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Neoliberalism and Dependence: A Case Study of The Orphan Care Crisis in Sub-Saharan Africa

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Neoliberalism and Dependence:
A Case Study of The Orphan Care Crisis in Sub-Saharan Africa

By

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A thesis submitted in partial fulfillment
of the requirements for the degree of
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NEOLIBERALISM AND DEPENDENCE: A CASE STUDY OF THE ORPHAN CARE
CRISIS IN SUB-SAHARAN AFRICA
CHRISTINE CONCETTA GIBSON

ABSTRACT

Scholars have examined the impacts of neoliberal policies on women, children, small farmers and more, but little attention has been paid to the impact of these policies on orphans. The issue of orphan care is crucial now, and will become increasingly more urgent in the future. Even as HIV/AIDS rates are on the decline, more and more children are being orphaned by the disease. This paper examines the policies, positions and language of the World Bank and I.M.F. regarding orphans in order to understand the biases and assumptions within neoliberalism about orphans, and who is responsible for providing care for them. I then compare the assumptions, commitments, policies, and language of neoliberalism with those of community based organizations working with orphans in sub-Saharan Africa. To personify the effects that neoliberal policies have on orphans and orphan care, I interview orphan care providers in South Africa, Zimbabwe and Zambia. I conclude that the neoliberal approach relegates orphan care to the private sector (charities, extended families, NGOs). That approach is flawed in many ways. An alternative theoretical foundation, the Feminist Ethic of Care, argues for public sector support. The Feminist approach contends that care is not the “burden” of private citizens, but the “duty” of a democratic government.

CHAPTER I

INTRODUCTION

The surge in children orphaned by HIV/AIDS in SSA represents the worst care crisis in history (Howard, et al 2006). There are an estimated 14 million children orphaned by AIDS in Africa today, and by 2025 the number is expected to rise to 25 million (UNAIDS, WHO, 2008). Even as countries such as Uganda curb their HIV adult prevalence rate, millions of children have been orphaned, and as adults die the number continues to rise. In 2001, 20% of children under 15 in Uganda were orphans (Levine, 2001).

Orphans suffer special disadvantages; they work more, are less likely to be enrolled in school, are more likely to become ill, and suffer from social pathologies (Levine, 2001pg. ii). In total, the efforts aimed at assisting foster children (HIV/AIDS orphans), including the work of NGOs, governments and donors, reach less than 5% of orphans (Deinenger, Garcia and Subbarao, 2003). In other words, children orphaned by HIV/AIDS in SSA are not receiving adequate care.

Africa, like much of the developing world, has been led down a path of economic liberalization. Most of the countries on the continent joined the World Bank and the International Monetary Fund shortly after independence. Membership in these organizations soon led to the adoption of Structural Adjustment Policies (SAPs) and loan conditionalities. SAPs, meant to stabilize economies, have been criticized by many for

the impact they have on poor and marginalized populations. The austerity measures prescribed by the I.M.F. and World Bank promise long-term gains, but are often painful in the short term. Countries accept conditionalities because partnership with the I.M.F. and World Bank are important benchmarks for developing nations in order to attract foreign investment and capital. This paper focuses on the impact of economic liberalization on children orphaned by HIV/AIDS in sub-Saharan Africa.

Neoliberalism, the theory guiding economic liberalization, assumes that individuals are autonomous and independent. It champions the private sector as the best providers for orphans, but I demonstrate that extended families, charities and orphanages are unable to handle the sheer number of orphaned children. The neoliberal dialogue on orphans is laced with the word *vulnerability*, but I will argue that orphans are not just vulnerable, they are dependent. Labeling them as “vulnerable” simply implies that there are dangers to which they might succumb. Labeling them “dependent,” however, implies that there are certain goods and services that they need, and it begs the question: Who is responsible for providing those goods and services? I argue that these children are dependent upon the state for rights and positive freedoms such as food, housing, education and healthcare.

Neoliberal policies have been particularly controversial in SSA because of the effect of their coupling with the HIV/AIDS pandemic. HIV/AIDS has taken a devastating toll on societies and economies throughout the region. Governments’ abilities to allay the ills caused by HIV/AIDS through education, public health and anti-poverty initiatives have been taken away by neoliberalism (Batsell and Boone, 2001). Neoliberalism

advocates slashed social spending as a measure to lower inflation. It is guided by the above-mentioned belief that people can purchase education and healthcare in the market.

I argue that it is time for a new paradigm that can comprehend the dependence and vulnerability of children orphaned by HIV/AIDS, and the paradigm that I propose using is the feminist ethic of care. I am using feminist theory because it does a better job of theorizing dependency, and has been successful in generating a response from the World Bank.

A Latin American feminist movement entitled Women's Eyes on the World Bank Campaign formed to pressure the Bank to increase participation of grassroots women in decision making on economics, to instill a gender perspective in policy and program planning, to increase investment in services that benefit women, to grant women better access and control over those services and resources, and finally to increase the "number and racial diversity of women in senior management positions within the World Bank" (Williams, 1997:104). In response to this and other critiques, the World Bank formed a project titled Structural Adjustment Participatory Review Initiative (SAPRI), which investigates concerns about the impact of SAPs on vulnerable populations-including women. SAPRI works in eight countries: Bangladesh, Ecuador, El Salvador, Ghana, Hungary, Mali, Uganda, and Zimbabwe. SAPRI began by initiating grassroots discussions among civil society groups representing marginalized populations in each of the eight countries. The concerns raised by these groups were presented in seminars and conferences and finally a Global report and Forum was formed in 2001 with the goal of drawing lessons "for the future of policy-based lending, setting the stage for changes in

Bank operations and for democratizing economic policymaking
(www.saprin.org/overview.htm).

Theoretical Foundations

To explicate neoliberalism and its roots in classical political economy, I examine seminal works of liberal theory by Adam Smith and Thomas Hobbes. I then move on to neoliberal theories, policies and institutions, focusing on Structural Adjustment Policies (SAPs), World Bank loans, trade liberalization, removal of subsidies, anti-inflation and unemployment and their main criticisms. I then examine the theoretical foundations of feminism. I look at both the broad theory of feminist international relations, and important concepts, such as feminist security theory. I then present the feminist ethic of care, and explain why I believe that it is the framework most suited to treat SSA's orphan care crisis.

Research Question

The question that this paper seeks to answer is: What are the impacts of a neoliberal approach to political economy on the HIV/AIDS orphan care crisis in SSA? My hypothesis is that neoliberal policies hurt orphans in a number of ways, such as creating barriers to education and healthcare. I argue that orphans are dependent upon the state since existing structures of care (extended families, charities) are over-burdened with the sheer volume of orphans. Neoliberalism, as an approach to political economy, is unfit to handle the orphan care crisis. A better framework would be feminism, specifically the feminist ethic of care, which posits that participation in a democracy implies that all citizens live in varying degrees of dependence on one another, and that all citizens are able to give or receive care as needed.

Methodology

I rely primarily on secondary source data in my three country case studies. I used published studies, but also interviewed orphanage staff in each country and pulled information from World Bank and IMF papers, books, conferences and toolkits. I conducted three case studies, using states as my unit of analysis. The countries, Zimbabwe, Zambia and South Africa, were chosen because they are all sub-Saharan African nations with high orphan populations, a high HIV/AIDS prevalence rate, and each has enacted neoliberal policies over the last two decades. In addition, English is widely spoken in all three countries.

Findings

Neoliberalism favors a transition towards private care in hospitals, schools or at home, rather than in public hospitals or other institutions such as orphanages. For example, the World Bank's approach to AIDS prescribes relegating care to three private sphere actors: the individual and the family, charities and NGOs and private businesses (O'Manique, 1996).

However, evidence shows that the private sector is not able to absorb the numbers of orphans in need of care. Feminist care theory argues that care is the responsibility of the state in a democracy. The extended family in SSA is being hit hard by the HIV/AIDS epidemic. Traditionally, when one or both parents die, an aunt or uncle would take in the children. However, the nature of the HIV/AIDS epidemic is such that aunts and uncles are also passing away, leaving elderly grandparents to provide care to their orphaned grandchildren. Orphanages are able to provide the minimal food, healthcare, and education necessary to young orphans. But institutions are not able to meet all of the

needs of orphans. When orphans reach adulthood, orphanages scramble to link the orphans with employment, higher education and housing. Also, when orphans become sick in orphanages, staff must rely on public hospitals or private clinics when available, and orphans end up losing out on quality care because public hospitals operate under the assumption that children will be accompanied by parents or caregivers.

Piecemeal national grant programs are not sufficient, and underfunded public healthcare is not capable of handling the children's needs, especially the needs of HIV positive orphans. Therefore, a new paradigm must be ushered in with states taking on responsibility for parentless children either by reintroducing subsidized education, healthcare and food or by creating special ministries for orphan care which can properly funnel resources to those providing care. The best framework for designing orphan programs would be one guided by the feminist ethic of care.

CHAPTER II

REVIEW OF THE LITERATURE

I survey the literature on the intersection between neoliberal theory, economic liberalization, and the orphan care crisis in sub-Saharan Africa, and identify the major arguments presented thus far as well as identify the gaps in the literature. This review presents research and arguments about neoliberal theoretical assumptions regarding who is responsible for the care of orphans and evaluates the ability of the extended family, charities and NGOs to care for the millions of orphans in need.

Neoliberalism

Scholars agree that neoliberal policies have been controversial for SSA's development. Neoliberal globalization is blamed for increasing the gap between rich and poor inside and across countries and overall increases in poverty; both relative and absolute (Benatar, 2001). One view, blending dependency theory with globalization studies, posits that SSA has been underdeveloped by colonialism and is now being further underdeveloped by its integration into the global political economy (O'Manique, 2005). Another way in which neoliberal globalization has disadvantaged SSA is through the use of Organization for Economic Cooperation and Development (OECD) farm subsidies which forbid less developed countries from protecting their agricultural industries, while allowing powerful nations such as the United States to maintain subsidized agriculture,

making African crops uncompetitive at home, and impossible to export abroad (O'Manique, 2005).

Social Welfare Policy

A consensus exists in the literature that neoliberalism has had an especially disastrous effect on social welfare policies (Ellison, 2007, Benatar, 2001, Okuonzi, 2004). Neoliberal states do not care for the poor in the same way that they did before neoliberal reforms. For example, in Uganda, social welfare has been eroded due to an economic policy aimed at free markets. Economic indicators such as inflation and government spending are decreasing at the same time that indicators of human development such as infant mortality are worsening (Okuonzi, 2004).

Some scholars posit that the lack of social protection in many sub-Saharan African nations explains the dissimilar outcomes between advanced industrial nations and SSA. In industrial countries, social protection is financed by public spending, taxes and regulations. It is possible to say that SSA is being asked to develop using a neoliberal framework, without the same social protections that advanced industrial nations had during their rise to power. I will make the argument in this paper that neoliberalism's dismantling of social welfare policy is disastrous for the millions of orphans in SSA.

