnoticed by the children themselves. However, they were a major concern to relatives, neighbours and community workers:

> The orphans are suffering with no one to look after them; they suffer from stress. (Homecare volunteer)
>
> They feel inferior to other children. The privileged can get help from other people but the orphans cannot. Therefore they suffer stress. (Community worker)
>
> Many orphans are withdrawn and lonely. (Wife of pastor)
>
> A child who has lost a parent is under a lot of stress, especially when he knows what

> is happening around him. An orphan is different because little attention is paid to him. He needs a shoulder to lean on. (Kraalhead)

Stress was noted in caretakers, especially the elderly and older siblings forced to assume parenting roles and community volunteers trying to support destitute orphan households with meagre resources:

> My mother is suffering, unlike when father was alive; she cannot carry the burden alone. (Girl, 12)

> These orphans are compelled to take over the duties of their deceased parents. (Homecare volunteer)

> (Because of the situation), I almost thought of committing suicide. (Brother-caretaker)

Schooling, health, nutrition and clothing. Numerous families in poor communities face difficulty meeting basic needs, but these problems are particularly common in orphan households (Foster *et al.*, 1995, Semali *et al.*, 1995). Nineteen orphaned children highlighted their concerns about schooling. Eight orphans said that the grandmother or mother was no longer able to afford school fees or uniforms. Four stated that relatives refused to contribute towards their schooling. Children may be withdrawn from school because of stigma and discrimination, because education is not seen as a worthwhile investment, because they are needed to work for the household or to provide care for other children. Girl orphans are particularly likely to be withdrawn from school (Konde-Lule *et al.*, 1995):

> Mother is in a sewing cooperative so I am left at home looking after the young children. (Girl, 14)

> Children stay away from school when they are needed for cattle dipping. (Wife of pastor)

> There is a high rate of absenteeism because of hunger, embarrassment at having tattered clothes or because children are left behind looking after young children while caretakers are doing other chores. (Caretaker-visitor)

Some orphans had the threat of withdrawal of school fees hanging over them. Children who continued going to school still faced problems because of poverty:

> I encourage the orphans to go to school because I am afraid that relatives who sacrifice to pay their fees will end up refusing to help if the children are absent from school. (Caretaker)

> My father used to buy school uniforms; nowadays it is difficult. (Boy, 13)

> They are glad that the school board is not strict concerning the subject of uniforms. (Caretaker)

> The orphans do not have school fees, clothes, food and shelter. Fortunately the headmaster does not send them away (Community worker)

Access to health care was a problem faced by orphans whose guardians could not afford health fees. Elderly caretakers had difficulty in recognizing serious illness in children in their

care. Caretakers had problems knowing who to turn to when faced with illness in their families:

> I think most people die of poverty. People don't go to the clinic or see a doctor. It would be better if we could have doctors who charge less money. (Community worker)

> If the children are ill, the mother goes to seek help from the kraalhead. The relatives offer no help. (Community worker)

Obtaining enough food to feed their families was a concern for caretakers, especially those too old to work in their fields. One way destitute families cope with their situation is by reducing the intake and quality of their food; five children noted that food changed following parental death. Community leaders noted the desperate situation of several families:

> She (an elderly grandmother) does not do hard jobs because of her health; as a result, she finds it difficult to obtain enough food for the children. (Caretaker)

> Their (orphans') mischief is due to starvation or negligence. They steal crops from the fields for survival. (Art co-operative worker)

> At times the headman calls upon the villagers to help but the children end up stealing because of hunger. They even eat raw fruits. (Community worker)

It was common for orphans to compare their situation with that of non-orphans or with that prevailing before their parent's death. However, unlike food intake, their current clothing situation was apparent to others in the community:

> Now that I stay with grandparents, I no longer have new clothes. (Boy, 9)

> The (orphaned) children wear tattered clothes given to them by well-wishers. (Caretaker)

> You can tell orphans by their appearance—their clothes are worn out, they are dirty and their hair is not combed. (Headmaster)

Caretakers deemed new clothing less essential than more basic requirements such as food. Consequently, orphans received new clothing infrequently, often as gifts at Christmas from uncles or brothers:

> The families are unable to buy clothing; they have to get other basics first such as maize meal and soap which they have to beg for. (Caretaker)

> The orphans only get decent clothing once per year while those with parents get them regularly. (Caretaker)

Responses

The study sought to understand coping strategies and responses which had been initiated because of increasing parental deaths due to AIDS. Some communities are organising to respond to increasing numbers of orphaned children. A few respondents suggested that in view of poverty, there was nothing they could do to help orphan households:

> The people have nothing to give because they are poor. (Community worker)

> We cannot help, although we have love, because life is difficult. (Community worker)

> Most people are sympathetic and are willing to help (orphans) but alas, they cannot because they are also poor (Caretaker-visitor)

