ASSESSING REINTEGRATION OF PREVIOUSLY INSTITUTIONALISED ORPHANS AND VULNERABLE CHILDREN IN THE CITY OF BLANTYRE, MALAWI

MASTER OF ARTS (SOCIOLOGY) THESIS

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M.A. (SOCIOLOGY) THESIS

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BA(Sociology)- University of Malawi

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DECLARATION

I declare that this thesis is my original work and hence any errors made herein are mine alone. The opinions expressed in the study are those of the researcher and do not necessarily represent the views of the supervisors. Where other researchers' work has been used, due acknowledgements have been made accordingly. I further declare that this thesis has never been submitted to any university or any institution of high learning for similar purposes.

OLIVE GONDWE

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Full legal name

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Signature

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Date

CERTIFICATE OF APPROVAL

We, the undersigned, hereby certify that this dissertation has been submitted to the Faculty of Social Science, Chancellor College, University of Malawi, with our approval.

Signature_____ Date: _____

Paul A.K. Kishindo, PhD. (Professor)(Posthumous)

First Supervisor

Signature_____ Date: _____

Felix, D. Kakowa, (Senior Lecturer)

Second Supervisor

DEDICATION

To previously institutionalised children who have had the trauma of being separated from their family but also the privilege of being reunited with their family.

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This study would not have been possible if it was not for the strength and wisdom of God. With gratitude, I hereby thank those who contributed to the success of this dissertation. I wish to make special mention of the late Professor Paul Kishindo, my supervisor for his wonderful advice, guidance, and encouragement from the beginning of this journey.

I also thank Mr Felix Kakowa, my supervisor, for his continual support and patience during the whole study. He provoked me to do more, be creative and reach my full ability.

ABSTRACT

HIV/AIDS and conflicts have left millions of children orphaned and vulnerable specifically in the Sub-Sahara African region. The increased number of orphaned and vulnerable children has resulted in a large proportion of them ending up in child-care institutions. The aim of this study was to gain an understanding of children's adjustment in terms of social relationships within and outside of receiving communities, as well as their ability to integrate into the community following their release from a Child Care Institution. To address the study question, I conducted 28 qualitative interviews with purposefully selected participants, including previously orphaned and vulnerable children, Child Care Institution managers, family members, and a social welfare officer. I used qualitative thematic analysis to analyse the collected data. The findings reveal that poverty is the primary impetus for children to enter Child Care Institutions in Malawi. Participants recommended that reintegration begin after the children complete secondary school. Additionally, the study found that positive community perceptions aided significantly in the effectiveness of discharged children's reintegration. I conclude that the reintegration process is effective in Malawi. However, there is a need to invest in continuous monitoring and support of the reintegrated children.

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CHAPTER 1

INTRODUCTION

1.1 Background to the study

HIV infection and its clinical manifestation, AIDS, are considered a pre-eminent challenge for global public health, affecting populations worldwide since the 1980s. According to Gregorio, Marouane, Edy and Jose (2020), despite the progress made in prevention and treatment programs, the disease is still pandemic, with the African continent being the hardest hit. An estimated 37.9 million people were living with HIV in 2018, of whom 20.6 million lived in Eastern and Southern Africa, 5 million in Western and Central Africa, and 240,000 in the Middle East and North Africa. The same year saw about 770,000 deaths from this disease and 1.7 million new infections, 61% of which occurred in sub-Saharan Africa (Gregorio, Marouane, Edy & Jose, 2020). Around the world, estimates suggest that between two and nine million children live in residential homes for children such as orphanages and children's homes (Desmond, Watt & Saha, 2020). According to a UNAIDS report published in 2010, the problem of orphans and vulnerable children (OVCs) has reached catastrophic proportions in the Southern African countries of Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Eswatini, Zambia, and Zimbabwe, with nearly 10% of the populations of these countries infected with the HIV/AIDS virus.

In Malawi, the first HIV case was diagnosed in 1985, and AIDS-related deaths have claimed many lives in the country, resulting in a rise in the number of orphans and vulnerable children (OVC) (Mitchell, 2004). Malawi ranks among the countries with the highest HIV prevalence rates in the world, with 9.2% (aged 15-49 years) infected with the virus (UNAIDS, 2020). In Malawi, around one million people were HIV positive in 2018, and 13,000 people died because of AIDS related illnesses (UNAIDS, 2020). As a result, people's life expectancy has been reduced as a direct consequence of HIV/AIDS (World Health Organization, 2020).

According to the Ministry of Gender, Children, and Community Development (2011), an orphan is defined as a child under the age of 18 who has lost one or both parents due to any cause of death, including natural causes. A child who loses one of the parents is classified as a "single orphan" and the one who loses both parents is classified as a "double orphan''. Globally, it is estimated that there are approximately 153 million single orphans and 17.8 million double orphans (Ministry of Gender Children and Community Development, 2011).

Prior to the HIV epidemic in Malawi, OVCs were limited in number and were supported by extended families or communities. This was not a societal issue back then since the OVC population was not as large as it is now that the HIV/AIDS pandemic has taken hold. According to Nsabimana (2016), globally, as the number of OVCs increased and the social structures changed, extended families were unable to cope with the enormous burden of caring for OVCs, and as a result, a large proportion of them ended up in child-care institutions (CCIs). A CCI, as defined by the International Institute for Research and Development (2007), is a group living arrangement for more than ten children who do not have biological or surrogate parents. This comprises transitional homes, orphanages, and state-run specialty facilities for children who have broken the law or need care and protection. This does not include boarding institutions for educational purposes. Munthali (2019), provides categories and a detailed description of childcare institutions in Malawi, see Table 1.

The term "childcare institution" has replaced the term "orphanage" in Malawi (Malawi government, 2014), because these institutions house orphans and other vulnerable children, collectively referred to as orphans and vulnerable children. Certain children are discovered in institutions because of their birth parents' neglect or abandonment. Both birth parents may be alive but abandon their children due to factors such as alcoholism, poverty, or drug abuse. Indeed, up to 90% of orphans in Malawi's CCIs still have at least one living birth parent (Munthali, 2019). That's, in many cases, orphaned children should be able to remain with one birth parent and receive support for their basic needs. However, most living birth parents, sometimes under external pressure, have chosen to send their children to institutional care homes in search of better education, nutrition, and other social services. The poverty of living birth parents has

been cited as the primary reason for their decision to place their children in institutional care (Munthali, 2019).

Table 1: Categories and description of CCI in Malawi

Category	Description with example
Transitional care homes for infants	A temporary residential placement of children awaiting further placement in a short- or long-term care center. Examples include open arms in Blantyre and open arms in Mangochi.
Orphanages	These are institutions that care for children who have lost one or both parents to death. Orphanages are the most common type of institution in Malawi; they represent 61% of all institutions according to a study by Malawi government (2011). The children are referred to orphanages by their community or family members. Examples include Victory children's center in Thyolo and Stephanos in Blantyre.
Community foster care homes	This is placement with a non-relative in a foster home (UN, 2010). Formal fostering involves foster parents who are trained by NGOs or government in parenting skills. It is usually initiated by the state and these families are constantly monitored (Munthali, 2019). It may be short term, medium term or long term. Children are placed in formal Foster Homes under a court order as specified in the Malawi Child Care, Protection and Justice Act of 2010. Informal foster care is usually unregulated by the state. In emergency situations such as armed conflict, informal fostering often occurs at the spur of the moment when a family takes in an unaccompanied child. This has the aim of ensuring immediate, family-based care for a child in need of alternative care. (Every child, 2011). However, it must be noted that formal foster care homes in Malawi are rarely used mainly due to lack of resources (Milligan, Withington, Connelly & Gale, 2016) compared to other countries like Ethiopia where formal foster care has been successfully implemented at a larger scale (PAD, 2017).

	Examples include SOS children's villages. In each family, the children live with their foster brothers and sisters, affectionately cared for by their SOS mother.
Rehabilitation shelters (for children living in and on the street)	This is a home or institution, or part thereof established for purposes of reception, education, vocational training and counselling of children in conflict with the law. Examples include Samaritan Trust in Blantyre and Lilongwe social rehabilitation center.
State run reformatory centers	Mpemba reformatory in Blantyre and Chilwa reformatory center in Zomba which take in children who have been court mandated because they are conflicting with the law or because they need special protection.
Special needs center	This is an institution for children who are physically and mentally challenged. Some children in Malawi are institutionalised because of disability. Evidence on whether families are more or less likely to reject orphaned children who are disabled or have special needs is inconclusive. However, staff at Open Arms in Mangochi observed that children with complex needs were more likely to remain, abandoned by relatives, once they are in transitional care (Malawi Reintegration Study, 2014). An example of a special needs center in Malawi is Montfort Demonstration Learning Difficulties Resource Center, MaryView School for the Deaf (Our Lady of Perpetual Help) both in Chiradzulu and Chifundo II in Blantyre (Malawi Disability Directory 2013).
Church home	A residential arrangement run by a religious entity, for example, Mother Tereza Home (house of joy) in Kasungu and Chisomo children's club in Blantyre.