HIV/AIDS

The origin of the orphan care crisis lies in the HIV/AIDS pandemic. SSA was straddled with debt and undergoing structural adjustment programs at the same time that the pandemic reached critical heights. The state, stripped of its power and ability to spend money on this public health crisis, was unable to formulate policies capable of addressing the epidemic (O'Manique, 1996). The neoliberal response to HIV/AIDS is one that is

biomedical and global. For example, neoliberalism defines people living with HIV/AIDS as “clients” and their caregivers as future entrepreneurs whose troubles can be solved through provision of microcredit loans (O’Manique, 2005, Mindry, 2007).

There are several flaws with the biomedical approach to HIV/AIDS. For example, it ignores the millions of poor, rural women caring for HIV positive relatives. Caring for the sick takes women away from daily chores that are necessary for the survival of their families. Women’s unwaged labor such as homemaking, child rearing, and farming, is unpaid and therefore invisible to neoliberals. The double duty of caring for their home and for sick family members is detrimental to women’s health. Feminists, such as O’Manique, do an excellent job of pointing out the hardships that women endure at the hands of structural adjustment, but their analyses stops short of questioning the impact of the neoliberal approach to HIV/AIDS on the children who are orphaned by the disease.

Orphans

Fostering and Adoption

Traditional fostering norms in African culture vary greatly from the *crisis fostering* going on today (Adato et al, 2005, Asplass, 1999). There is a rich tradition of voluntary fostering in SSA, in which parents send children away to relatives in another area (generally from rural to urban) for better educational opportunities. Voluntary fostering is mutually beneficial for both the sending and receiving families as educational opportunities and family bonding are both nurtured in the process.

The HIV/AIDS pandemic has led to a new type of fostering known as crisis fostering. Crisis fostering occurs when one or both parents pass away and children are taken in by siblings or parents of the deceased. Crisis fostering is seen as a social

obligation, devoid of the benefits of voluntary fostering, and orphans in foster homes often lag behind in nutrition and education compared with non-orphaned children (Aspass, 1999).

Most orphan fostering households in SSA receive help informally from neighbors and friends who are poor themselves. In South Africa, just 30% of orphan fostering households received state grants such as the Foster Care Grant or the Child Support Grant (Adato et al, 2005). Barriers to receiving the grants include lack of information regarding the application process and lack of proper documentation needed to demonstrate that one is the primary caregiver.

The Extended Family

The extended family in SSA has been weakened by changes in labor practices, migration, urbanization, changes in the educational system, and ‘westernization’ (Foster, 2000). Traditionally, the extended family in SSA was a tight-knit safety net for its members. Aunts and uncles traditionally took on the responsibility of caring for orphans, but as the extended family net has weakened, grandparents have begun taking on the role of caregiver.

Recent history has also seen the breakdown of traditional marriage. Customarily, marriage in SSA involved the bringing together of a man and a woman with a bride price, which the husband’s family paid to the wife’s family. Marriage represented the unification of two families, rather than two individuals. For this reason, the concept of “social orphans” did not exist, because children whose parents died were absorbed into the care of their extended relatives. In addition to caring for vulnerable children, the

extended family was also responsible for passing down values, education, and providing care for sick family members.

Since the introduction of capitalism and neoliberal economics in SSA, marriage has transformed into a contract between two individuals and the practice of giving cattle or other valuable goods to the bride's family in exchange for the right to marry has been replaced with the practice of paying cash. Many grooms could not afford the bride price and were married even though they were indebted to their new bride's family. In effect, these marriages were not legal and therefore when a child was orphaned, the extended family did not feel responsible for caring for the child.

While Foster's research on the breakdown of the extended family is a meaningful contribution because it demonstrates that neoliberalism has been harmful to the plight of children orphaned by HIV/AIDS, there is a major flaw in his thesis. He fails to question the assumption that orphan care is the responsibility of the private sector. He is faulting neoliberalism for weakening the family, but never challenges the idea that orphan care is strictly the responsibility of families.

The dynamics of inside orphan-fostering households has been a major field of study for researchers. Freeman and Nkoma surveyed 1,400 current and prospective caregivers and concluded that though extended family members are willing to foster orphaned children, they do not have the means to do so. 12% of parents surveyed were unable to name a caregiver who would look after their child once they passed (Freeman and Nkoma, 2006). Their research also showed that HIV status was a factor in caregivers' decisions about whether to take in an orphan, showing that orphans face stigmas and biases (Freeman and Nkoma, 2006).

Freeman and Nkoma concluded that strengthening the ability of the extended family is paramount. In fact, they argue that children who do not have extended family to care for them should be placed in the care of non-family members to avoid being placed in ‘institutions’. Their argument is flawed, however, because they say that 15.5% of fathers and 17.1% of grandparents reported that if an orphan was HIV positive, it would make an impact on their decision of whether or not to take the child in. That fact demonstrates that there is a need to devise alternative care schemes for these children who fall through the “extended family” crack, or who are hard to place.

Some orphans end up living in child-headed households or living on the street. One study found that HIV/AIDS orphans in Tanzania who opt to live on the street rather than suffer exploitation and rejection at the hands of their extended family caregivers often end up serving as domestic servants with extended family members or in wealthy households in city centers. These children are vulnerable to sexual violence, abuse and HIV infection on the streets (Evans, 2002). Evans’ suggestion for dealing with this problem is for the government to label children orphaned by HIV/AIDS “social orphans”, rather than “AIDS orphans,” in an attempt to distance the children from the stigmatization surrounding AIDS. Evans, like most other scholars, favors approaches that strengthen home-based care for orphans, rather than orphanages. She fails to consider orphans who do not have family to care for them. She also fails to see a role for government beyond “labeling” orphans.

Foster, Freeman and Nkoma all demonstrated that some children do not have extended families willing or able to care for them, and therefore the neoliberal

assumption that orphan care is a private sector matter is an inadequate approach to the orphan care crisis.

Extended Family Care Challenges

Orphans face special challenges in comparison with non-orphaned youth when living in foster homes (Adato et al, 2005, Case et al, 2004, Ntozi and Kakayiwa, 1999). School enrollment is markedly lower among orphans compared to non-orphans of similar socio-economic status. Enrollment has been found to be lower for orphans living in the same household as non-orphans (Case et al, 2004). Orphans who do attend school face discrimination because of outward signals of their poverty such as tattered or dirty uniforms. The discrimination and stigma that orphans suffer at school is compounded by the psychological trauma of losing their parents.

As orphans increase in age, their likelihood of being enrolled in school decreases (Case et al, 2004). In addition, orphans are disadvantaged according to the level of relatedness between them and their caregivers. The findings of Case et al. have been advanced by another study which found that orphans being raised in male headed households were less likely to attend school than their non-orphan or “indigenous” counterparts within the same household, whereas orphans in female-headed households attend school at the same rate as their non-orphan counterparts (Aspass, 1999).

Another reason why orphans in the care of relatives may not have successful outcomes is that many of the households are headed by the elderly who are not mentally or physically able to care for them (Ntozi and Kakayiwa, 1999). Scholars argue that traditional patterns of orphan care are not sufficient to cope with the AIDS epidemic, as

surviving family members are either too old/young, or too ill to care for the orphans. The research done by Case et al., Aspass and Ntozi and Kakayiwa demonstrate that expecting extended families to shoulder the care of orphans is a flawed plan as many orphans in the care of relatives are shown to perform poorly in school. In addition, the level of care that orphans receive with extended family members depends on the gender and age of their caregiver. These studies do not, however, challenge the macroeconomic ideology within SSA which dictates that orphans are best cared for by individual families and communities.

In conclusion, scholars have demonstrated that the extended family is becoming too weak to support the burgeoning orphan population, resulting in lower outcomes in school enrollment, health and nutrition among orphans. In extreme cases, orphans are living on the street or in child-headed households. The rest of this paper will demonstrate that an alternative paradigm to neoliberalism is needed, since neoliberalism cannot theorize the existence of a dependent. I will argue that feminism, specifically the feminist ethic of care, represents the best framework for providing for the needs of sub-Saharan Africa's growing orphan population.

CHAPTER III

THEORETICAL FOUNDATIONS

The purpose of this chapter is to explain the foundations and principles of neoliberalism in order to challenge its ability to address the orphan care crisis in sub-Saharan Africa (SSA), an area greatly influenced by neoliberal policies. After explaining neoliberalism, I explain why feminism is a more suitable theory for understanding the needs of children orphaned by HIV/AIDS.

Liberal Theory and Neoliberal Policies

Neoliberalism is rooted in liberal political theory, a product of the European Enlightenment. It privileges political freedom, democracy, constitutionally guaranteed rights, and champions market capitalism. Liberalism is founded on the work of social contract theorists Thomas Hobbes, John Locke and Jean-Jacques Rousseau, philosopher Immanuel Kant, and economists Adam Smith and David Ricardo. Liberalism sees human nature as neutral or good and prone to cooperation and regimes as facilitating cooperation between states. Adam Smith, in reference to economics, wrote that human nature is to “truck, barter and exchange” (Smith, 1776).

From liberalism came neoliberalism, an approach to political economy that advocates for the elimination of artificial barriers to trade, privatization of state owned firms and a limited role for the state in other areas as well. The market, according to neoliberals, is simply a meeting place for consumers and firms. Perfectly competitive

markets are expected to naturally settle to the most advantageous level of output and price, and any government-induced movement away from the market equilibrium is believed to reduce social welfare.

Institutions have a significant role to play in neoliberalism. One such institution is the International Bank for Reconstruction and Development (the World Bank) and the International Monetary Fund (IMF). These institutions were formed at the 1944 Bretton Woods Conference in New Hampshire. The goal of the IMF was to facilitate post-war international economic stability by providing funds for countries facing an economic downturn in order to facilitate a return to full employment. The IMF would do this by disbursing short term loans to help rescue nations in balance of payment crises. The IMF defines a country in a balance of payments crisis as one which “cannot find sufficient financing on affordable terms to meet its net international payments while maintaining adequate reserve buffers going forward” (International Monetary Fund). The Fund currently lends money through several “loan instruments.” The Poverty Reduction and Growth Facility (PRGF) and the Exogenous Shocks Facility (ESF) provide loans at a lower interest rate to low income countries. The IMF does most of its lending to ‘middle income countries’ through its’ Stand by Arrangements (SBA) program which is meant to address short term balance of payments crisis in one to two years. The Flexible Credit Line (FCL) is for stable countries with “strong fundamentals” and is helpful for crisis prevention. The Extended Fund Facility is for countries with long term balance of payments crises and lastly the IMF’s Emergency Assistance is for post-conflict countries and countries who recently suffered a natural disaster (International Monetary Fund).