Many more said though they were poor and could not afford to give much material help, they were attempting to alleviate the desperate situation faced by orphans. One way by which to gauge the strength of coping mechanisms in the face of the impact of AIDS is to examine community responses. Relatively few people in this study responded to the situation with fatalism or acquiescence; several wanted to help and contribute towards the welfare of orphaned children and some were actively organizing resources to improve the situation of orphans. No one suggested that sending orphaned children to an institution was an appropriate response. Respondents wanted to recruit others to help in orphan support and felt there was need for each member in the community to play their role in the community's response:

> We sometimes think about the problem but come up with no solution—at times, we don't even sleep. We want to help the orphans very much but sometimes our endeavours are limited because of lack of resources. (Caretaker)

> People should come together like this, talk about it (the situation of orphans), form societies, build love and help. (Art cooperative worker)

> I wish there were more people in the area willing to help orphans (besides ourselves). (Community worker)

Community visitors took on responsibilities to care for orphans who were unrelated to them. Some quoted incidents where they saved the lives of children by taking them for medical treatment. Teaching orphans and caretakers and bringing them together in support groups is an encouragement to those faced with overwhelming situations:

> We take care of the children voluntarily; some come to us on their own and others we come across during home visits. (Caretaker-visitor)

> We visitors are 'the relatives' and we have a duty to teach the orphans. (Caretaker-visitor)

> Sometimes, we visitors noticed that the children were seriously ill and saved their lives by getting them to go to hospital. (Caretaker-visitor)

> Those looking after orphans should be educated about nutrition, child health and the needs of orphans. (Caretaker-visitor)

Traditional community leaders and community visitors can exercise moral suasion by encouraging relatives to fulfil their family responsibilities; they can protect the inheritance rights of widows and orphans and help vulnerable families retain and use their land; however, even their best efforts were sometimes unfruitful. In cases where children are abused, neglected or exploited, recourse may be made to these traditional leaders as well as government agencies such as local police and district centre-based social workers. It is interesting to note that both child-protective and child-exploiting behaviour exist in a traditional community. Those social, cultural, economic and religious factors which distinguish 'carers' from 'non carers' is an important topic for further research:

> The community encourages the relatives to look after the deceased's children and wife. At times, disputes arise resulting in the intervention of the headmen or kraalheads. We fail to play a decisive role as this is a family affair. (Councillor)

> The late husband's family take everything but sometimes the community elders intervene. (Homecare volunteer)
>
> My aunts and paternal grandmother refused to take care of us. The matter was reported to the police who assessed the situation and gave custody of the children to me. I volunteered to look after the children, changing their nappies, because it was my responsibility. (Brother-caretaker)

Orphans were recognized as being vulnerable to HIV infection and some members had established educational activities and income-generating activities. Capital necessary to establish income-generating activities presented a problem to poor community members. When such assistance was provided, one group donated the profit to help poorer orphan households:

> We need to see these orphans being educated so that they develop a sense of belonging. We decided to establish a garden, but since we come from different areas which are far away, this plan failed. (Caretaker-visitor)
>
> We have plans that when it rains, the orphans grow crops in their fields to help themselves. (Caretaker)
>
> The FOCUS co-ordinator gave us corn to pop; we sold the popcorn and made almost $500 ($US50); we used the money to buy books and pens for the orphans. (Caretaker-visitor)

Schools are in a good position to support orphans. Teachers in the area were providing direct support to children. Community leaders had discussed the situation with the local headmaster who now helped orphans attending his school. Cultural activities and church, sports and youth groups can provide a supportive setting where children can talk together about their concerns:

> On Saturdays, the orphans spend the whole day playing at the centre. We teach them knitting, sewing, carving, moulding and gardening. They take part in football, netball and traditional dances. (Caretaker-visitor)
>
> There is need to provide spiritual guidance for the orphans at churches. (Councillor)
>
> The children talk together about the death of their parents (Caretaker)

Some orphan households are in such dire situations that they require relief assistance to meet their immediate needs. In 16 cases, children stated how their family had received assistance through the local orphan support programme. Other families received assistance from community members and local churches:

> Teachers offer direct assistance such as clothes and food. (Community worker)
>
> The church sometimes helps us by donating clothes; FOCUS also helps with food, school fees, and blankets. (Caretaker)
>
> Neighbours gave the children food; the clinic gave milk for the infants; my sister helps with soap, salt, cooking oil, sugar and children's clothes each month. (Brother-caretaker)
>
> The church also helps the orphans; sometimes, everyone contributes one dollar to help the poor (Community worker)

There was recognition that only limited material resources were available within the community to cope with situations requiring immediate relief. The existence of an active orphan-visiting programme in the area contributed to the welfare of children and encouraged more humane attitudes towards orphans:

> Community support is there, but it is limited; people provide maize meal and contribute money for funeral expenses but usually this is a one-off thing. After the funeral the family is left to fend for itself. (Pastor)
>
> FOCUS is now helping those families by promoting a more humane attitude towards orphans. (Councillor)
>
> People are becoming more sympathetic to each other and offer love and comfort to the bereaved. (Community worker)
>
> We appreciate the care being given by the FOCUS centre; the changes brought about are evident. (Councillor)

Programmes can build on existing, though limited, support being provided by the community to people in needy circumstances. Though the FOCUS programme is supported by a non-governmental organization, the perception of community members was that the programme was owned and run by community members. The presence of the programme appeared to have strengthened caring responses within the community and to have discouraged 'property-grabbing'.