Child protection workers occasionally refer to CCIs as a more trustworthy and effective way of protecting OVCs from the various types of social evils they face in their communities. Examples of such evils may include insufficient housing, a lack of parental care, the risk of ending up on the streets, and inadequate nutrition (Vasudevan, 2014). Furthermore, to protect rape victims from perpetrators who may stay nearby, some girls have been sent to the CCI while their case is being heard in court. According to the Child Care Justice and Protection Act (2010), a police officer, social welfare

officer, chief, or member of the community may take a child and place him/her in his/her temporary custody or a place of safety, which is typically a CCI, if satisfied on reasonable grounds that the child needs care and protection.

Vulnerability is a term that encompasses all individuals who are more exposed to risk than their peers, such as children and adolescents (Arora, Shah, Chaturvedi & Gupta, 2015). Vulnerable children include those who live in the streets, in CCIs, with disabilities, and those who are affected and sometimes infected by HIV/AIDS.

Numerous children fall into multiple categories, such as a street child orphaned due to HIV/ AIDS. According to Ministry of Gender Children and Community Development (2011), the majority of OVCs are adolescents, which means they are in the process of exploring, discovering, and experimenting with a wide variety of behaviours, some of which may be risky and thus have a detrimental effect on their identity formation.

In Malawi, a vulnerable child is defined as one who lacks capable parents or guardians, who lives alone or with elderly grandparents, who lives in a household headed by siblings, who lacks a fixed place of residence, and who lacks access to health care, psychosocial support, education, and shelter (Government of Malawi, 2005). While CCIs are beneficial in providing temporary solutions to OVCs' needs, many of them face numerous challenges and limitations globally, and specifically in Malawi, which impair their ability to deliver the anticipated social services.

Institutional care is extremely costly to operate (Munthali, 2019). Three African countries namely Tanzania, South Africa and Malawi, provide examples of the cost of maintaining a respectable CCI. A study conducted in Tanzania revealed that the annual cost of caring for one child in an institution exceeds $1,000, which is six times the cost of caring for a child in a foster home. Similarly, institutional care has been found to be six times the cost of family-based care in South Africa. In Malawi, the monthly cost of institutional care for a child range between $66 and $150. The majority of CCIs (89%) face financial constraints, which jeopardize the effectiveness of childcare (Munthali, 2019). Due to these financial constraints, some children in institutions have been returned to their families. However, due to poverty, it is more expensive for extended

families to take in OVCs, which is why many families continue to send their children to CCIs.

Additionally, international research indicates that a child who is separated from his or her family is at a greater risk of exploitation, harm, neglect, and abuse (Subbarrao, Mattimore & Plangemann, 2001). The negative consequences of this separation can last a lifetime. For example, institutionalisation can have a long-lasting negative effect on a child's physical development, brain growth, and rate of learning (Munthali, 2019). Occasionally, older girls are abused by members of the institution's staff, though such incidents are rare.

Sometimes, abuse occurs between children when boys sexually abuse girls from the same institution. In comparison to family care settings, institutional care has a sixfold increase in violence (UNAIDS, 2004). Corporal punishment is widely used in certain institutions. Neglect can be linked to work overload because of overcrowding, where one caregiver may be entrusted with the care of as many as fifteen OVCs. This means that only a few children receive attention, while the remainder are neglected. CCIs are expected to provide OVCs with traditional love, care, and support. Often, however, this is not the case, as many of these CCIs' staff are untrained, and some are even unlicensed, rendering them incapable of providing the much-anticipated love, care, and support (Subbarrao, Mattimore & Plangemann, 2001).

Another difficulty associated with institutionalisation is the loss of children's cultural identity and values. As the Ministry of Gender and Community Services (2003) points out, the family instils a sense of religious and cultural identity in children and ensures they embrace family values. However, because of institutionalisation, children adopt a variety of values, habits, and customs to which they are exposed, and as a result, they develop a difficult-to-manage cultural identity. This is because they come from diverse backgrounds, and when cultures and group conformity collide, they develop into difficult to discipline individuals. Institutionalised OVCs are more likely to have behavioral and interaction problems that persist into adulthood because of their trauma-filled lives (Brown, 2009). In terms of education, double orphaned children enroll at a lower rate than non-orphaned children in every country, owing to their lack of interest

and motivation to pursue their education (Ministry of Gender, Children and Community Development, 2011).

The adoption of the Child Rights Convention (1989) sparked a global movement to deinstitutionalise programs that assist orphans and vulnerable children (Horvath, Horvath, Nabieu & Curtiss, 2019). Numerous countries throughout the world are reintegrating orphans. As previously stated, institutionalisation has a variety of negative consequences that can be mitigated through reintegration. Malawi implemented the concept of OVC reintegration in 2015. Sierra Leone is another country that has embraced reintegration, having received a directive from UNICEF to de-institutionalise CCIs (Horvath, Horvath, Nabieu & Curtiss, 2019). Rwanda is another country that has reintegrated its orphans successfully (Kuehr, 2015).

Reintegration is the process by which OVCs are reintroduced to their immediate or extended families and communities for them to receive necessary protection and care and to develop a sense of belonging and purpose in all aspects of life (Government of Malawi, 2014).

1.2 The origin of reintegration

The ratification of the Convention on the Rights of the Child (1989) served as a catalyst for a global movement to de-institutionalise OVCs (Horvath, Nabieu & Curtiss, 2019). Malawi officially started implementing reintegration of OVCs in the year 2015 to align with the UN Guidelines for Alternative Care of Children (UN, 2010), the Convention on the Rights of the Child (UN, 1989), the African Charter on the Rights and Welfare of the Child (OAU, 1990), the Malawi National Policy on Orphans and other Vulnerable Children (Ministry of Gender and Community Services, 2003), and the CCJP (Government of Malawi, 2010). Article 7.1 of the Convention on the Rights of Child (CRC) states that the unnecessary separation of a child from his or her family is a violation of the child's fundamental right to know and be cared for by his or her parents (UN, 2010). Where it is not possible for families to continue caring for their children, the CRC and other instruments, both local and international, recommend that such children should be placed in a family-based care arrangement and not in an institution.

1.3 Steps of reintegration in Malawi

To facilitate the reintegration process, the government of Malawi in conjunction with its development partners, developed a framework of reintegration informed by the 2014 Reintegration Study (Government of Malawi & UNICEF, 2015) to be followed for standardization. The framework emphasizes community-based family care and further provides gatekeeping strategies against the institutionalisation of children (Munthali, 2019). Community based care is any form of care including family care which is provided within and with support of the community. According to the government of Malawi and UNICEF (2015), the following are the 5 steps of the reintegration framework in Malawi:

Step one is a careful, rigorous and participatory assessment and decision making about the suitability of the child and family for reintegration. Step two is preparing the child, family and community for reintegration. A third step is about carefully planned reunification. Restoring trust and rebuilding relationships through extensive follow-up support to the child and family is a fourth step. Finally, restoring trust and rebuilding relationships through work with the wider community. Application of this reintegration framework resulted in the reintegration of 303 children in 2017 alone (Munthali, 2019).

1.4 Statement of the problem

The growing number of OVCs makes it economically unfeasible for families and communities to meet the increased demand for their care. According to Lipper (2019), 20% of Malawian households are responsible for OVCs, and most of these households lack the financial capacity to pay for their family members' basic needs. As a result, many children are moved to CCIs to obtain perceived superior care and assistance, even though they lack the necessary care to meet their fundamental needs inside their households. Given the numerous detrimental consequences of institutionalisation, the Malawian government and development partners have implemented several programs to assist OVCs and strengthen their reintegration into the society. UNICEF is one such partner. UNICEF's OVC initiatives are child- and family-centred, with an emphasis on providing resources and support to families, parents, and caregivers so they can provide for their children. They collaborate with the Ministry of Gender, Children, Disability, and Social Welfare to strengthen structures and systems and to improve national coordination of responses to OVC in accordance with the National Plan of Action for

Orphans and Vulnerable Children, which recommends that children grow up in families.

The Reintegration Programme is being undertaken in Blantyre, Dedza, Lilongwe, and Mangochi districts. Blantyre has 45 CCIs and over 1200 children were in these CCIs before reintegration which started in 2016. According to a report by the Blantyre District Social welfare, 595 children were reintegrated by the year 2021. This study will focus on Blantyre because the district has been a pioneer in reintegrating OVCs in the country since 2015. Government policies and initiatives support the program's implementation to achieve the program's targeted results of allowing children to grow up in a family environment and satisfying their fundamental requirements. However, implementing a program's policies is one thing; accomplishing the program's desired goals is quite another.

Since Malawi began reintegrating OVCs five years ago, little is known about whether the program is addressing the requirements of the children (the program's beneficiaries).

1.5 Aim of the study

To assess the process of reintegrating formerly institutionalised OVCs into their families or communities, with a particular emphasis on the Malawian city of Blantyre.