Neoliberalism largely emerged from an ideological shift away from “Keynesian” economics. Keynesian economics refers to the ideas of John Maynard Keynes who envisioned a world in which governments provided oversight and made occasional interventions into the market when necessary. In the 1980’s, under the administrations of Ronald Reagan in the United States and Margaret Thatcher in Great Britain, the neoliberal institutions of the World Bank and IMF became known as “The Washington Consensus.” They were so named because they were all located in Washington, D.C., and represented a consensus between the U.S., the IMF and World Bank based on free markets and limited government (Stiglitz, 2002).

Criticisms of Neoliberalism

Critics charge that driven by the theory of comparative advantage, neoliberalism facilitates the exploitation of labor and the environment by multi-national corporations who seek out countries with the lowest standards to do their business, therefore creating a “race to the bottom.” Neoliberals justify exploitation of low labor and environmental protections by claiming that all countries do not share the same values. They claim that less developed countries have lower labor and environmental standards out of “regrettable necessity,” and that economic growth will allow less developed countries to raise their standards if they so choose (DeMartino, 2000).

Another criticism of neoliberalism deals with hypocrisy. Historically, the most powerful states in the neoliberal economy have exempted themselves from the most basic tenants of neoliberal economics. For example, Burchill states that there should be “few legal constraints on international commerce, and no artificial protection or subsidies constraining the freedom to exchange,” but the United States provides subsidies to agri-

businesses and commits many other acts of “artificial protection” (Burchill, 2005, p.73). Additionally, neoliberalism contains an inherent assumption that any and all societies are best suited for the neo-liberal economy and global free trade, but critics argue that the whole world cannot possibly fit into one specific type of economy (DeMartino, 2000).

Neoliberal Institutions

Another realm of neoliberal criticism deals with the World Bank and IMF. Critics charge that these institutions have failed in the areas of reducing poverty and increasing stability (Stiglitz, 2002). One main explanation of this failure is that Western countries, who wield an uneven amount of power in these institutions, skew the results of trade liberalization in their favor by pushing developing nations to eliminate trade barriers while keeping their own barriers and subsidies in place. The capital market liberalization that is being pushed onto developing countries by the IMF wasn't actually introduced to Western economies until late in their development (Stiglitz, 2002).

The main criticism of the IMF is that it has abandoned its mission. John Maynard Keynes is often referred to as the “Godfather of the IMF” because he pioneered the idea that markets need overall governance, and that view has been all but tossed aside in exchange for an “all market, no government” approach (Stiglitz, 2002). The current governance structures of the IMF and World Bank are problematic. Though the institutions mainly work in developing nations, the heads of both institutions come from the United States and Europe. The representatives of less developed countries in the IMF are often elite members of the business or financial community, and therefore are often looking out for their own special interests rather than the good of the entire country.

Critics also claim that there is a lack of accountability and transparency at these institutions. For example, IMF and World Bank voting rights are determined by economic size and the WTO has a consensus system that favors the powerful. Representation and voting within the IMF favors richer nations who receive votes proportionate to their contributions. This system gives an uneven amount of power to the United States and Europe in making decisions (Greig, Hulme and Turner, 2007). In addition, the representatives from each country at the IMF are trade ministers or financial officials with little interest in human rights, or the environment. Transparency is a problem as well due to the fact that although the IMF is a public institution, average citizens do not have a real say in the decisions that are made by the IMF and the inner workings of the IMF (and World Bank) are not open to public discourse or scrutiny.

Structural Adjustment Programs

Structural Adjustment Programs (SAPs) are arguably the neoliberal policies that most negatively affect orphans by slashing spending on healthcare, education and other rights guaranteed to children under the UN Convention on the Rights of the Child. SAPs are the conditionalities attached to IMF loans which are meant to reinstate growth and stability by “recasting relative prices, domestic expenditures and the type and degree of state intervention in the economy” (Loxley and Campbell, 1989: 2). Generally, SAPs involve the removal of price controls and subsidies, an increase in the ratio of savings to GDP and the phase out of public enterprises (Sonko, 1994: 94).

SAPs can be divided into two phases. Phase one focuses on short term economic stabilization and it encompasses devaluation, budget austerity, price liberalization and the de-indexation of salaries. The second phase includes trade liberalization, liberalization of

the banking system, privatization of state-owned firms and land, tax and labor market and pension reforms, management of poverty and good governance (Toussaint, 1999: 140-150). The privatization and elimination of social safety nets that come along with SAPs have a particularly disastrous effect on orphan care (Greig, Hulme and Turner, 2007). Onimode argued that SAPs are “loaded against the vulnerable poor majority, while benefiting the multinationals, the ruling group, technocrats, bankers and some business people” (Onimode, 1989:3). This is because the policies often result in the elimination of services which the poor depend on, while the financial community benefits from the relaxing of regulation.

The Effect of Neoliberalism on Social Welfare Policy

Neoliberal policies have particularly devastating effects on healthcare policies. One scholar condemns the theory and its policies in regards to health services.

“It is an indictment of the IMF and World Bank’s structural adjustment programs that they reduce government expenditure on health care, education and other social services, and encourage privatization, even with health care. The availability of condoms, STD treatments, anti-tuberculosis therapy and treatments for co-infections of HIV is subject to user charges and is still encouraged by the World Bank in many African countries. The whole public health agenda has thus been reduced to a skeleton” (Benatar, 2001, 359).

It should be noted that nations in SSA joined these institutions and adopted neoliberal policies for strategic reasons. Post independence, new African nations joined in order to gain legitimacy in the international arena and attract desperately needed foreign investment. Not being a part of the World Bank and I.M.F. would cast a shadow of doubt upon countries in the eyes of multinational corporations and other actors. States needed to be IMF members in order to borrow from the World Bank, and states that were

not IMF members in good standing were ineligible for bilateral loans, commercial bank loans and other important revenue streams (Greig, Hulme and Turner, 20007).

Neoliberalism is not equipped to properly theorize and provide for the needs of orphans for the reasons stated above. Feminism, specifically the *feminist ethic of care*, does allow for theorizing the needs of dependent populations. The following sections explain feminism and why it is a stronger framework for the argument I am making.

Feminist International Relations

Feminist International Relations is a part of the Critical IR third wave, countering mainstream theories such as realism and liberalism. Marysia Zalewski writes that its purpose is to show that accepted assumptions within the discipline are in fact not “natural, neutral or objective” (Zalewski, 2001: 302).

Feminist IR challenges the status quo in three ways (Carroll and Zirelli, 1993). First, by challenging the way that political theory and empirical research have traditionally excluded women as actors. Women were not just left out; they were intentionally taken out and men justified the exclusion of women by labeling them irrational and apolitical, viewing their work as philanthropic, rather than political. This absence of women resulted in miscalculations and “bad science” (Carroll and Zirelli, 1993). A second category of feminist theory aims to put women back into politics and make them visible actors within mainstream political science and empirical research. A third category of feminism challenges the entire framework of political science, including the division of life into public and private spheres. Scholars in this category, including Cynthia Enloe, seek to understand, among other things, how women define politics (Enloe, 1990).

Important Concepts

Feminists have developed concepts to explain the situation of women in developing nations under conditions of neoliberalism. Until decision makers within neoliberal institutions consider concepts such as the sexual division of labor, or the “triple role”, the policies will continue to ration out an unequally heavy burden on women.

The triple role concept describes the situation of women in low-income households who must take on the duties of reproduction, production, and community management. Policy makers tend to only value the productive role of women, since it eventuates in a tradable good. Reproductive and community roles are seen as natural and are assumed. Therefore, the majority of work done by women is invisible (Moser, 1993). The burden on women intensifies under SAPs because they have to assume roles that the government is cutting back on such as water and health services and the provision of education.

The sexual division of labor is a concept which goes beyond the pattern of work distribution between the sexes to address the social practices which assign some types of work as “suitable for women but unsuitable for men, and other sorts of work as unsuitable for women but suitable for men” (Elson, 1987). In neoliberalism, thanks to the shift from non-tradable to tradable goods, economies of developing countries are seeing surges in labor-intensive manufacturing jobs. These jobs are, for the most part, filled by women. When women are pulled away from domestic duties to work in places such as factories, their housework and childcare duties are passed on to other women, rather than to their husbands who may have been laid off due to public sector downsizing or privatization. Therefore, scholars argue that the sexual division of labor and neoliberal

economic development leads to male unemployment and double duty workloads for women who take on factory work in addition to unpaid domestic labor (Beneria, 1999).

The Public/Private Myth

There is a consensus among Western feminists that women have been largely relegated to the private sphere and excluded from the public sphere where politics are conducted. Rachel Simon-Kumar described the private/public dichotomy when she wrote; “behind most strategies to incorporate women into the paid economy, to increase access to micro-credit, improve skill levels and increase representation in formal politics is the implicit belief that women’s association with the public space will render them a better social condition and position to negotiate their rights. Its antonym, the private, is constructed as the realm of potential subjugation” (Simon-Kumar, 2004: 486). By studying the space and ideology involved in the public sphere concept, it becomes apparent that gender assumptions inherent in the construction of public space need to be interrogated.

Feminist Security Theory

Within mainstream international relations, security is based on ideas of sovereignty, self-interested nation-states, and military strategy. Mainstream conversations about security center on war and peace (Blanchard, 2003). Feminists, however define security as the elimination of all forms of violence including physical, structural, and ecological violence. From this perspective, security is not just about avoiding war. Feminists argue that researchers should also focus on what happens during war—particularly the impact of war on women (Tickner, 1997).

Feminist security focuses on the exclusion of women from decisions on peace, war and security (Stiehm, 1983). Women face difficulties being heard during civil or bilateral peace talks, such as in the Democratic Republic of the Congo. One possible solution would be to institutionalize the role of women in the process of peace-making and peace building (Stiehm, 1983).

Mainstream theorists have attempted to classify the HIV/AIDS crisis as a security threat, a classification which feminists take issue with. Since the end of the Cold War and especially since the terrorist attacks of September 11, 2001, there has been a slow merger of development and security. Poorer nations, in the global South, are seen as security threats, rather than as underdeveloped. This analysis ignores historical explanations of global inequality and simply classifies states as “failed” or “rogue” and therefore dangerous (O’Manique, 2005).

Those who posit that HIV/AIDS is a security threat say that it can destabilize national armies, stunt local and national economies, limit the next generation of skilled workers and government leaders, and they see AIDS orphans as being potential targets for rebel armies as child soldiers. Proponents of this view include Bill Clinton, Colin Powell and Richard Holbrooke. A Feminist perspective would look at the threat HIV/AIDS poses to people living with the disease and their community, including children orphaned by HIV/AIDS, not to the United States.