Strategic responses

In this study, focus group discussion and key informant interview formats were used to gain detailed qualitative information on how orphans viewed their current situations and how communities were coping with rising numbers of orphans. The methodology of using a facilitator, observer and two recorders for focus groups enabled complete transcripts of discussions and information from participant observation to be obtained. It must be accepted that some types of data are difficult to elicit from children, particularly relating to physical or sexual abuse, attitudes towards their current caretaker and their emotional response to their parent's illness and death. However, important information on other significant issues was obtained.

Communities and families are making adjustments to cope with the impact of AIDS. Similar programmes to the one described above have been developed in other African countries with large numbers of children orphaned by AIDS (UNICEF, 1994; Williamson, 1995). It is important that outside organizations seeking to establish such programmes use knowledge of community coping mechanisms to guide them in programme development (Lwihula *et al.*, 1995). Otherwise, their well-meaning attempts to help may actually undermine activities being undertaken by affected communities. Three major strategies are suggested by this study through which outside organizations could support similar communities struggling to respond to the impact of AIDS.

Firstly, outside organizations can help communities to co-ordinate their responses. Visiting the sick, bereaved, widows and orphans is a frequent activity of many traditional communities. Many people living in affected communities are concerned about the plight of orphans but the task of providing meaningful, regular support to growing numbers of orphans may seem overwhelming to concerned individuals. When groups of such people meet to plan and co-ordinate their activities, there is a greater likelihood that significant support activities

can be undertaken. One important benefit of setting up a local committee and developing orphan support activities is the impact this has on others. The presence of an active group of concerned people encourages supportive actions; relatives are discouraged from abandoning their responsibilities towards orphans, knowing that others in the community would be disapproving. The strong sense of shame in traditional cultures is a potent motivating force, discouraging exploitation and abuse of orphans and encouraging relatives to 'do the right thing' and care or provide financial support for orphaned children.

Secondly, directing essential items of material support and school fees to selected households is another strategy which can strengthen the ability of families to meet their own needs. Destitute families are in immediate need of direct relief because their health, security or survival is at stake. Only after their immediate needs are met is it possible to build their coping capacity in a sustainable way. Outside organizations have difficulty delivering timely support to households with the greatest needs. Community-based organizations on the other hand have members who are in the best position to identify such families and provide them with support at times of crisis, but they often lack the required material resources. Partnerships between community groups and outside organizations can be effective in solving large-scale, long-standing development problems by building on each group's strengths and overcoming their respective weaknesses (UNDP, undated; Foster *et al.*, 1996).

Relatively small amounts of support provided at critical times, such as food relief and medical or transport fees for sick children can make the difference between life and death for some families. Limited, short-term, material support for urgent situations is a necessary disaster-alleviation measure which is unlikely to undermine extended family and community coping mechanisms. On the other hand, programmes which provide large amounts of material support are likely to be unsustainable, non-replicable and dependency-creating. The small amounts of material support provided in this programme (average of US$9.6–13.10 per family per year) contrasts with support costs of US$2,733 to US$73,216 per person per year in eight survivor assistance programmes in Kagera, Tanzania (Koda, 1995).

The third strategy to strengthen community coping mechanisms is for outside organizations to help communities develop income-generating activities. Poverty is the major factor magnifying the impact of AIDS in developing countries. Communities wish to develop schemes leading to self-sufficiency rather than rely upon donated material support. However, income-generating activities have high failure rates (Jackson *et al.*, 1994). In choosing to provide assistance for income-generating purposes, it is important that outside organizations consider carefully whether their efforts undermine community initiatives. Schemes should be developed through discussion with community members, should build upon existing resources and capabilities and should benefit the poorest in the community, especially women caretakers.

Concluding remarks

Though extended families and communities affected by AIDS are being severely stressed, this study suggests that people in one AIDS-affected community were developing activities to reduce the impact of AIDS, with assistance from an outside organization. Although community members were willing to help affected families by giving their time, poverty was the main constraint limiting their effectiveness. Lack of material resources is a potent force that can lead to hopelessness and a sense of powerlessness by community members faced with the progressive disaster of AIDS.

Outside organizations can play a major role in helping communities to respond to the impact of AIDS by helping them to meet together to discuss and plan. They can develop

partnerships with community groups and build upon existing goodwill and concern for orphan families. They can assist communities to help themselves by providing limited material support and assistance in developing income-generating activities.

The earlier that communities organize to meet together to discuss problems due to the impact of AIDS, the better. Numerous deaths of young adults in communities lead to increased impoverishment, depression and difficulty mobilizing volunteers. Local non-governmental organizations are in a good position to help communities develop AIDS-related activities and channel essential support to them in ways that do not undermine their coping mechanisms. The challenge to outside groups is to be willing to be catalysts to help communities bowed down by their burden of AIDS-related problems to help themselves.

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