1.5.1 Specific objectives

The specific objectives were to:

- To assess how CCIs prepare children for re-integration.
- To examine how institutionalised children perceive institutionalisation
- To establish the level of state and non-state support for the re-integration process
- To establish how children relate to their families and communities during reintegration.
- To evaluate the effectiveness of the reintegration process

1.6 Significance of the study

Considerable data gaps exist because not much has been studied about reintegration in Malawi so this study will be among the pilots. The study will act as a baseline for further studies. In Malawi general issues about orphans have been studied, but little is done on assessing the re-integration into society of children released from institutional childcare centres in Blantyre. Potential contribution to the growth of knowledge that this study

will bring is found in its boldness to establish the level of state and non-state support for the re-integration process.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This section presents a review of the literature related to the problem under investigation. The literature consists of findings from studies in relation to reintegration, the challenges faced during reintegration, factors that determine whether previously institutionalised children are likely to cope with reintegration or not, the negative impacts of institutionalisation and its psychosocial effects. This section also discusses some of the challenges that facilitators of reintegration face.

2.2 Challenges faced during reintegration

This section discusses what other studies have discovered to be the challenges that OVCs face during reintegration. Challenges faced by facilitators of reintegration will also be highlighted. A study by Gwenzi (2018), conducted in Zimbabwe set out to explore transition into adulthood for children living CCIs. The study was qualitative and used semi structured interviews on care givers and social workers. The study found that young people leaving Harare's CCIs face challenges as they move from CCI into the community. Gwenzi (2018), attributes this to the fact that the age at which the children transition tends to turn them into instant adults and without much support from the facilitators of reintegration.

Gwenzi states that community attitude towards previously institutionalised young people affects the transition because of the stigma attached. The study concludes that lack of information about care leaver outcomes impacts badly on service delivery for the individuals. Additionally, lack of financial and human resources inhibits the support that could be provided to care leavers in the form of transitional housing or family support after successful reunification (Gwenzi, 2018).

This study is in line with another study done in Rwanda with the aim of establishing how residential care of children affects their social adjustment in terms of social relationships within and outside the receiving communities as well as their ability to fit in the community after being removed from the institution (Muthoni, 2007).

The study investigated individuals who are 15-21 years old, have stayed under residential care for two years or more and have been released back to their society. The study was both qualitative and quantitative. The study applied a combination of data collection methods and tools such as in-depth interviews, simple observations, structured questionnaires, recording case studies and review of secondary data.

The study revealed that negative community perceptions played a major role in hampering effective restoration of discharged inmates leading to homelessness among some of the former inmates. According to Muthoni (2007), the study also revealed that there is no common framework for providing residential care ad reintegration to the children both by government and CCIs. There is also no common curriculum for imparting knowledge and skills in both government and CCIs. In terms of reintegration and ability to engage in economic and social activities, most of the discharged individuals lacked basic skills to engage meaningfully in the economic activities.

The challenges are not only faced by the OVCs but also the implementers of the integration including the government, its partners and other stakeholders. A study was conducted by Muguwe, Taruvinga ,Manyumwa and Shoko (2011) in Zimbabwe to examine the successes and challenges that Zimbabwe had experienced in the process of reintegrating institutionalised children into society. The study employed multiple data collection methods namely, face to face interviews, focus groups as well as the use of questionnaires. The sample comprised nine randomly selected children's homes, nine administrators of the institutions who were purposively sampled, thirty-six foster mothers and ninety children.

The study found two main challenges faced during reintegration in Zimbabwe. The first challenge was that of lack of financial resources to carry out reintegration. At all stages, the reintegration process requires resources even after the children have been moved

out from the CCI. Follow up programs on the children and their family all require resources. Another challenge is that of failure to track the individual's family.

This is because some individuals go to the institution at a tender age and do not remember any details about their family while some children are found at the institution because of abandonment which makes it even more difficult to trace their family or to be accepted if the family is found (Muguwe, Taruvinga, Manyumwa & Shoko, 2011).

Studies have shown that stigma or negative attitudes of OVCs slow down their progress in reintegrating with their society. However, this does not mean that all society members have negative perceptions on reintegrated OVCs. CCIs also face challenges in order to carry out reintegration and the main challenge is lack of financial and human resources to successfully implement the programme.

2.3 Negative impacts of institutionalisation

This section discusses what studies have discovered to be the negative impacts of institutionalisation. This centers around the impact it has on the institutionalised individual in terms of family relationships and behavior.

The government of Malawi introduced the Malawi Child Care, Protection and Justice Act 2010, which provides the overall legal policy framework for care and protection of children in Malawi (Ministry of Gender, Children, and Community Development, 2011). The new law approaches child welfare in a more holistic way by: providing for a child as a subject of care and protection; strengthening adoption procedures; and legally recognising foster care. The law also strengthens the family and community-based care model of addressing child welfare. The effect of the law has supported efforts towards de-institutionalising the child care system. There has been a reduction in the number of children living in institutional care, with an increase in the number of foster parents, community-based childcare centres and other community-based structures, such as support groups.

Nsabimana (2016) conducted a study in Rwanda to examine the negative effects of institutionalisation and positive effects of reintegration on children's wellbeing. The study aimed to investigate whether institutionalisation negatively impacts the

psychological adjustment of children. Specifically, it explored children's perceptions on institutionalisation as a process, investigated the influence of biological parental living status on institutionalised children's psychological adjustment and evaluated the effectiveness of deinstitutionalisation as well as conditions for better psychological adjustment once children are reintegrated.

Focus group discussions and self-report questionnaires were used to collect qualitative and quantitative data from 177 children aged 9 to 16 and their parents/primary caregivers divided in 6 registered orphanages and 5 primary schools in Rwanda. Outcome variables included externalizing and internalizing behavior, attachment and self-esteem.

The study findings revealed that institutionalisation has a negative impact on children's psychological adjustment. The most remarkable and unexpected finding was that Rwandan children living in institutions had more impairment in psychopathological symptoms when one of the parents was still alive although the study did not prove improvement in the children's psychological adjustment after they reunited with their living parents after the reintegration.

The improvement was rather reported in attachment while no change was observed in externalizing behavior or self-esteem after deinstitutionalisation and worse, internalizing behavior worsened among de-institutionalised children. Family relationships and parenting involvement were reported to be the strongest predictors of children's psychological adjustment (Nsabimana, 2016).

Children institutionalised for longer times were at greater risk of disconnecting with their families. By staying away from their families or communities, Finnish OVCs missed the necessary relationships that exist among family members, and this impaired development of their physical, social, emotional as well as intellectual being (Gilligan, 2007). The OVCs became more attached to their institution instead of their families.

Elegbeleye (2013), in a study aimed at evaluating support facilities for institutionalised children in Nigeria, established that one surest way to minimize the negative impacts of institutionalisation is by ensuring a supportive environment for the children's rights

amid institutionalisation, and the way to achieve this is by putting the necessary support facilities in place. This study examined the support facilities needed to create a supportive environment for institutionalised orphans as well as the adequacy of such support facilities in orphanages in Nigeria. Elegbeleye (2013) argued that despite institutionalisation being negative but ensuring a supportive environment for the children while at the CCI can minimize the negative impact.

The categories evaluated include psychosocial support, educational training, food and nutrition, shelter and care, protection and legal support and finally health care. These are the necessary support facilities that orphaned children need for a better life. Psychosocial support is about the interventions that support orphans to cope with the emotional and social aspects and impacts of orphanhood. Educational training involves the activities that support intellectual development. Consistent school attendance, care giver skills for preschoolers must be built and increasing access to vocational training for older children should be provided (Elegbeleye, 2013). Food and nutritional support are a must for children in institutions.

Adequate and appropriate food is significant because insufficient diet will make orphaned children malnourished and malnourishment can lead to poor health and low resistance to diseases. This can lead to lack of energy and concentration in school, work and play (Elegbeleye, 2013). Shelter and care entail that, children must have proper beddings and clothing. Legal support must be present in any institution.

This is a necessity because orphans need to be protected from neglect, exploitation and trafficking. Lastly, health care is a necessity to make institutions a better place. This refers to efforts to ensure orphaned children have access to age-appropriate preventive and curative health care services to enable them to become productive adults who can contribute to the economy of their countries. This ensured that the OVCs experience a sense of well-being in spite of their childhood situations or disadvantages thereby cushioning them from the negative effect of their vulnerability (Elegbeleye, 2013).

Reintegration has also been studied by Jordanwood & Monyka (2014) in Cambodia with the aim of assessing the impact of reintegration on children. The study assessed seven areas to evaluate the outcomes: nutrition, education, employment, shelter,

stability, safety and children's connections to their families and communities. The study findings indicated that children access these criteria with different levels of success. Overall, the study found that children were reintegrated well, and most of them were still living with their new families. Most children were attending school and those above 15 years old were employed (Jordanwood & Monyka, 2014).

Jordanwood and Monyka (2014) further found that school attendance was an indication that families or communities have a crucial role to foster the value of education in the reintegrated children and motivate them to attend school. In addition, the children's employment was a good sign as it meant that the children would soon get rid of the social economic dependency syndrome that most of them had developed while in CCIs due to the handouts they were used to receiving (Jordanwood & Monyka, 2014).