Feminist Critiques of Neoliberalism

An inherent male bias exists in neoliberal policies (Williams, 1997, Elson, 1987, and Sparr, 1994). The bias can be traced back to liberal theory’s abstract individual, which is a product of its cultural-historical time period, and relies on views of human

behavior held by dominant races, ethnicities and genders (Sparr, 1994). Neoliberal institutions such as the IMF and World Bank have credited themselves and their policies with being gender neutral, but a set of concealed assumptions which deal with human resources, their allocation to production, and their own reproduction and maintenance exists (Elson, 1987). Neoliberal policies and institutions all have the capability of negatively impacting women because of their failure to consider gender.

The first bias concerns wage labor and women's relationship to the formal market. Men and women have historically experienced different and unequal links to the market. Men's work has traditionally been wage work, while women's has been unpaid. Masculinity—therefore—has been associated with the market and public life while women's roles have been associated with home and nature. The work that women are doing is substantial. For example, the UNDP estimates that approximately 70% of total world output consists of unpaid activities, and almost 69% of that work is done by women (Beneria, 1999). Neoliberalism assumes that all societies are monetized and market-oriented. This assumption leaves women out because some countries exclude women, either legally or de facto, from participating in the market through ownership of property and other exclusions (Sparr, 1994).

A second bias concerns the lack of attention paid to power relationships within households. The division of power relations within households, communities and countries is an important issue which is ignored by agents of neoliberal globalization. Concerning women who work in agriculture, research has demonstrated that women do not benefit from new technologies in agriculture, even when the technology was designed with their benefit in mind, because the power relations inside their households,

communities and countries restrict them from “the power to negotiate the details to their advantage” (Barker and Kuiper, 2006:80).

The Feminist Ethic of Care

The Feminist Ethic of Care is an alternative paradigm to neoliberalism developed by feminists and other postmodern theorists. It argues that traditional assumptions about women, such as their ability to care and the obligation that they feel towards others, are values which should guide all human interaction. It is an attempt to push “caring” from the private into the public realm. The Feminist Ethic of Care differs from other theories because it does not espouse broad values about how people should act, but rather its starting points are people’s needs and relationships (Engster, 2004). It challenges the traditional idea that care is a feminine value, asserting instead that is non-gender specific.

The Feminist Ethic of Care argues that neoliberalism’s focus on atomistic individualism overlooks other ways of understanding human interaction. Care theorists see people as starting out connected and aiming to achieve some freedom, whereas neoliberals see people as starting out separate and individualist and aiming to balance connections and relationships with their freedom. Feminists ask how they can attain some freedom and remain connected and carry out their obligations (Sevenhuijsen, 2000).

Care Ethic analysts view democracies as encompassing people who live in networks of care, not as a community of equal rights holders. This approach argues that the giving and receiving of care should be available to all citizens in a democracy; making care a democratic exercise. The idea that everyone needs care and is capable of giving care and that a democratic society should make space for both of those activities is what Sevenhuijsen calls a “democratic ethic of care.” It views care as “both a concrete

activity, in the sense of caring about and for daily needs, and as a moral orientation-as an ethics or a set of values that can guide human agency in a variety of social fields”

(Sevenhuijsen, 2000, p.6). The paradigm argues that a democratic politics requires going beyond the negative freedoms endorsed by neoliberalism. Rather than protecting citizens from threats, Care theorists see the main task of democracies as facilitating caring relationships.

Care Ethics upholds the following four values: attentiveness, responsibility, competence and responsiveness. This is vastly different from neoliberalism which views society as made up of abstract individuals who can have all of their needs met in the market. Thinking about societies through a Feminist Ethic of Care framework affects how policies on healthcare, education, city planning and business management as well as family practices are designed. For example, according to this paradigm, issues such as childcare would be based on decisions not just made between mothers and fathers, but institutionalized through employment law. Orphans, who do not have parents or in some cases extended families, would have their needs met on an institutionalized basis from the government through services such as housing, education vouchers, access to healthy food and adequate health insurance and medical care. For these reasons, feminism is a more helpful theory when thinking about how to resolve the problems facing children orphaned by HIV/AIDS.

CHAPTER IV
BACKGROUND ON THE TOPIC
HIV/AIDS in Sub-Saharan Africa

HIV/AIDS is a transcontinental problem, but sub-Saharan Africa (SSA) has been the hardest hit region. According to a 2008 Report on the Global AIDS Epidemic from UNAIDS, 67% of people living with HIV/AIDS worldwide reside in SSA, and 72% of the world's AIDS deaths take place in the region. UNAIDS reported in 2007 that 32% of all new HIV infections and deaths from AIDS took place in Southern Africa (UNAIDS, WHO, 2008). Zimbabwean adults face a one in five chance of becoming infected with HIV.

Various factors contribute to the disease's rapid spread in SSA as well as its impact on societies and economies and while strides have been made in stemming the number of new infections and disseminating drugs to treat those living with the disease, one problem persists. Millions of children have been—and continue to become— orphaned because of HIV/AIDS. This chapter provides background information on HIV/AIDS in the region and the orphan care crisis that the disease has created.

There are several reasons why the disease spreads at such a rapid pace in the region. The most common mode of transmission in SSA is through heterosexual intercourse, and certain practices such as multiple concurrent sexual partners, the

commercial sex worker industry, low condom use, circumcision, urbanization, breast-feeding and high fertility rates serve to accelerate the disease's spread (Afoaku and Ukaga, 2005).

Confronting the Problem

Improvements have been made in providing treatment to people living with HIV/AIDS. For example, more than one million people in SSA were receiving antiretroviral (ARV) treatment by June of 2006, which is ten times more than the number of those who received them in December of 2003, according to UNAIDS. However, one million represents less than 25% of the estimated 4.6 million in need of ARVs. Treatment is vital. UNAIDS reports that young people in Zambia face a 50% life-time risk of dying of AIDS in the absence of treatment.

There are a variety of reasons that treatment is not reaching the majority of people living with HIV/AIDS in the region. Poverty is just one of many significant barriers which exist in the delivery and usage of medicine in SSA (Karim and Karim, 2005). For example, transportation can be too costly, preventing the person from getting to their point of care. In addition, unstable domestic environments such as migrant labor inhibit individuals from keeping to a normal routine of treatment and care. Other barriers to proper usage of anti-retrovirals are cultural factors such as traditional beliefs about HIV/AIDS as well as stigmas around the disease (Karim and Karim, 2005).

Attempts have been made on both domestic and global levels to stem the tide of new infections and to scale up the delivery of medicine to people living with HIV/AIDS. Governments have attacked the disease in a myriad of ways such as launching public

health and education campaigns, providing medicine, distributing condoms and changing public policies. Studies have demonstrated that policy changes such as legalizing sex work, decriminalizing homosexuality and providing condoms to prisoners have resulted in a drop in new infections in Uganda and Senegal (Goyer and Gow, 2002, Putzel, 2003).

Much of the work to curb the HIV/AIDS pandemic is done on the global level through organizations such as UNAIDS. At the 2001 United Nations General Assembly Special Session on HIV/AIDS, countries signed onto the Declaration of Commitment. In addition to the Declaration of Commitment, UNICEF, UNAIDS and other partners launched a five-year initiative, the *Global Campaign on Children and AIDS: Unite for Children, Unite against AIDS* in 2005, to meet the Millennium Development Goals and other global commitments. The mechanisms in place to tackle HIV/AIDS globally are large and complex enough to be called a form of governance in which NGOs rule (Seckinelgin, 2005). Seckinelgin claims that there is a “de facto governance regime” type emerging around HIV/AIDS (Seckinelgin, 2005, p. 357).

HIV/AIDS Orphans

UNAIDS reported in 2008 that national epidemics in SSA have become stable for the most part, and some nations are seeing a decline (UNAIDS, WHO, 2008). Though the pandemic is stabilizing, the number of children orphaned by AIDS is increasing and will continue to increase. For example, in South Africa, seventy five percent of HIV positive people were in stages one and two of the disease’s progression in 2005. Stages one and two are the earliest of the virus’ progression. They are marked by swollen lymph nodes, weight loss, and upper respiratory infections (UNAIDS, 2008). Because so many people

are still in the early stages, South Africa can expect to experience a surge in the number of orphaned children within seven years, putting South Africa on the brink of a major care crisis (Adato et al, 2005).

An AIDS orphan is defined by UNAIDS as a child, under 15, who has lost one or both parents to AIDS. If only the mother is deceased, then the child is referred to as a maternal orphan. If both parents are deceased, the term double orphan is used. UNICEF estimates that there are more than 12 million children orphaned by AIDS in sub-Saharan Africa, and that number is projected to exceed 25 million by the end of the decade.

Children orphaned by AIDS face challenges in accessing necessities of life. Orphans are at risk of losing the basic rights afforded to children under the Convention on the Rights of the Child such as education, rest, protection from abuse and protection from exploitation (Phiri and Webb, 2002). Most African governments are not able to provide the public goods needed by these orphans. Uganda, for example, provides no services for orphans, meaning that 2.5 million children, one tenth of the entire population, receive zero social support from the government (Okuonzi, 2004). Not only are there no publicly funded nationwide welfare programs for orphans, the ability of Uganda's families to care for orphans is eroding due to population mobility and the trend towards nuclear family structures (Okuonzi, 2004).

Some view large orphan populations as a threat to development and stability on the continent. The World Bank posits that orphans grow up to be adults with low productivity levels, which causes nations to suffer a loss in Gross Domestic Product

(GDP). The Bank also argues that large populations of disenfranchised youth will present problems with significant social consequences for African nations (World Bank, 2009).

In conclusion, HIV/AIDS ravished through the region of SSA, but is now stabilizing. The pandemic, however, has left a major issue in its path; children orphaned by HIV/AIDS. This paper will examine whether neoliberal economics is the best framework for addressing the needs of these millions of orphans.

CHAPTER V
REVEALING BIASES IN NEOLIBERAL CONCEPTUALIZATIONS OF
DEPENDENCY AND ORPHANHOOD

In this section, I demonstrate that notions of abstract individualism and equality are embedded in liberalism, which leads to an assumption that every individual is able to have their needs met by the market. This postulation shows up in neoliberalism's failure to theorize the dependency of orphans.

In order to understand why dependency is not a recognized concept in neoliberalism, it is helpful to analyze seminal pieces of liberal theory to see how dependency was discussed. Liberal theory laid the foundation for free market capitalism. Liberal theorists wrote broadly about men in the state of nature, and the ways in which states and economies should be structured. Liberal political theorists fail to account for dependent populations within a society. It is therefore possible to understand why neoliberalism rejects dependency, instead using the language of "vulnerability" when discussing orphans.

The Failure to Theorize Dependency in Liberal Theory

Thomas Hobbes, in *Leviathan*, maintains that all men are physically and mentally equal to one another. Their equality, he argues, causes them to desire the same things as each other and their competition for those things breeds enmity or warfare. This leads Hobbes to characterize life in the state of nature as a war of all against all, or "solitary,

poor, nasty, brutish and short” (Hobbes, 1651, p.84). Included in Hobbes’ laws of nature are seeking and following peace and defending one’s self.