Children who grow up in institutions lack the attention a child at home would get, and because they do not have a constant care giver in most cases, they develop feelings of mistrust. Children in institutions have challenges forming intimate relationships with their care giver and this leads to isolation and loneliness (Ogina, 2012). Because caregivers attend to many children at once and are often overwhelmed, children develop feelings of inferiority when they are demanding too much attention from the caregiver. The argument is that a balance of these extremes has to be reached in order to achieve healthy psychosocial development. One extreme of mistrust or trust is negative for psychosocial development. Children who get neglected often get used to that feeling and perceive all social relationships with this foundation. Children need to know that although sometimes they are not attended to, it is only a temporary situation and that things will get back to normal so that they can develop hope to trust again. They must trust their primary caregiver because this is the first bond they make when they are born, and this bond affect all social relationships to come ahead of them.

Studies have shown negative effects of institutionalisation on OVCs such as detachment due to prolonged stay at the CCI and development of dependency syndrome. Other studies, however, have made recommendations on improvement of living conditions for institutionalised children and indications of successful reintegration such as school attendance by the reintegrated OVCs.

2.4 Factors affecting the success of reintegration

The process of reintegration of the OVCs is much more complex than simply placing a child in a family, even his own, if the family lacks the support it needs to be successful, and particularly when a child has been institutionalised and separated from family for a long period of time (Horvath, Nabieu & Curtiss, 2019). This is because all the concerned stakeholders may experience some difficulties in the course of implementing the programme.

Inadequate or lack of preparation is one challenge of reintegration. Planning and preparation of families as well as the OVCs themselves towards reintegration is not always done properly or is not done in the best interest of the children. If families are not prepared to receive and care for OVCs in their homes, upon their return, the OVCs would find themselves in same vulnerable and risky contexts, fight the same hardships thereby maintaining a vicious cycle (Sen, 2019).

Kilkeney (2012), conducted a study with the aim of exploring the experiences of care leavers in Ireland. The study was qualitative, and the study focused on 20 young people who had travelled into, through and from the residential care system. This study acknowledges that these young people make the transition without the right social networks in place seeing as they are expected to make this transition abruptly and with no family or social networks to support them. The study therefore makes the proposition that the main determinant of success/failure of reintegration was dependent on the preparation given to care leavers and the level of their participation in those programs right before exiting the CCI. According to Kilkeney (2012), the type of post-care housing/accommodation offered, and the availability or absence of resources also affects the success or reintegration. The study also concludes that the after-care support provided by the state are often not enough to provide for these young people as a result most of them fail to reintegrate and prefer going back to the CCI.

In Ghana, a study was conducted by Frimpong-Manso (2017) to explore the social support of 29 SOS adults during and after leaving an institutional care village from the perspective of an international (NGO), in a developing country with a limited welfare system. This study stated that the support that children are given after being reintegrated is another determinant of whether they will effectively integrate with the community or not. The target sample was limited to former residents who were 18 years, had

transitioned into independent living from SOS and had been living independently for at least 1 year. The criteria ensured that those included in the study had an experience of leaving and aftercare and the effect social support had on their experiences. Their ages ranged between 20-35 years with a mean 29 years as such they were referred to as SOS adults. The study established that all OVCs received support during the transitional phase of leaving care during which they remained at the children's village. The findings revealed that only 10 out of the 29 OVCs received assistance from SOS after leaving care.

Other support came from individuals such as their SOS family members, institutions such as the church and a local university and to a lesser extent friend, their biological families as well as their partners as some of them had established intimate relationships. The type of support included financial and material support during the transition period, in form of semi-independent accommodation, tuition fees, living allowance, arranged employment, or seed money to startup small businesses.

The study further established that the OVCs lacked the cultural skills required to build relationships within their communities and families because the institution followed a European culture, standards and values. Even though the parental figures in the institution in this study were locals, they were not able to impart their local values in the OVCs which left them struggling to cope with their reintegration into the wider society (Frimpong-Manso, 2017). If the children needed support after reintegration, they had to contact the institution however, the social support system was found to be discriminatory in nature due to unfair accessibility and the OVCs delaying in getting the support in certain cases.

Due to limited contact with their families the custodians of family culture during institutionalisation, and inadequate transfer of necessary skills, social norms and values for life outside the institution by CCIs, the children failed to effectively network with their environment (Frimpong-Manso, 2017; Dziro, Mtetwa, Mukamuri & Chikwaiwa, 2013; Morantz & Heymann, 2010; Dziro & Rufurwokuda, 2013).

2.5 The psychosocial impact of institutionalisation

Regardless of the status, institutionalisation of OVCs predisposes them to the development of behavioural and emotional disorders when compared to non-institutionalised children more especially with prolonged length of stay. Psychosocial well-being is defined as the relationship between a person's thought process and how they relate to others in a social setting (Feldman, 2009). The word psycho relates to the psychological needs of an individual while social is about social interactions.

This means that the way behaviour is portrayed has a lot to do with the thought process that precedes it, which means in order to understand human behaviour it is also important to understand the emotional drive and influence behind it. A study conducted in Malawi by Cook, Alli and Munthali (2002) categorised the needs of orphans into two, physical and psychosocial needs. Physical needs included food, clothing and shelter while psychosocial needs include love, counselling and care.

Institutionalisation negatively affects psychosocial well-being. A study by Ogina (2012) aimed at exploring the life experiences of orphaned children in Mpumalanga province, South Africa suggested that early institutionalisation has adverse lasting effects. The study revealed that although the interviewed children yearn for their parents and experience unmet emotional and material needs, they use promotive factors, such as personal agency and environmental relationships, as resilience in fulfilling their needs. Furthermore, the results suggest relationships based on values, such as caring, respect and mutual understanding, as protective factors that may contribute to the fulfilment of social needs as well as enabling their emotional well-being. The adverse and painful childhood experiences can sabotage psychosocial wellbeing of children (Ogina, 2012).

A study by Saraswat and UNISA (2017) conducted in two orphanages of New Delhi, India, to understand living conditions, education, nutrition, networking, and wellbeing of orphan children, revealed a huge psychological torment among orphan children. Majority of children yearned for parents and longed for love and affection.

Apart from low self-concept and lacking purpose in life, long term bereavement had resulted in depression and anxiety issues among these children. Trying to forget parents, avoiding crowded places, making new friends and finding their family among inmates

of orphanage were the coping mechanisms adopted by orphan children. The study revealed that the positive relationships with caregivers and peers are important for enriched development and healing of children's mind and determine their future social, emotional and psychological dynamics and functioning during their adulthood life.

Childhood experiences have lasting effects on adulthood life. In their study Lassi, Mahmud, Syed and Janjua (2011) when they compared the behavioral problems of children living in an SOS Village, which attempts to provide a family setup for its children, with those living in conventional orphanages, it was found a high burden of behavioral problems among children living in orphanages. Foster mothers had depression and children's nutritional status was poor which were associated with behavioral problems including violence, aggressive behavior, involvement in crime or prostitution, inflict self-harm, or commit suicide (Lassi, Mahmud, Syed, & Janjua, 2011).

Scholarly research has shown that children may be supported with their physical needs at the CCI, but their psychosocial requirements remain unaddressed (Saraswat & UNISA, 2017). Studies by Frimpong-Manso (2017) and Saraswat and UNISA (2017) have reported that emotional support after leaving a CCI is usually overlooked, and this causes problems with the psychosocial wellbeing of children. Frimpong-Manso (2017) conducted the study with the aim of analysing social support received by children leaving a CCI. The study found that many children benefit from informal social support than formal support. Formal support was defined as one coming from the institution they left while informal was defined as support from well-wishers, church elders and friends. Because the formal system mainly provided financial and material support, the care leavers turned to informal networks for emotional support.

This agrees with the finding of the study by Saraswat and UNISA (2017), which reported that efficiently catering to the materialistic needs sometimes leads to compromised psychological needs of children and that this approach will remain an elusive dream until care providers understand the psychosocial needs and coping strategies of children. Psychosocial well-being affects children's ability, intellectuality, productivity, and social functionality.

Post-parental loss children experience sorrow, anxiety, depression and lack of care. Saraswat and UNISA (2017) point out that the trauma of losing parents can have adverse psychosocial effects on children like feelings of mistrust, inferiority, shame, guilt, insecurity and improper conduct. To cope with psychosocial distress children, indulge in activities like substance abuse, violence and delinquent behaviour.

Feldman (2009) recognises that infants depend on their primary caregivers and consistency in this caregiver results in feelings of hope by the infant while constantly changing care givers results in mistrust. Institutionalised children usually change places before they are finally allocated to one place of abode. Before being institutionalised sometimes children are moved from one relative to another or one foster home to another and so they lack one constant individual to trust. The argument is that there must be a balance of some sort; children in institutions are almost always neglected because they lack a parental figure to trust. Children at home may not be given all the attention but the extent cannot be compared to children at a CCI.

This mistrust and lack of a one-to -one relationship is usually carried through to adulthood and they have difficulties in forming social relationships and withdrawal from social settings. This inconsistency makes it hard for them to predict how other humans will respond to them because they started off their childhood with neglect and not being able to confide in a consistent caregiver. The attention they may receive from a caregiver at an institution cannot replace familial love and affection (Saraswat & UNISA, 2017). This mistrust that comes due to family breakdown is a significant cause of criminality among youths (Smith, 2007).

2.6 Conclusion

In summary, institutionalisation has negative impact on children's psychosocial development. Literature has shown that the age at which institutionalisation happens is very crucial. Many adults behave the way they do because of what they went through as children.

This study was relevant because in Malawi studies about reintegration have been conducted but not much has been done to establish the level of state and non-state support for the reintegration process.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Methods and Materials

This section presents the procedures followed when conducting the study. It discusses the following: research design, research setting, population, sampling procedures, sample size, data collection instruments, data management and data analysis.

3.2 Research design

This study employed descriptive qualitative research methods. Qualitative research gathers information with words or texts rather than numbers (Nkwi, Nyamongo & Ryan, 2001). This method aided in the development of a more nuanced understanding of how OVCs make sense of the reintegration process.

3.3 Research setting

The study was conducted in Blantyre, Malawi. The CCIs which were involved include Bahasi in Bangwe, SOS in Machinjiri, Tiyamike in Bangwe, Agape in Limbe and Jacaranda located at Chichiri. The reintegrated children and their families who were interviewed came from Bangwe and Machinjiri.

3.4 Study sample

Study participants were purposively selected to include the formerly institutionalised children and their families that continue to provide care for the children and the Social Welfare officer from the District Council. For the formally institutionalised children, I selected those that were in the age range of 13 to 19. Additionally, CCI managers, the Blantyre Social Welfare officer, families, and community people who are accountable for OVCs were interviewed. In total, 27 participants were selected, 16 with previously institutionalised OVCs, five with CCI managers from various facilities, five with family members, and one with a Social Welfare official who was a key informant, as detailed in Table 2 below.

Table 2: Participants interviewed

Participant	Number interviewed
CCI Manager	5
Social Welfare officer	1
Previously institutionalised OVCs	16
Family members	5

3.5 Sampling procedures

Purposive sampling which is a non-probability sampling technique was adopted in this study. However, for easy reach to potential participants the researcher used convenience approach. Among the formally institutionalised children, I selected 8 girls and 8 boys based on their age range criteria mentioned above. The other criteria used in selecting the previously institutionalised children was their length of stay at CCI. I was particularly interested to learn from the experiences of those that stayed longer at CCI.

The Blantyre Social Welfare Office supported in identifying CCI leaders and arranging meetings with them according on their availability and willingness to participate. The CCI leaders were also purposively sampled. Based on the records from the DSWO it showed that most institutions that are reintegrating are from Bangwe and Machinjiri. So the researcher visited 2 CCIs from each of these areas and 2 more from Limbe. The researcher was guided in her work with formerly institutionalised OVCs and families by the Blantyre Social Welfare Office and CCIs. All interviews took place in locations that were convenient for the participants.

3.6 Data collection methods

Data collection was done for two months. After getting permission to carry out the study from all concerned parties, the researcher visited the sites to meet the potential participants and to request their permission to participate in the study. During this visit, the researcher explained the objectives of the research.

In-depth interviews used a semi-structured topic guide (Appendixes 1-4), with open ended questions about experiences of staying in CCIs and their views on reintegration.

Each interview lasted between 30 and 45. The SWO being a key informant was also interviewed with an aim to do fact-checking of claims from the CCI managers and even the children. Some documents from the social welfare were also reviewed as a way of triangulation like their annual presentation. During the interview the SWO also briefed the researcher on the progress of reintegration in Malawi at present and how different CCIs are handling reintegration. The methods employed by the study can be replicated by other researchers in other parts of Malawi.

3.7 Data analysis

All audio recorded interviews were transcribed verbatim and translated into English. The analysis was ongoing during fieldwork, using an iterative approach (Northcutt & McCoy,2004) to identify emerging themes that could be clarified or explored through later data collection. The initial interview was followed by transcribing of data. The transcripts were classified word for word by looking for repetitions in each phrase to establish initial coding themes. Codes that were repeated were merged into categories, from which themes were generated.

3.8 Theoretical framework

In this study, two theories were applied namely: object relations theory and attachment theory to explain behaviours of OVCs within their families or communities and consequences of institutionalisation on behavioural patterns of the children later in their life. The two theories have been used in combination to complement each other. The theories focus on the environments in which the OVCs live (families or communities versus childcare institutions) and what happens in those environments. They both have lifelong influence on the children's behaviours either positively or negatively.

3.8.1 Object Relations Theory

Object relations theory regards the environment to be a great contributing factor to the development and functioning of individuals in society later in life (Walsh, 2010). The theory suggests that the way people relate to others and situations in their adult lives is shaped by experiences during infancy. For example, an adult who experienced neglect or abuse in infancy would expect similar behavior from others who remind them of the neglectful or abusive caregiver from their past (Goldenberg & Goldenberg, 2008). According to Goldenberg and Goldenberg (2008), such images of people and events

turn into objects in the unconscious that the "self" carries into adulthood, and they are used by the unconscious to predict people's behavior in their social relationships and interactions.

The first "object" in someone is usually an internalized picture of one's mother. Internal objects are formed by the patterns in one's experience of being taken care of as a baby, which may or may not be accurate representations of the actual and external caretakers. Objects are usually internalized images of one's mother, father or primary caregiver (Michael, 2000).

Later experiences can reshape these early patterns, but objects often continue to exert a strong influence throughout life (Greenberg & Mitchell, 1983). Objects are initially comprehended in the infant mind by their functions and are termed part objects (Greenberg & Mitchell, 1983).

3.8.1.1 Application of Object Relations Theory to the study

When families, communities or CCIs provide all the necessities to the children, the children will relate that with "good". For any reason, if the children experience a lack of something in their families, communities or CCIs, they will relate that with "bad" (Greenberg & Mitchell, 1983). However, both experiences form part of the children's development as a whole and functioning later in their life (Greenberg & Mitchell, 1983). Childhood experiences are used by the unconscious to predict people's behavior and affect their social relationships and interactions. This good or bad environment with a caregiver in the early life will affect how well they adapt to reintegration.

3.8.1.2 Limitations of object relations theory

The theory fails to explain the mistrust and lack of social skills in individuals who had a good relationship with their caregiver. Individuals who had a positive environment in their childhood but exhibit behavior as that of someone who formed bad objects. In other circumstances people who had a bad childhood end up developing into trustworthy human beings and adjust properly despite having a traumatic childhood (Cluver et al, 2013).

It is with this limitation that the researcher decided to add the attachment theory to further explain the psychosocial aspects of orphans.

3.8.2 Attachment Theory

Attachment theory proposes that children will attach themselves to parents or parental figures such as caregivers whom they encounter in their lifetime (Walsh, 2010). Strong emotional and physical attachment to one caregiver in the first year of life is critical. If one is securely attached, they are free to explore and have confidence in themselves and the world around them. People who are securely attached are said to have greater trust, can connect to others and as a result they are more successful in life. Those who are not securely attached have difficulties in forming meaningful attachments which leads to resentment and antisocial behaviour. Insecurely attached people tend to mistrust others, lack social skills and have problems forming relationships.

The attachment theory formulated by Bowlby (1994) suggests that separation of children from their families or communities and thereafter re-unification leads to personality of avoidance, dismissiveness, resistance, fearfulness, and disorganization by the re-united children. It also notes that, insecure attachment is common in populations of children who have experienced abuse. These children are emotionally insulated, hostile, anti-social, lack empathy and often are uncomfortable with intimacy and tend to develop a positive view of self but a negative view of others. Children who have not been securely attached are at a high risk of developing dependency syndrome as adults. They become attached to the CCIs and want continuity because when they have been reintegrated in their society, they feel like something has been taken away from them. This would hinder their ability to cope with reintegration. Children who grow up in institutions tend to over depend on others because they grow up with hand-outs and think that is the way of living. They become adults who do not want to work hard to earn a living and most of them although given all the necessary skills to support themselves, they still expect hand-outs from people around them (Government of Malawi, 2005).

3.8.2.1 Application of Attachment Theory

Children that are raised in CCIs learn cultural values of the different care givers who are parental figures in CCIs. The care givers will apply different parenting styles based on their original cultural values as well (Walsh, 2010) and when the children are later reintegrated into their families or communities of origin, they will experience different cultural values. The previously institutionalised children would have attached

themselves much more to their care givers in the CCIs who provided a sense of security to them all the time that they were there (Schaffer, 2007).

The children would have less attachment with their families or communities of origin as they did not spend much time with them. Therefore, due to the bond they form with the CCI, some OVCs would fail to cope in their environments of origin and find ways of returning back to the CCI. Mararike (2009), reported that development of children into complete human beings, demands that they are brought up in an environment compatible with the social and cultural expectations of their communities. Children also need physiological support in terms of food, shelter and clothing (Powell, 2006).

The lack of proper socialization will negatively impact the behavior of children hence making it difficult for them to properly fit into the wider society (Dziro, Mtetwa, Mukamuri & Chikwaiwa, 2013). Generally, CCIs fail to equip OVCs with accepted societal values, norms and skills necessary for smooth 'reintegration' into society at adulthood as they are largely based on western values (Dziro, Mtetwa, Mukamuri & Chikwaiwa, 2013).