Adam Smith in *The Wealth of Nations* asserted the “invisible hand” concept, which declares that the market brings all things back to equilibrium. His theory, in some ways, is the basis for neoliberal economics. Surprisingly, Smith came close to dealing with dependency when he wrote that laborers are responsible for saving some of their summer wages to last through the winter, but that a slave “or one absolutely dependent on us for immediate subsistence, would not be treated in this manner. His daily subsistence would be proportioned to his daily necessities” (Smith, 1776, p. 50). He is, therefore, arguing for separate policies of payment for dependent persons so that they can continue to survive throughout the year, while others (laborers) should be responsible for saving their own wages and making them last throughout the year. It will be explained later, however, that his definition of ‘dependent’ did not stretch beyond working, able-bodied adults.

Critiques of Liberal Treatment of Dependency

Though Hobbes and Smith do mention dependency, there are several flaws in these early liberal writings. Both are deeply gendered, and both employ an abstract individualism which assumes that all members of society are equal.

Hobbes’ social contract theory excludes women and children, using “men” to represent humanity. Adam Smith’s discussion of dependency only addresses people who are earning wages, which, in many societies, leaves out women and children (including orphans) and those unable to work because of a disability. Feminists, such as Carole Pateman, have written extensively on the exclusion of women in social contract theories.

Pateman argues that a “sexual contract” exists within these theories whereby “men transform their natural right over women into the security of civil, patriarchal right” (Pateman, 1988, p. 6). Social contract theories, argues Pateman, marry patriarchy and citizenship.

By stating that all men are physically and mentally equal, Hobbes ignores physical and mental illnesses that people may be born with or develop during their lifetime, as well as the needs of children, orphans and widows who cannot necessarily support themselves. As Amartya Sen points out, capabilities are not distributed equally among people. The abilities of someone with a physical or mental handicap are not equal to the ability, or income earning potential, of someone without similar disabilities (Sen, 2001). The notion of abstract individualism explains why dependence is not fully understood in liberalism and neoliberalism. Since the theory defines all people as abstract in their individuality, it assumes that all people have the same opportunities and capabilities. It ignores gender, class, race, age and more.

Dependency and Feminist Theory

Feminism is better suited to tackle the care crisis presented by AIDS orphans, because feminism understands and theorizes the dependent. Feminist scholars argue that societies are made up of people who are dependent upon one another in varying degrees, as well as those providing the care to the dependent (Kittay, p. 36). Those who provide care for the dependent in society are referred to as “dependency workers,” and studies have shown that these workers are overwhelmingly female and their jobs are among the lowest paying (Kittay, 1998). In the case of AIDS orphans, the orphans would be the

dependent population, and extended family members and orphanage staff would be the “dependency workers.”

Conceptualizing Orphanhood

As mentioned earlier, the United Nations sets the precedent for defining orphanhood. Neoliberal institutions, however, break from the United Nations and smaller NGOs and charities in their ideas about how best to make policy for orphans. Issues such as separately identifying children orphaned by AIDS from other orphans reveal deep ideological commitments on the part of these institutions.

The World Bank’s stated goal regarding orphans is to ensure that orphans benefit from reaching the Millennium Development Goals in the areas of education, health, nutrition and poverty. In order to reach its goals regarding orphans, the Bank has created an OVC (orphans and vulnerable children) Toolkit for sub-Saharan Africa on its website for World Bank staffers or outside organizations/individuals whose work involves orphans. The toolkit provides core definitions, data, cost management and tips on formulating policy, best practices and project evaluation.

According to the toolkit, governments have the mandates to “handle OVC issues”, but NGOS, faith based organizations and community based organizations (CBOs) “will be responsible for delivering the services that result from the policy-making process” (World Bank, 2009). It is clear from that statement that the World Bank assumes that the role of caring for orphans should be carried out by the private sector, a position to be expected from an organization operating under a neoliberal ideology. It displays a bias against governmental spending for social services or governmental involvement in caring for orphans and vulnerable children.

The United Nations also takes the responsibility away from the government and transfers it to communities. In *Children on the Brink*, the UN privileges a bottom-up approach for identifying the needs of orphans. “Generally the people who live in these communities are in the best position to determine which children are at greatest risk and what factors should be used to assess vulnerability and set priorities or local action” (UNAIDS, UNICEF, and USAID, 2004, p 3).

Providing housing for orphans is seen as too costly. The World Bank’s Toolkit asserts that preventing children from becoming orphans or vulnerable children is more economical than supporting children who are already in the category (World Bank, 2009). This bias towards prevention rather than administration of care to orphans is also seen in the United Nations’ position regarding orphanages. In *Children on the Brink*, the U.N. argues that orphanages are not beneficial for emotional and psychological needs of children. It states that orphanages are too costly, and that the system is being abused, citing that children in orphanages often have living relatives (UNAIDS, UNICEF, USAID, 2004). Research shows, however, that extended family members cannot always adequately care for orphans at the rates in which children are currently becoming orphaned.

The Bank also takes the position that poverty can be a worse fate for children than orphanhood. “In other settings or country contexts, the risks of orphanhood may not be that serious; indeed, in some countries the poverty-induced vulnerability among children could be even greater than the vulnerabilities associated with orphanhood” (Coury and Subbarao, 2004, p. 5-6). In an IMF Working Paper, economists Gonzalo Salinas and Markus Haacker explore the link between HIV/AIDS and poverty using the Millennium

Development Goals as a benchmark. They write that orphanhood hinders access to education and therefore inhibits the achievement of the second Millennium Development Goal, which is to achieve universal primary education. Salinas and Haacker, however, are conflating access and usage in their example. The study's methodology exhibits a clear bias against including orphan data. For example, when studying the impact of HIV/AIDS on household poverty, they do not account for changes in household composition which discounts experiences of families who take in HIV/AIDS orphans. In addition, when looking at income transfers, the researchers look exclusively at horizontal transfers (between households), which leaves out orphans who would require a vertical transfer from the central government.

Investigating “Best Practices” in Orphan Care

NGOs, the World Bank, IMF, and CBOs all have differing ideas regarding the best policy interventions for children orphaned by HIV/AIDS. By examining the proscriptions advocated by each sector, I hope to expose biases towards pushing the orphan problem off onto the private sector by neoliberals.

United Nations

The United Nations articulates several *best practices* and guidelines for policies to help orphans through reports, such as *Children on the Brink*, and through commitments and declarations made by agencies within the U.N. such as UNAIDS, UNICEF and UNGASS. Earlier in the *Background* chapter, the principles of the UNGASS Declaration were explained, so this section will focus on the recommendations made in the *Children on the Brink* report.

The authors of *Children on the Brink* argue that orphans' susceptibility to health problems, violence, and exploitation mandate that policy makers, leaders and practitioners in public health provide orphans with care and support. The authors write that "while the family has the primary responsibility to care for and protect children, national governments have the ultimate responsibility to protect them and ensure their well being" (UNAIDS, UNICEF, and USAID, 2004, p 23).

According to the U.N., policy makers, or governments, are seen as having two key responsibilities in the provision of care for orphans. The first is ensuring access for orphans and vulnerable children to education, healthcare, birth registration, and other vital services. Secondly, governments should seek to improve policies and legislation and provide the necessary resources to communities.

World Bank and IMF

The World Bank and IMF also advocate for several orphan policies through papers, books, conferences and online toolkits. In 2001, the World Bank and World Vision (a faith based international relief and development agency) sponsored a conference aimed at identifying the best practices for working with orphans and other vulnerable children as well as contemplating the role of social protection in these initiatives. In a paper summarizing the conference's events, edited by Anthony Levine, it was written that the "revision of national policy generally, and of social welfare policy specifically, should aim to ensure that governments have the capacity to protect the most vulnerable and to provide essential services" (Levine, 2001, p 3). His position falls in line with the feminist ethic of care, in asserting that care is an integral part of governance. In addition, governments should not only make special concessions for orphans while

planning budgets, but governments should work with the private sector and international community to streamline its efforts.

A 2003 World Bank study of HIV/AIDS orphans and their foster families in Uganda demonstrated that free healthcare and education improves the quality of life for children orphaned by HIV/AIDS. When the study began in 1992, the government provided free public healthcare, but during the course of the study, user fees were introduced for public healthcare. The researchers were able to demonstrate that access to health services decreased among orphans during the 1992-2000 time periods, suggesting that user fees created a barrier to healthcare for orphans (Deinenger, Garcia and Subbarao, 2003). The government of Uganda introduced Universal Primary Education (UPE) in 1997, halfway through the study. Following the UPE policy, Ugandan orphans showed an increase in primary school enrollment.

The authors conclude that the most economical interventions for governments are in the areas of schooling and access to food. The most effective mode of distribution of aid would be through fostering households, not to orphanages, which were deemed too expensive for most African states. Additionally, the researchers concluded that support should be reserved for the 20% of orphans who are the “most vulnerable,” meaning maternal and double orphans (Deinenger, Garcia and Subbarao, 2003).

World Bank economists Francisco Ferreira and Michael Walton reiterate the role of subsidized services. Ferreira and Walton explore the role of equity, defined as “equality of opportunity and avoidance of absolute deprivation,” in development policy in an article that appeared in *Finance and Development*, a quarterly magazine of the IMF

(Ferreira and Walton, 2005). The types of opportunities that they are talking about include universal education and healthcare.

Critiques

The recommendations made by the U.N., World Bank and IMF are flawed on two fronts. Ferreira and Walton argue that the goal of development policy should be to provide everyone with equal opportunities. This is a teasing out of liberalism's "abstract individual" concept. By assuming that, given the same chances, everyone will thrive, the IMF is failing to consider the physically or mentally handicapped, orphans and other groups who require care beyond just education and healthcare. Orphans require comprehensive care, including shelter, food and more. This is a position which Amartya Sen would take issue with, since he argues for equality or "harmonization of capabilities" (Sen, 2001). Sen would argue that even if two people from such diverse backgrounds were given the same opportunities or chances, the outcomes would be different based on the individual's abilities to utilize the resources or opportunities afforded to them. Sen would say that outcomes differ based on a person's gender, age, health and other factors. Ferreira and Walton, however, argue that outcomes vary because of differences in "effort, talent, and luck." These competing theorizations about "the individual", leads to concrete policy decisions.

The World Bank's *OVC Toolkit* displays a clear bias against state spending or subsidized services for orphans. The Toolkit advises staffers and other practitioners to steer clear of any causes or consequences of orphanhood that are not "within the power of

the policy makers to address,” the list of topics to avoid include: “globalization that causes a high demand for goods in an industry that traditionally uses child labor” and “an entire overhaul of the healthcare system (World Bank, 2009). In other words, the World Bank is saying that the status quo, or the structure of the economy, should not be criticized in the attempt to care for orphans. The bias against state spending is displayed yet again when the *Toolkit’s* authors suggest that countries in SSA are at a “stage” in their development when certain interventions or gaps in services simply cannot be “realistically” addressed due to economic and institutional capacity limitations. Again, Amartya Sen’s work argues against that point. Sen would argue that delivery of social services such as education and healthcare create development by creating an educated, healthy workforce (Sen, 2001).