These theories are complimenting each other in explaining possible outcomes of behaviour of the children during reintegration. The object relations theory focuses on the environment in which an individual form their perception of the world and social relationships. The environment that one is nurtured in during their early years has the potential to affect their adaptability to life in general. A child who spends their early years with their family and view it as good environment will have a hard time if they end up being institutionalised. This child will reintegrate properly back to society. Children who labelled their family as bad would have a hard time bonding with their family after reintegration, while attachment theory is based more on the emotional bond that one creates with their primary giver. Children who bonded well with their family before being institutionalised would most likely succeed at reintegration upon returning home. Children who barely bonded with anyone at home will feel alienated in their community. This situation would then create social exclusion and these children sometimes prefer going back to CCI than being with their family.

3.9 Ethical considerations

The study was performed in accordance with the relevant guidelines and regulations. Permission was obtained from the Blantyre Social Welfare office and traditional authorities in the areas where the research took place. Participation in the study was voluntary and no subjects suffered any pain or harm because of their participation. Informed consent was obtained from all participants and more especially from the guardians of the children. The researcher also took into consideration that reintegration is a sensitive topic and treated it accordingly especially with the children. Participants were assured of the confidentiality of their information.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the results of the study and their discussion on reintegration of previously institutionalised orphans and vulnerable children in the city of Blantyre in Malawi. The results are based on information solicited from 4 groups and one key informant namely: 5 CCI managers, 16 previously institutionalised children, 5 family members keeping children after reintegration and one district social welfare officer. The results are discussed in line with the objectives of the study. The objectives were: to assess how CCIs prepare children for reintegration, to examine how children perceive institutionalisation, to establish the level of state and non-state support for the re-integration process**,** to establish how children relate to their families and communities during reintegration and finally to evaluate the effectiveness of reintegration.

4.2 Preparation for integration of children by CCIs

Under this objective the efforts and initiatives made by the CCIs to prepare the children for reintegration are highlighted.

4.2.1 Bonding methods prior to reintegration

In preparation for Reintegration most CCIs appeal to the targeted family to start bonding with the child. This means that they are encouraged to spend more time together before the child exits the CCI. Results indicate that some CCIs encourage all the children to visit their families during school holidays. The holiday visitations by the institutionalised children contribute to the success of reintegration later because the children are not completely alienated from their community. An example is from Jacaranda Home in Blantyre where during holidays the children are sent back home to bond with their families. This is a form of preparation by the CCI which helps the children during reintegration.

> During the holidays we send all the children back to their families.
>
> Only those whose homes are not known stay behind. CCI manager.

This CCI only reintegrates the children into the community after completing secondary school and at this point, they usually send them off with vocational skills like tailoring. With this method the children do not suffer a lot after being completely cut off from the institution and their community is not likely to stigmatise them because they frequently visit.

This also helps to reduce dependency syndrome because they acquire skills to support themselves.

> We have observed that some children develop a habit of relying on handouts. This creates what we call dependency syndrome but some CCIs are good at managing this by teaching the children some skills. You can see that someone who is not struggling is still begging. Blantyre Social Welfare Officer

The challenge of dependency syndrome is reduced by continual support from the CCI and other stakeholders to the children.

4.2.2 Preparation through counselling

Counselling is the most common form of preparation during reintegration. Three CCIs mentioned that the social workers organise meetings for the family members on how to receive the child. This counselling is not done in a day but requires adequate time to allow the child to prepare mentally. It was mentioned by 2 CCI managers that if the families are inadequately prepared or sensitised it may cause some children not to cope with reintegration.

All the CCIs counsel the family members where the child will be reintegrated to. It was reported by all family members that the CCI and social welfare officers work together and visit the home before bringing back the child at home.

> Some people from Social Welfare came here to advise us that our daughter was coming back home. They encouraged us that it is good for the child to grow up here at home. Mother of previously reintegrated child.

It was found that the CCIs do counselling for the children to educate them on how to behave in society and to be helpful since at most CCIs, the children do not learn household chores because a lot of things are done for them. This counselling also focuses on making the child understand the importance of family-based care.

It was mentioned that the social welfare officers organised sessions for guardians during which they were aligned on issues such as child rights and parenting skills. Sometimes family members are updated on how much the child has grown especially if the child was gone for a long time.

> There are some children who run away from home or were chased out so we need to tell the parents if the child has improved or the measures they should take. CCI manager.

When asked how they were prepared for reintegration all the children mentioned that there was a lot of counselling through social workers and the CCI managers. The children were also counselled on how to be strong and continue going to school. Adequate preparation given to the children leaving the CCI and their level of participation is important because it can affect the success of reintegration. A study by Kilkeney (2012), conducted with the aim of exploring the experiences of care leavers in Ireland stressed that preparation is a good foundation for Reintegration.

4.2.3 Determinants of reintegration

Careful assessments on the child and family are carried out by the social welfare officers to determine whether to reintegrate or not. During reintegration CCIs look for children whose homes are better equipped to care for them. In the case where they cannot trace back the family, they keep the child longer. For parents who seem financially stable, the child is reintegrated even if the family or child may refuse reintegration. The study found that there were no reports of child rejection by the families during reintegration. Data reveals that four CCIs work together with the social welfare office to do the assessments on deciding which children should be reintegrated. It was found that one CCI already has a policy of reintegration after completion of

secondary school education while other CCIs reintegrate only as a directive from the Social welfare office.

> We work together with a lot CCIs to facilitate reintegration. Our main aim is to see that all children are growing up in family settings than childcare institutions. Blantyre Social Welfare Officer.

4.2.4 Characteristics of previously institutionalised children

The children that were interviewed were of the ages ranging from 13 to 19. Out of the 16 that were interviewed 8 were female and the other 8 were male. 11 were Christians, 5 were Muslims and in terms of education twelve were in Primary School and four in Secondary. Of the 16 that were interviewed it was discovered that only one child had stayed for as long as 10 years because of his mother's death shortly after he was born. The rest of the children varied in their length of stay at a CCI but as for stay in the Community there was none that had lived for above two years because reintegration is still new. Table 3 below shows the length of stay at a CCI.

Table 3: Length of stay at CCI

Duration of stay in CCI	**Frequency**
1 Year	0
2 Years	5
3 Years	10
Above 3 Years	1
Total	**16**

The study discovered that in Malawi it is not so much orphan hood or vulnerability that sends children to CCI but rather the desire for good quality education and material support. It was found that four out of the five CCIs already have details of the child concerning their place of origin and phone numbers of parents or other family members who send them to the CCI. The other CCI did not have details of the children available because it recruits street kids who usually do not have personal information readily available. This shows that most children in Malawi end up in CCIs not because they're orphans but because their living conditions at home are poor.

> My daughter used to give us problems when it came to school. She would skip classes but played around with friends until one of the neighbours suggested that we should send her to Bahasi. Am happy that after coming back she is changed, and she is very religious now. Mother of previously institutionalised child.

These children attend school while in the custody of the CCI. It was discovered that children are sometimes sent to the CCI by their close family members. One parent narrated that she had problems with her daughter who used to run away from school and was advised by neighbours to take the child to Bahasi CCI in Bangwe because they can help in controlling the child and educate her at the same time. These findings are consistent with what was revealed by Munthali (2019) to say that up to 90% of the children in Malawian CCIs do have at least one living birth parent.

4.3 Perceptions of institutionalisation by children

Under this objective the researcher set out to understand how children themselves perceive institutionalisation. This was done by interviewing 16 previously institutionalised children.

4.3.1 Preference for institutionalisation by previously institutionalised children

Majority of the children (11 out of the 16) in the study prefer being at the institution rather than at home for various reasons. Some of the reasons include food, clothing, and friendship. The children also mentioned that it is better to be at the institution because they are assured of a good life. Another point to note which all the children mentioned was that they did not suffer stigma even in cases where they did not return to close family members. Unlike other reintegrated children in countries like Rwanda who ended up homeless (Muthoni, 2007), no reintegrated child in Malawi has ended up homeless according to this study. Below is a summary of residence by the OVCs upon reintegration.

Table 4: Mode of settlement after reintegration

Mode	Frequency
Went back home	**10**
Settled with relative	**4**
Well-wishers	**2**
Total	**16**

4.3.2 Non-preference for institutionalisation by previously institutionalised children

The study found that some children did not like institutionalisation. Five of the 16 children preferred being at home mentioning that the institution is lonely, and it encouraged hand-outs.

> For me I just want to be at home with my brothers and sisters because I get lonely sometimes. Previously Institutionalised Child.

For the majority that favoured institutionalisation, they were looking at the benefits of it in terms of basic needs while those who had negative perception said they were lonely.

4.3.3 The children's position

In summary, 11 out of the 16 children that were interviewed prefer institutionalisation to reintegration. They have positive perceptions towards institutionalisation. In agreement with a study done by Jordanwood and Monyka (2014), this study found that children are reintegrating well. It should be noted that these children were hesitant to live the institution because they feared that they would struggle to find resources for daily life. It should be noted that, if equipped very well, these children mentioned that reintegrating back to society would not be a problem. The study found that the children were more concerned with the conditions in their living environments rather than who their caretaker was if they had basic needs.

4.3.4 The environment and Object Relations Theory

One of the theories that was suggested in the study was Object Relations theory. Object relations theory regards the environment to be a great contributing factor to the development and functioning of individuals in society later in life. The children's focus on the environment is in alignment with what the theory proposes. Children are attracted to positive environments not social bonds that they engage in. 11 of the children said they were comfortable to live anywhere as along as the environment was made conducive, whether the CCI or with their family but the other 5 said they were lonely at the institution because they missed their friends. The children have labelled good environments with progress and negative circumstances with failure. The kind of adults that they become is determined by their perception of the environments that they grow up in not the social attachments that they form as suggested by Bowlby (1944) in his attachment theory.

These findings agree with the findings of a study conducted in Nigeria by Elegbeleye (2013) which emphasized the importance of ensuring a supportive environment for the children.

This is achieved by putting the necessary support facilities in place which include psychosocial support, educational training, food and nutrition, shelter and care, protection, and legal support and finally health care.

4.4 Level of state and non-state support for the reintegration process

Under this objective, the interviews were focused on determining whether there is enough support for the children after reintegration. This is support from the government and other stakeholders.

4.4.1 State support

The social welfare office which will represent state support in this study is doing well on offering visits, guidance, and counselling.

> We do follow up on the children but we usually just offer counselling to both parents and children because at the moment we are not fully equipped to give all these the children material things. Blantyre Social welfare.

Most parents highlighted that the state support is very little compared to support rendered by the CCIs and the community although sometimes donors prefer to support children who are still at the CCI. Many CCIs are run by donors and usually they do not consider the children who have left, this is a disadvantage because it prompts other CCIs to recruit children into the CCI for more donor aid. “Sometimes we find it hard to support children who have left the CCI. We just focus on those at the CCI.”CCI manager

It was discovered that all the CCIs work together with the Social workers to equip the OVCs with life skills development and regular counselling. The community is equipped to also support the children and understand the importance of children living in their community than the CCI.

One of the biggest challenges that the Social welfare officer mentioned was that there is lack of post placement support from their side to the reintegrated children. These findings are in harmony with what a study done in Zimbabwe discovered to say that lack of funding was the main challenge that they had during reintegration of OVCs (Muguwe, Taruvinga, Manyumwa & Shoko, 2011). This is addressed by encouraging CCIs and other non-governmental organisations to support the reintegrated children.

4.4.2 Support from various stakeholders

All the managers that were interviewed stated that there is a lot of support and monitoring for the children especially from the CCI after reintegration. This type of assistance and support comes in the form of food and visits and the children are monitored until they are independent. When it comes to education only one CCI said they encourage the child to still come to the school at the CCI while residing at home. The rest said they no longer continue with school fees. “We continue with the visits. We buy groceries when we visit but we longer assist with school fees once reintegrated.*”* CCI Manager

All the family members that were interviewed stated that they receive different forms of support from the CCI and this is usually in the form of groceries like soap, sugar, and a bag of maize. All the children acknowledged support rendered to them especially from the CCI. Out of the 3 forms of support, it was discovered that a lot of assistance

came from the CCI followed by religious institutions and the Social welfare office being the last one. In agreement to a study done in Ghana by Frimpong-Manso (2017), the study found that many children benefit from informal social support than formal support.

4.5 children's relations with their families after and communities during reintegration

The research was designed to investigate social relationships and social groups that previously institutionalised children engage in. The aim is to establish whether institutionalisation tampers with one's ability to socialise and adapt to new social roles and values. A study done in Rwanda by Nsabimana (2016), stresses that the relationships formed after reintegration do assist to evaluate psychological adjustment of reintegrated children.

4.5.1 Factors that encourage social interaction

It was found that reintegration is successful when community and religious leaders are involved so that they can influence the community. Children relate well with their community if there is adequate peer support rendered to them and their families. 3 CCI managers narrated that most children bond well with the community after institutionalisation while the other 2 managers said that a few children who have the habit of running away from home or are thieves do have trouble to bond back to the society.

They further stated that the beginning is rough but over time many children are well involved in the community and interact well with their peers especially at school. One manager narrated that when looking at successful reintegration, they focus on the continuation of education of the child. In most cases when education is negatively affected, the CCI can even take the child back until the environment at home is conducive for learning.

> Since we usually take the particulars of the children once they come here we are able to follow them up. Some children come here through church members while others because of orphanhood but still more when the environment is not serving the child after reintegration, we take them back. CCI Manager.

All the managers indicated that reintegrated children are successful in the areas of education, training and forming relationships. One of the indicators to determine if the children were relating well with the society was to find out the groups joined by the children. It was found that the majority of the children had joined church groups like Adventist Youth and football clubs at school as well as the community. The majority of the children said they relate well with their community and feel that they have been accepted. "*I play football with my friends. Some are new friends but most of them I left them here before I went to the CCI*." Previously reintegrated child.

These findings agree with a study by Jordanwood and Monyka (2014) which found that the children were reintegrated well and most of them were living with their new families.

Interviews with family members or guardians of the previously institutionalised children indicated that the children play just like other children and attend school as well. All the family members said that the children learned good behaviour from the CCI which was beneficial to them like aiming higher in their education. They said many children came back working harder in school than before they were institutionalised. It should be noted that CCIs are very serious about educating the OVC.

4.5.2 Hindrances to social interaction

A majority of the community members that were interviewed recognised that stigma is a barrier to social interaction and that community engagement is particularly important in addressing this stigma. Community-based child protection mechanisms, also play an important role in protecting the children from abuse and exclusion. "I do not feel any stigma because of being at the CCI. It is just like I was at a boarding school." Previously institutionalised child. "The counselling we get from Social welfare helps to be open minded and accept the children and make sure they continue with school" Family member.

The social welfare pointed out that it is not clear whether institutionalisation causes behavioural problems, or they are a result of many factors in place. They mentioned that detachment from home does not really affect the children's ability to re-connect with the community or parents.

> Here in Malawi I think the situation is different. For some reason the CCI is not perceived as a bad place. I think it is because sometimes the situation at home is worse. CCI manager.

4.5.3 Social interaction and the Attachment Theory

Contrary to attachment theory formulated by Bowlby (1944) which says that children would have less attachment with their families or communities of origin due to the bond they form with the CCI and that some OVCs would fail to cope in their environments of origin and find ways of returning to the CCI, it was found that the situation in Malawi is different. Most children initially said they would rather stay at the CCI but upon reintegrating they did not have a huge problem blending into the community probably because they had adequate steps in place to prepare before reintegration. Another reason could be the fact that most of them did not stay at the CCI for too long to form the bond.

No emotional or behavioural disorders were observed or reported by the families living with the children or any negative drastic change in behaviour upon residing at the CCI.

It is possible that these psychosocial disorders were not significant because the children engage in counselling regularly through the social workers from Blantyre social welfare office who assist them with coping strategies if they are struggling.

4.6 Effectiveness of the reintegration process

4.6.1 Intended purpose of reintegration

This section will display whether the reintegration process is effective in Blantyre. To determine this it is important to understand what the purpose of reintegration is and whether that purpose is being realised. According to reports from Social Welfare, the government of Malawi desires that a small percentage of orphans and vulnerable children are living in the CCIs but rather with their immediate or extended family and that is why they embarked on the program of reintegration.

This has been achieved because more children are still exiting the CCI according to a presentation from Social Welfare by Chiphwanya (2021) during reports about reintegration progress in the city of Blantyre from 2018 to 2021. At the start of reintegration in Blantyre, 1200 children were in the CCIs but as of 2021, 445 children

have been reintegrated with 237 being male and 208 being females. More and more children are still being reintegrated but the progress is slow due to lack of funding according to a presentation by Chiphwanya (2021). This is how children settled; biological family (177), extended family (221), foster homes (36) and finally independent living (11).

4.6.2 Life after reintegration

The programme is also effective because after reintegration it was discovered that all children are still attending school. Important to the government is the fact that children are still attending school after reintegration. Also important is the fact that children are residing with their families even if they can still attend school from the institution.

I still attend school at S.O.S in Machinjiri although am now residing with my brothers and sisters. Reintegrated child.

We do follow up on the children and make sure they are attending school. Sometimes we assist with school materials. CCI manager.

These findings agree with a study done by Frimpong-Manso (2017) in Ghana, which states that 10 out of 29 OVCs receive assistance from SOS after reintegration. In conclusion reintegration is effective in Blantyre because it is achieving the intended purpose of encouraging home-based care than institutional care.

> I stay at home and am cared for by my family but I still go to school at the CCI. Reintegrated child.

> We are still in the process of reintegrating more children back to their families or well-wishers. Social Welfare Officer.

> We work together with the social welfare officers to support our children where possible and they help strengthen our social bond with the children through counselling. Family member.

> Indeed sometimes we have challenges here because children are many. I think sending the children back home is good, but we should enhance the post-reintegration support. CCI manager.

4.7 Chapter summary

This chapter has presented and discussed the study findings on the reintegration of previously institutionalised orphans and vulnerable children in the city of Blantyre in Malawi. The results from the study were analysed and interpreted using qualitative methods like thematic analysis. The chapter has also presented and discussed on how proposed theories were used to describe behaviour of the OVCs after reintegration. The next chapter concludes the study by presenting recommendations.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents study conclusions based on the discussions of the findings on reintegration of previously institutionalised orphans and vulnerable children in the city of Blantyre, Malawi. These conclusions are in alignment with the study objectives.