The hollow states which neoliberalism create, cannot meet the needs of the millions of orphans living within their borders. One informant, Jaime Bugawski, served as the Interim Director of Sons of Thunder orphanage outside Livingston, Zambia from 2007-2008. Her experience is demonstrative of the impact of structural adjustment programs and debt repayment on a country’s ability to afford subsidization of social services. The orphanage received no grants or subsidizations through the Zambian government.

“There was recognition that the country simply has no money. There are estimated to be upwards of one million orphans in Zambia, a country with just 12 million people. People didn’t seem angry that the government wasn’t helping; it was more of ‘we know that they can’t.’ Also the bureaucracy is underdeveloped and underfunded. Social Services didn’t even have copies of the child welfare law. They don’t have computers, they have absolutely nothing.”

In conclusion, neoliberalism fails to understand the dependency of orphans because its theoretical foundation, liberal political theory, also misunderstands dependency. Liberal theory understands all human as equal. It assumes that all individuals in a society are able-bodied, wage-earning males. This definition leaves women and children out of the equation, suggesting that liberal theory assumes that all children live at home with parents who provide for them.

It is possible to see why neoliberal theory slashes social programs that children, particularly orphans, would depend upon. I demonstrated that orphans are dependent upon government services by using data collected from an interview, and theoretical arguments from feminist scholars. I also showed the flaws in the “best practices” advocated by the World Bank and the IMF concerning orphans. In the next chapter, I present case studies from South Africa, Zimbabwe and Zambia.

CHAPTER VI

CASE STUDIES

This chapter contains case studies of the connection between neoliberal policies and the welfare of orphans in three countries: Zimbabwe, Zambia and South Africa. Using primary and secondary source data, I demonstrate that neoliberal policies have contributed to declining outcomes for orphans. In each of these three states, there are large populations of children orphaned by HIV/AIDs, and neoliberals IFIs have had a hand in shaping the domestic political economy. Time did not permit a full examination of the entire region; however I believe these cases are all suggestive of a general trend in the region.

South Africa

South Africa joined the IMF on December 27, 1945. When South Africa transitioned to democracy between 1993 and 1994, the World Bank and IMF were instrumental in helping to shape the economy of the post-apartheid South Africa to fit a neoliberal model. The new economy was marked by individualism, privatization and a rise in the influence of NGOs. During apartheid, NGOs were seen as scions of white power and were largely mistrusted by black South Africans. The new economy saw NGOs working with the state to implement neoliberal policies aimed at ‘empowering local communities.’ This new partnership between the government and NGOs represented a shift in focus away from structural social problems towards individuals and

communities (Mindry, 2008). In other words, widespread poverty was seen as a problem to solve on the local, community level. This was a departure from the ANC's message of broad and radical change.

The new neoliberal model has several important implications for orphans in South Africa. Before examining the ways in which orphans are affected, I will first explain how South Africa came to adopt neoliberalism. The framing of the new economy was a process which lasted from 1993 to 1996, and was participated in by the National Party (NP), the ANC and the IFIs. The IFIs had a threefold agenda: privatization, reducing or eliminating budget deficits and reducing inflation. The World Bank advocated for reducing the state's role, favoring instead investment in private corporations. The Bank also pushed a strong anti-inflation agenda and wage consolidation.

At first, The ANC was critical of and rejected IFI suggestions, while the NP embraced them. Labor unions were one sector of the South African society which strongly pushed for a rejection of the IFI policies. However, at the World Economic Forum in Cape Town on June 9, 1994, Nelson Mandela said, in the opening session, that South Africa would embrace Western economic policies and turn away from the ANC's social policies. This included privatization of state owned industries valued at \$18 billion dollars (Hanson and Hentz, 1999).

This turn towards neoliberalism shocked many South Africans since the ANC had promised, while still in exile, to radically redistribute wealth and resources through their *Reconstruction and Development Program* (RDP) once they came to power. RDP stood in stark contrast with the plan implemented by the ANC once they took power, which was named Growth, Employment and Redistribution (GEAR).

GEAR, adopted in 1996, pandered to the neoliberal market-oriented international economy by transforming the delivery of social services into a business model, and cutting costs through privatization and other measures aimed at macroeconomic stability (Mindry, 2007). Services such as water and electricity were privatized, resulting in 75,400 water cut offs in the Greater Cape Town area between 1999 and 2000 (Mindry, 2008). Since GEAR was implemented, more than 500,000 jobs were lost and housing construction, which was promised, slowed down. South Africans have also seen rising inequalities in access to health care and education, and a rise in crime (Benatar, 2001).

GEAR can be understood as a self imposed Structural Adjustment Program, undertaken under pressure from the IMF/WB and the NP. Benatar argues that the ANC replaced its RDP plan with GEAR because they were “faced with the necessity of dealing with a global corporatist and consumerist society in which the power of the market-oriented economy predominates” (Benatar, 2001, 354). Social services have been seriously affected by neoliberal policies and borrowing. In the year 2000, 20% of budget went to debt servicing, 20% for education and 10% for health (Benatar, 2002).

Healthcare

Healthcare is one sector of South African society that has been affected by neoliberal policies of privatization. Presently, the South African healthcare system is being ravished by HIV/AIDS; hospitals are overcrowded and cannot keep up with the amount of adults (and children) with HIV/AIDS related health problems. In an attempt to deal with the demand on the healthcare system without increasing spending, services for children with HIV are being “rationed” in hospitals. Where rationing is not taking place, patients are simply being turned away and forced to seek treatment either at home or in

their community (Desmond and Gow, 2002). This “privatization” of healthcare wholly excludes orphans who do not have families to turn to for medical treatment.

Thirty two million South Africans (80% of the population) rely on public healthcare. The South African public health budget is used to provide primary, secondary and tertiary level health care to those people (Benatar, 2002). In addition, sixty percent of South Africans doctors exclusively treat patients with private healthcare, leaving the remaining forty percent of doctors to care for the eighty percent of the population without private healthcare. This amounts to an average expenditure of \$85 US per person per year. With HIV treatments costing \$50 per person, per month, it is easy to see how people living with HIV/AIDS are losing out (Benatar, 2002). Orphans especially lose out because of their inability to rely on parents and families to purchase their healthcare, particularly orphans who are HIV positive. One informant, Lyn Croote, is the Executive Director of Lambano Sanctuary, an AIDS orphanage in Johannesburg, South Africa. I interviewed Ms. Croote via email. Croote explained the varying levels of quality at hospitals in South Africa:

“The public health sector varies from hospital to hospital. A facility like the Chris Hani Baragwaneth hospital is world renowned and, although it is a public facility, it offers a good service. Then you get a hospital like Natalspruit Hospital, which serves most of the children that we get and it is absolutely useless and their HIV clinic does not have many children on Anti-Retroviral drugs and so many children are dying unnecessarily. A good public health facility is absolutely essential because without Anti-Retroviral drugs the children will die.”

Lyn Croote, Lambano Sanctuary. 11/10/2008.

Croote explained that quality healthcare is a crucial issue for children infected with HIV.

“All HIV children require extensive medical care. They suffer from a whole range of illnesses which are related to their illness in spite of them being on Anti-Retroviral drugs. They suffer from severe ear infections and pneumonia. They can also acquire

things like chicken pox more than once as their immunity is still not as good as a healthy child's.”

Lyn Croote, Lambano Sanctuary. 11/10/2008.

Lambano employs a doctor to visit the community it serves once a week, as well as an Occupational Therapist, who volunteers her time to care for children with HIV/AIDS. Croote and her staff are hoping to expand their medical outreach to include a hospice for children dying of HIV/AIDS.

“We are hoping to open an 8-10 bed hospice for children in 2008. Our objectives are to improve the quality of life of HIV infected children, with advanced HIV disease (WHO III and IV disease), by providing a continuum of palliative care services to children and to address the psycho-social needs of these children.”

Lyn Croote, Lambano Sanctuary. 11/10.2008.

Education

South Africa has a large orphan population. It is estimated that one in five school-aged children will be orphaned by 2010. Previous studies have shown a correlation between orphanhood and low school attendance (Adato et al, 2005, Case et al, 2004, Ntozi and Kakayiwa, 1999). Low school enrollment leads to declining output in the labor force as fewer children receive the necessary education they need to perform. The current situation regarding education in South Africa represents a reversal in the standards of the country.

Social Programs for Orphans

The neoliberal approach of the World Bank favors home based care initiated by communities as opposed to national expenditures. The government has adopted this philosophy by funneling resources to orphans through caregivers and communities, rather than adopting wide-reaching policies such as free education or healthcare for all orphans.

The flaw with this approach is that the cost on the family and community is great and it often forces children to become caregivers to sick parents.

The South African government has three grant programs: Child Support Grant, the Foster Grant and the Care Dependency Grant. The Child Support Grant provides R110 per child per month. The Foster Grant provides R410 per child per month to children who have been legally fostered through the court. The Care Dependency Grant provides R570 per child per month to children with severe mental or physical disabilities. The grant programs are not reaching the majority of orphans. The child support grant is only for children from birth to six years old, but many orphans are between the ages of six and nineteen (Desmond and Gow, 2002). The Dependency and Care grant excludes those who aren't severely mentally or physically ill and the Foster Grant is wrapped in red tape.

Lyn Croote explained that Lambano Sanctuary, like so many orphanages in SSA, needs more support than it receives from the government.

“We do receive R650.00 per child per month from the Government but it is very little compared to how much is used to actually look after these sick children.”

Lyn Croote, Lambano Sanctuary. 11/10/2008.

The government's focus is on supporting fostering households, which reveals an assumption that all orphans are in the care of families. In fact, 94% of institutions for children in South Africa have closed due to lack of funding (Desmond and Gow, 2002). The South African government has placed a moratorium on the construction of new homes, but to pick up the slack for the many people in need of homes, churches and community based organizations are constructing houses fervently. This is yet another example of the private sector taking on the duties that were once performed by the public

sector. Lambano Sanctuary provides one example of a private sector organization stepping in to fill the gap of services for children with HIV/AIDS.

“We test every new child that comes into Lambano, if they test negative they are sent out for adoption. As we are full, once they have tested positive, we make sure they are placed on Anti-Retroviral drugs and TB, and then we have them placed in facilities that can look after them. We are, more and more, taking in the really sick children from the community and getting them onto the Anti-Retroviral drugs and then we are able to put them back with their families and we monitor them in the community.”

Lyn Croote, Lambano Sanctuary. 11/10/2008.

Despite evidence to the contrary, prominent Western institutions, such as the CIA, count South Africa as a success story. The Factbook boasts that growth has been “robust” since 2004, thanks to macroeconomic stability. “South African economic policy is fiscally conservative but pragmatic, focusing on controlling inflation, maintaining a budget surplus, and using state-owned enterprises to deliver basic services to low-income areas as a means to increase job growth and household income” (CIA World Factbook/South Africa). The Factbook also conceptualizes the lack of services such as electricity in a different manner than critics of neoliberalism do. The Factbook states, “At the end of 2007, South Africa began to experience an electricity crisis because state power supplier Eskom suffered supply problems with aged plants, necessitating ‘load-shedding’ cuts to residents and businesses in the major cities” (CIA World Factbook/South Africa).

Rachel Fredlund is the Director of the Mseleni Children’s Home in rural Kwa-Zulu Natal, South Africa. We corresponded via email. Subsidies from the South African government and private donations help to cover the cost of food, healthcare and education for the children. Ms. Fredlund explained that while the local schools are free, there are costs involved for items such as books, uniforms and educational materials,

which Mseleni must pay for. Ms. Fredlund echoed the remarks of other informants regarding the prospects for employment and higher education for the children in the home.

“The really bright kids can do very well, but for the ones who pass but not with great marks, it is difficult to go to further studies or get a job.”

Rachel Fredlund, Mseleni Children’s Home. 12/4/08

In addition to the children’s home, Mseleni operates a separate project, Lulisandla Kumntwana or “Reach Out to the Child”, which works with local churches caring for children who have been orphaned. Lulisandla Kumntwana recruits teams of volunteers to visit orphans and provide practical, spiritual, and emotional help. Volunteers distribute food, plant community gardens, provide school uniforms, teach life skills and also work to help orphaned children find adoptive parents. Lulisandla Kumntwana is another example of a private organization struggling to meet the needs of orphans on a shoestring budget. The subsidies that the government provides cover only two thirds of the operating costs.

Zimbabwe

In 1980, after a protracted and bloody struggle to achieve independence from Britain, Robert Gabriel Mugabe became the first president of Zimbabwe—formerly Rhodesia. Mugabe’s ruling Zanu-PF party was ideologically structured around Marxist-Leninist socialism. His policies centered on redistributing wealth to the poor by allocating resources for public healthcare, education and job creation.

Zimbabwe joined the World Bank and IMF shortly after independence, and the nation’s first encounter with the IMF in 1983 was problematic. In exchange for receiving a Z375 million standby credit, President Mugabe agreed to devalue the Zimbabwean

currency, reduce spending on development and eliminate subsidies. However, he failed to meet the budgetary reduction criteria and the IMF suspended the loan, halting business between Zimbabwe and the IMF for the following eight years.

During the 1980's, spending on education, healthcare and other social programs led to an over expenditure which caused the government to turn back to the IMF in 1991 with a more sincere promise to obey IMF conditionalities (Kawebe and Dibie, 2000). This time, Zimbabwe adopted a formal Structural Adjustment Program.

The decision to adopt an SAP did not involve input from the ministries of education or health and social services (Kawewe and Dibie, 2000). The decision to adopt structural adjustment policies came from commercial banks and the finance ministry. The finance ministers and commercial bankers were mostly white elites who would benefit most from the adjustment programs. (Kawebe and Dibie, 2000) The most vulnerable members of society, children, stood to benefit the least from structural adjustment.

When Zimbabwe implemented SAPs, it meant: labor retrenchment, trade liberalization and currency devaluation, removal of subsidies, and an increase in user fees in education and healthcare (Kawewe and Dibie, 2001). In the scholarly literature on this topic, a consensus seems to exist around the idea that the SAPs had negative impacts on children throughout Southern Africa.

Unemployment

Between 1990 and 1996, poverty in Zimbabwe worsened, especially in the rural areas. Female-headed households, which usually contain the most children, were most affected (Alwang, et al., 2001). In urban areas, the deepening poverty has been linked

with the economic structural adjustment through the elimination of jobs, especially for highly skilled and educated workers (Alwang et. al. 2001). Unemployment and rural poverty affects children both directly and indirectly. For example, unemployed parents tend to cut back on expenses like school fees, proper nutrition and health care. Structural adjustment policies led to high unemployment in the public sector. Those who were laid off also lost healthcare, educational opportunities for their children, and their homes. Family nutrition decreased due to loss of income and the rise in food prices that comes with an economy in the throes of high unemployment (Kawewe and Dibie, 2000). Orphans living with extended family members would be susceptible to these economic changes.

Women also became vulnerable to HIV/AIDS because many husbands left home in search of work. One study found that Zimbabwean men who went to urban areas in search of work tended to engage in sexual activity with multiple casual partners or sex workers, potentially contracting diseases and bringing them home to their wives (De Vogli and Birbeck, 2005).

Education

In addition to increasing unemployment, the SAP also affected education. School fees, abolished by Mugabe after independence, were reinstated in urban primary schools in 1992. Budget cuts in education affected rural areas through loss of funding for rural district councils and school development councils. Secondary school participation fell during the 1990s, most dramatically in urban areas (Alwang, et al 2001). Girls were affected disproportionately more than boys. Structural adjustment policies are accused of

marginalizing women and children by making education so expensive that families were forced to keep girls home due to patrilineal traditions.

Kerry Varano is a former preschool teacher and nursery worker at the Thembiso Children's Home in Bulawayo, Zimbabwe. I interviewed Ms. Varano via phone.

Thembiso was mostly funded through a Church in Scotland, along with local donations. In 2007, the orphanage was receiving Z\$1,000 per child which at the time was roughly US25 cents per month.

Ms. Varano noted that social spending by the Zimbabwean government waned considerably after neoliberal policies were introduced and explained how orphans were impacted. At the orphanage where Ms. Varano worked, she often heard staff talk about how school uniforms used to be better, teachers in the on campus primary school used to come more often, and lessons used to be more competitive.

Nutrition

Structural adjustment's emphasis on export agriculture had the effect of reducing overall food production and raising food prices. Following the removal of food subsidies, low income urban Zimbabwean families saw the cost of living rise by 45% between mid-1991 and mid-1992 (De Vogli and Birbeck, 2005). As food prices rose, low income households had little money left over after purchasing food to spend on basic commodities. Women continue to bear the brunt of the food subsidy cancellation and price reforms because they are responsible for securing the food and other basic needs in the house-hold.

Scholars argue that job cuts, agricultural policies and healthcare cuts all dealt blows to children. Scholars also contend that structural adjustment policies exacerbated

the spread and impact of HIV/AIDS in Zimbabwe. The macroeconomic policy of removing food subsidies led to a spike in food prices which forced some women to turn to commercial sex work, putting themselves and their future children at risk of contracting HIV/AIDS (Birbeck and De Vogli, 2005).

Lastly, the switch to export-led agriculture contributed to malnourishment in children. In fact, 80% of malnourishment in children occurs in states where farmers switch from subsistence farming to export production for industrialized nations, on the advice of the IMF and SAPs (Kawebe and Dibie, 2000).

Shortages in the food and water supply have a direct impact on orphans. Ms.

Varano noted:

“At Thembiso, the kids would have “sudza,” which was a porridge made of cornmeal and water every morning. Every now and then there would be a piece of meat in it with oil or salty minnow fish. There was no water or juice or vegetables. They just drank tea once a day. There would be times when they couldn’t get maize meal so they’d have rice instead. One time they had these big corn kernels as their meal. Starting in 2007, the water situation got really bad, because the country stopped purifying the water. Since Thembiso gets city water, all the kids got really sick. They were out of school, just lying in bed sick. They didn’t know what to do. It seems that what happened is that their bodies just got used to it. Two of the babies ended up dying because of it.”

Kerry Varano, Thembiso Children’s Home. 10/16/2008.

Healthcare

One of the students in the Thembiso Children’s Home preschool, Washington, became sick and had to be taken to the state hospital. According to Ms. Varano, in the state hospital, parents are responsible for bathing, feeding, changing and monitoring the care of children. With just two nurses for a floor of seventy six sick children, orphans (without parental supervision) left at the hospital had little chance of survival.

“Basically at Thembiso, you’re fed, but if you don’t eat no one monitors it. He (Washington) had stopped eating, and no one noticed. He was really stunted. He was five, but he looked two. He slept in a crib, and was never potty trained. His mother died when he was born, and his father was blind. One day when I was there, they took to him to

Mpilo (the state hospital). Two days later, I wanted to go visit him. Well, at these state run hospitals, the parent has to be with them to feed them, change them, bathe them. When I arrived, two days into his stay, his diaper was filled out, he hadn't eaten, and he had snot all over his face. No one had fed him, no one had changed him, and he had just been left there. So I started going every day, they would call me "Mama Wash" because I would bathe him, feed him. Once a day, there was food that would come on a cart. It was sudza (maize meal) with peanut butter. It would just be this nurse that would push this cart; the mother would have to get it and put it in a bowl and feed the kid. No one told me what to do; I went and found a chair. Anyone could have come in and taken him. There was no security. Once a day a doctor would come around, but there were 12 kids in a room and if a mother wasn't there with a kid, he wouldn't even look at the kid."

Kerry Varano, Thembiso Children's Home. 10/16/2008.

Five days before she was scheduled to return to the United States, another baby fell ill and had to go to the hospital.

"In October there was a one year old baby who was found in South Africa covered in scabies. One of his eyes was swollen shut and he was lethargic. Five days before I left Zimbabwe, they took him to Mpelo and left a sign on his bed that said 'please feed me'. He had an oxygen mask on his face and the nurses taped his fingers together so he wouldn't take it off. He died within weeks because there was no one to feed him."

Kerry Varano, Thembiso Children's Home. 10/16/2008.

The public hospital in Bulawayo was severely understaffed with just two nurses assigned to a floor with seventy-six children. While Ms. Varano was there, she observed a representative from the United Arab Emirates recruiting the overworked and underpaid nurses to work in the UAE. Private clinics were sluggish as well. Ms. Varano recalled waiting for an entire day with a child so that he could get a blood sample drawn.

The informant's anecdotes are suggestive of the idea that orphans are dependent upon government services, in this case the services of a state run hospital, in the absence of parents to advocate and care for them. Studies have shown that orphans in child-headed households lack proper nutrition, education and healthcare (Adato et al, 2005). Her stories demonstrate that a private sector response is not sufficient to handle the orphan care crisis, without sufficient support from the public sector.

Zambia

Zambia's experiment with structural adjustment in the 1980's led to sharp decreases in wages and increases in inflation and unemployment from restrictions in the money supply and rolling back of credit. Per capita income in 1986 was US \$70, down from US \$600 in 1980. During that same period, inflation rose 60% and unemployment increased from 14 to 25 (Jere-Mwiindilia, 1994). Former Zambian president Kenneth Kaunda and his United National Independence Party (UNIP) broke with the IMF program on May 1, 1987, calling the policies neo-colonial. He was referring to the policies of removing subsidies and liberalizing trade. Zambians protested the higher food and fuel prices that structural adjustment had brought, as well as the devastating economic changes.

Upon breaking with the IMF, Kaunda "re-inflated" the currency and reestablished subsidies on maize meal. Turning his back on the IMF meant that Kaunda had cut Zambia off from all sources of future aid. Zambia fell into arrears with the World Bank and IMF, claiming that the debt repayment burdens were simply too high. Initially, breaking ties with the IMF led to growth in Zambia, but as a result of the break, Zambia found itself shunned from its multilateral and bilateral donors, making further growth impossible (Hanson and Hentz, 1999).

In 1991, the pro-neoliberal Movement for Multiparty Democracy (MMD) was elected with President Chiluba at the helm. By 1995, Zambia had implemented a Structural Adjustment Program with the IMF calling for currency devaluation, trade

liberalization, slashed social spending, privatization, anti-inflation measures, raising of interest rates, promotion of export led growth and deregulation. The social spending cuts affected education, health services, sanitation, water and irrigation, electric power supply, roads, and transportation (Jere-Mwiindilia, 1994).

In 2006, 80% of Zambians were living in chronic poverty. Zambia's per capita external debt amounted to US\$605, while the annual per capita national income is just US\$330 (McPherson, 2006). US\$ 6 billion of Zambia's debt was approved for relief through the Highly Indebted Poor Country Initiative in 2005 (CIA World Factbook/Zambia). HIV/AIDS prevalence is particularly high in Zambia and the orphan population is subsequently expected to exceed one million by 2010, with 77% of those orphans being victims of the pandemic (McPherson, 2006).

The IMF approved a Poverty Reduction and Growth Facility (PRFG) arrangement with Zambia in June 2008. During a September 2008 mission to assess the progress of the plan, IMF Resident Representative to Zambia Birgir Arnasan, said the Zambian economy was performing strongly thanks to the IMF's recommendations, saying "Zambia's economic resurgence in recent years owes much to improved economic management. Continued adherence to prudent macroeconomic policies is essential for sustaining this achievement" (IMF Press Release, 2008). These statements show that the IMF is not considering changing their policy prescriptions for countries like Zambia, straddled with an HIV/AIDS pandemic and the need to care for millions of orphans. The following sections demonstrate that neoliberal policies on education, healthcare, land, and food all disproportionately affect orphans in Zambia.

Education

The spending cuts of structural adjustment made education unaffordable for many Zambian families and created disparities between boys and girls, orphans and non-orphans. Families who were affected by the higher prices of education were more likely to keep daughters home and send only their sons to school, disadvantaging girls throughout Zambia (Jere-Mwiindilia, 1994).

Neoliberal policies are compounded by the HIV/AIDS epidemic. Thirty percent of teachers are HIV positive, and more than three public school teachers were dying every week in 2001 (Boone and Batsell, 2001). It is possible to say that a fragile education system is particularly disadvantageous for orphans who already face an increased risk of not being able to attend school (Case et al, 2004).

A World Bank discussion paper on education policy in Zambia published in 1990, displays a clear bias on the part of the World Bank towards blaming problems on national circumstance rather than foreign pressure. The paper's author, Paul Achola, writes that the 1960's and 1970's were a time of tremendous growth in Africa's education systems, but "adverse economic conditions" and overpopulation contributed to a deterioration of education systems in Africa in the 1980's. The World Bank study also faults Zambia with decreased spending on education but never mentions that the cuts were sanctioned by the IMF in order for Zambia to qualify for aid (Achola, 1990).

Land

Part of the Structural Adjustment Program implemented was the Land Act of 1995, which privatized land in Zambia by converting customary tenure into long-term

lease holdings (McPherson, 2006). The privatization of land has led to a phenomenon known as “property grabbing”; in which relatives seize the land of deceased male family members, leaving orphans with no inheritance (McPherson, 2006).

Industry

The Sons of Thunder Orphanage, where Jaime Bugawski served as Interim Director, was the largest employer in a community outside Livingston, Zambia. I interviewed Ms. Bugawski via phone. As Director, Bugawski spent a large portion of her time filing compliance reports to ensure that the orphanage was keeping up with Zambian labor laws. Industry in Zambia fell after structural adjustment policies forced the privatization of several large sectors including coal production.

Healthcare and Nutrition

The SAPs in Zambia included a mandate for currency devaluation, which drove up the price of food. Ms. Bugawski shared that many families would prefer to foster orphans from extended family members, but poverty prevented them from caring for the youngest of orphans, infants, who required formula.

“We were known as the baby orphanage because we only took babies. Most of our kids came to us if the mom died in labor and the families couldn’t afford to buy formula. Zambians want to care for extended family members but they can’t afford formula for babies.”

Jaime Bugawski, Sons of Thunder Orphanage. 10/23/2008.

Food prices also affected the quality and amount of food that *Sons of Thunder* could afford to serve to the orphans who live there.

“The kids ate traditional Zambian food called shima (maize meal) at every meal. For lunch and dinner there is a relish to go along with it. We tried to have one

protein a day, chicken twice a week and some little fish. The kids ate porridge in the morning. They weren't malnourished but definitely didn't get enough protein. Bugawski reported that when orphans fell ill, they were treated in the orphanage's

private clinic, leaving the state hospital as the last resort.

“We did have some kids get sick. We always started at our clinic because it was in far better condition than Livingston General (the public hospital in town). There were a couple of private clinics in town primarily staffed by Indian doctors and we would take the kids there (rather than the hospital) to get x-rays done when necessary. An x-ray cost about \$4US.”

Jaime Bugawski, Sons of Thunder Orphanage. 10/23/2008.

These case studies illustrate that neoliberal policies in South Africa, Zimbabwe and Zambia have not led to a reduction in poverty, but have in most cases increased poverty. Research has shown that women have been hit hardest by structural adjustment by taking on extra responsibilities at home, looking for dangerous and exploitative work outside the home, and experiencing increased exposure to HIV/AIDS, which drives the surge in children becoming orphaned in the region. The informants' accounts demonstrate that private orphan care schemes are not able to absorb the shocks of adjustment. Higher food prices and user fees for education and healthcare mean that orphans go hungry and fail to receive quality medical care. Children in orphanages experience malnourishment, lack of access to education and face meager prospects for employment and housing once they age out of the orphanage.

CONCLUSION

As evidenced by the policies and statements of the World Bank and International Monetary Fund, neoliberal assumptions regarding the care provided to orphans by extended family members and orphanages are out of touch with the issues faced by SSA today. Neoliberal policies are meant to stabilize macroeconomies of countries in crisis. Tackling one crisis while ignoring another (the orphan care crisis), however, is unacceptable and unsustainable. SSA's orphan care crisis demands a shift in economic theory and policy. Neoliberalism's tenet of abstract individualism prohibits neoliberals from imagining that there are children who are dependent upon services such as the provision of food, healthcare and education. This paper demonstrated that orphans are not abstract individuals who can participate freely in the market because they cannot rely upon parents to secure them with healthcare, education or adequate nutrition as other children can.

Three crucial points arose from my research. First, I showed that liberal theory, which gave birth to neoliberalism, fails to understand the concept of dependency. I did so by examining the works of seminal liberal theorists to tease out their statements on dependency. Since neoliberalism champions the private sector, neoliberal policies assume that orphans are best cared for by extended family. That assumption is incorrect as evidenced by the studies, reports, and case studies on children orphaned by HIV/AIDS

living with extended family which I presented (Adato et al, 2005, Case et al, 2004, Ntozi and Kakayiwa, 1999).

The research that I presented demonstrated that extended families are unable to cope with the number of orphans being thrust into their care. This is because extended families lack resources and the caregivers are often elderly or sick. As a result, orphans living with extended families have been shown to have lower rates of school enrollment and attendance. In addition, many orphans are not accepted into their extended families because of stigmas surrounding HIV/AIDS or other reasons. These children often end up living on the street, making them vulnerable to a number of dangers. Additionally, child-headed households are on the rise because of the orphan care crisis (Adato et al, 2005).

After showing that families cannot absorb the millions of orphans in SSA, I examined whether private orphanages, children's homes and charities were sustainable solutions to the orphan care crisis. I did so by conducting personal interviews with orphanage staff in South Africa, Zambia and Zimbabwe. Staff in these three countries all expressed that they, at times, could not afford to adequately feed, clothe and educate the numbers of children thrust into their care. They also worried about the children being able to afford secondary school or college, and the general fate of the children once they aged out of the orphanage. To provide a broader context for my interviews, I examined each country's relationship with neoliberal institutions. I looked at when they joined the World Bank and I.M.F. and which types of loans and adjustment programs they took on. I also looked at the access that orphans in each country had to healthcare, education and food where data was available. In each case study, I found that neoliberal policies are not generous to orphans.

Third, based on the inability of neoliberal theory to recognize dependency and the inadequacy of the private sector (families and charities) to adequately handle the orphan care crisis in SSA, I call for a shift away from neoliberalism towards feminist theory in the formulation of orphan care policy. The feminist ethic of care places the responsibility of caring for dependents in the public sector. A feminist perspective on orphan care is needed to properly understand the dependence of orphans, and their rights as citizens in a democracy, to needed services.

Future research on this topic could include an analysis of, or development of, best practices for orphan care from a feminist perspective. Research should include perspectives from children who have been orphaned by HIV/AIDs to give agency and lend a voice to this growing population. Perhaps the answer lies in increased government funding to orphanages and foster families. Or perhaps the solution is to cancel user fees for education and healthcare and reintroduce subsidies on food, fuel and other vital necessities. Further, perhaps a ministry on care for orphans, or special schools, hospitals and housing communities should be planned and constructed for orphaned children.

One likely objection to my argument might be that countries in SSA do not possess the resources needed to provide orphans with healthcare, education, or housing. In response, I would say that moving away from neoliberalism would include the canceling of debts owed to neoliberal institutions, fairer terms of global trade and other measures that would create more wealth in these countries. Neoliberal policies that are currently in place, such as SAPs, should be reformed to include provisions for human security, public health and education funding.

Another likely objection might be that poorer nations, such as those in SSA, should focus on their economic growth and deal with issues of human development later on. I would argue however that having a healthy and educated population is crucial to achieving economic growth (Sen, 2001). Amartya Sen's "development as freedom" thesis states that the constitutive role of freedom in development is the very act of expanding substantive freedoms. He defines substantive freedoms as freedom from starvation, premature morbidity, as well as the freedom to be literate, participate in politics, and freedom of speech. The instrumental role of freedom in development is the idea that increasing one's freedom can be effective in growing the economy of countries. In this way freedom is both a means to as well as an end of development. Therefore, freedom is the path to development, rather than the objective of development. Applying his thesis to this paper, it is possible to say that states must provide substantive freedoms to orphans in order for economic growth to be realized.

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