5.2 Study Conclusion

Based on the discussion of the findings, the following conclusions have been made in line with the study objectives:

i. In Malawi, it is not orphanhood or vulnerability that drives children to CCIs but the desire for high-quality education and material support. Most children have one living parent or both. The majority of CCIs already have information on the child's origins and contact information for their parents or other family members. This demonstrates that most children in Malawi enter CCIs not as orphans but because of inadequate living conditions at home. While in the CCI's custody, these children attend school.

ii. Reintegration is impeded by the social welfare office's lack of funding. This makes post-reintegration monitoring very hard. The project is not well funded to cater for transportation during the post-reintegration visits as well as providing support to children and their families.

iii. It was discovered that the reintegrated children are many as compared to social workers' who should do the follow ups. As a result the social welfare takes a long time without visiting some children and end up focusing on the children within their reach.

iv. The reintegrated children benefit more from informal than formal support. It was established that the level of state support is non-existent, but children are mostly supported through other stakeholders. Non-governmental

institutions are more supportive than the government though material support such as food and clothing.

v. The study's findings contradicted the attachment theory but were in harmony with object relations theory. Despite institutionalisation, it was observed that children integrated well into their society. Several members of the community and their families stated that the children were not antagonistic or have attachment issues. They went to school and established social networks. It was found that children relate well to their families and communities during reintegration.

vi. Despite attachment theory predicting that reintegrated children develop a diminished attachment to their communities and that some OVCs will struggle in their new environments and seek ways to return to the CCI, it was discovered that the situation in Malawi is different. Most children originally expressed a desire to remain at the CCI. These findings show that previously institutionalised children have a positive perception towards institutionalisation.

vii. The study assessed how CCIs prepare children before reintegration. Children and their families separately undergo through counselling before reintegration. This helps to reduce child rejection by some families but also allows the child to accept exit from the CCI.

5.3 Recommendations

Based on the conclusions, the following recommendations were made:

i. The government should implement cash transfers because most families are poor. The reason why these children were institutionalised is because of poverty. The government should assist these families to start small businesses. The parents of formerly institutionalised children should start clubs to empower each other with business ideas and activities.

ii. Research has shown that reintegration program is adequate in its current form, but the challenge is the stage at which most children are reintegrated back to their community. It would be more effective to reintegrate children following completion of secondary school so that they do not drop out of school due to poverty or lack of discipline back home.

iii. The government to establish policies guiding institutionalisation. Some orphans and vulnerable children have capable extended family members than can take them raise them. Another way of dealing with orphans and vulnerable children is indeed preventing institutionalisation in the first place. Children should undergo through extensive assessment to determine if institutionalisation is the best option.

iv. A children's rights view could help identify necessary support and care for reintegrated children. This will enhance sustainable reintegration and quality of life. The social welfare deals with different issues in society, but this board of members is more likely to offer a holistic approach because they are only focusing on the reintegrated children. For example, this board can collaborate with teachers of reintegrated children for more sustainability of the process.

5.4 Chapter Summary

This chapter has presented study conclusions and study recommendations based on the discussions of the findings on reintegration of previously institutionalised orphans and vulnerable children in the city of Blantyre, Malawi.

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APPENDICES

Appendix 1:INTERVIEW GUIDE FOR PREVIOUSLY INSTITUTIONALISED OPRHANS AND VULNERABLE CHILDREN

Date of Interview _____Interview No_____ Location_____

Demographic data

Gender of OVC--------

Age----------

Religion----------

Highest educational attainment------

Length of stay in CCI----------

Length of stay in Community after release----------

Guiding question

Why were you sent to an institution and how do you perceive institutionalisation?

What skills were you taught in CCI which are helping you to cope with life after leaving the institution?

Have you been accepted by your old friends?

Have you made any new friends within the community?

Do you feel that the community has accepted you as one of their own?

How do you relate with your family members?

Since your release, have you joined any social groups? (e.g. youth clubs, church choir, football team).

What challenges have you encountered since you were discharged from CCI?

Appendix 2: INTERVIEW GUIDE FOR CCI MANAGERS

Date of Interview _____Interview No_____ Location_____

Guiding questions

How are the children prepared for reintegration?

How are "receiving" families prepared?

Have you received any reports of child rejection by their family?

What criteria do you use to determine which children should be reintegrated into their communities?

Do you monitor the children who have been reintegrated into the communities? If so, how?

For how long do you monitor the children who have been reintegrated into the communities?

In which aspects of their life (education, training,economic activities, Relationships/marriages) are the integrated children successful and why?

What are the challenges faced with the reintegration programme?

Appendix 3: INTERVIEW GUIDE FOR THE SOCIAL WELFARE OFFICER

Date of Interview _____Interview No_____ Location_____

Guiding questions

How are the Childcare institutions monitored?

What is your role in the children after they are reintegrated into the communities?

Are there monitoring mechanisms in place for the reintegration process?

In what areas are the children reported to be successful while in the communities?

What challenges do the children encounter in the communities?

How do you address the challenges?

What support does the community provide to the reintegrated children?

How are the children's lives affected by their stay in CCIs?

What areas in reintegration programme need improvement to facilitate a smooth transition reintegration programme?

Appendix 4: INTERVIEW GUIDE FOR FAMILY MEMBERS

Date of Interview _____Interview No_____ Location_____

Guiding questions

How long have you stayed/interacted with a previously institutionalised child?

How were you prepared for the return of the child?

How did you receive the reintegrated child into the family?

Do you think institutionalisation was good or bad for the child, why?

What support did the family give to the child after reintegration?

How is the child currently fairing/doing?

In which aspects of life (education, training, economic activities/business, social Relationships/marriages) is the integrated child successful and why?

In which aspects of life (education, training, economic activities/business, social Relationships/marriages) is the integrated child unsuccessful and why?

What challenges are you facing while living with the reintegrated child?

What are your suggestions on how to address the challenges?

Manuscript

ASSESSING REINTEGRATION OF PREVIOUSLY INSTITUTIONALISED ORPHANS AND VULNERABLE CHILDREN IN THE CITY OF BLANTYRE IN MALAWI

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ABSTRACT

The study's aim was to gain an understanding of children's adjustment in terms of social relationships within and outside of receiving communities, as well as their ability to integrate into the community following their release from a Child Care Institution. To address the study question, I interviewed 28 participants who were purposefully chosen, including previously orphaned and vulnerable children, Child Care Institution managers, family members, and a social welfare officer. Thematic qualitative analysis was conducted. The findings reveal that poverty is the primary impetus for children to enter Child Care Institutions in Malawi. Participants recommended that reintegration begin after the children complete secondary school. Additionally, the study discovered that positive community perceptions aided significantly in the effectiveness of discharged children's reintegration. I conclude that, the reintegration process is effective in Malawi. However, there is need to invest in the continuous monitoring and supporting of the reintegrated children

INTRODUCTION

HIV/AIDS and conflict have orphaned millions of children, most notably in Sub-Saharan Africa (Spiegel, 2004). There are several likely contributing factors to the high burden of HIV and AIDS, including high-risk cultural practices such as multiple sexual partners (UNAIDS, 2010); a lack of education regarding HIV prevention and malnutrition, both of which predispose people to infection; and a lack of life-saving medicines to contain the virus, resulting in the development of AIDS and subsequent deaths of parents for orphaned and vulnerable children (De Cock, Mbori-Ngacha, & Marum, 2002). According to Subbarrao and colleagues (2001), the orphan and vulnerable child (OVC) crisis has reached unacceptable levels in the region, particularly in Southern African nations such as Malawi (UNAIDS, 2010).

Since 1985, the country has continued to face high rates of HIV infection and AIDS, resulting in higher death rates and a rise in the number of OVC (Mitchell, 2004). Malawi has one of the highest HIV prevalence rates in the world (9.2 percent among adults aged 15-49 years) (UNAIDS, 2020). Around one million people in Malawi were HIV positive in 2018, and 13,000 died of AIDS (UNAIDS, 2020), orphaning over 35% of children (Mitchell, 2004). According to the Ministry of Gender, Children, and Community Development (2011), an orphan is a kid under the age of 18 who has lost one or both parents due to any cause. A child who loses one parent is referred to as a "single orphan," whereas a child who loses both parents is referred to as a "double orphan."

Prior to the HIV epidemic in Malawi, OVCs were scarce, and those that existed were supported by extended families or communities. Globally, as the number of OVCs increased and the social fabric changed, extended families were unable to cope with the enormous burden of caring for OVCs, and as a result, a large proportion of them ended up in Child Care Institutions (CCIs). The International Institute for Research and Development (2007) defines a Child Care Institution as a group living arrangement for more than 10 children who do not have biological or surrogate parents. This comprises transitional homes, orphanages, and state-run specialty facilities for children who have broken the law or need care and protection. This does not include boarding institutions for educational purposes.

Child Care Institution (CCI) has supplanted the name 'orphanage' in Malawi (Malawi government, 2014). The term "Child Care Institution" was used because these institutions house more than just orphans. Apart from orphans, CCIs house additional vulnerable children, collectively referred to as orphans and vulnerable children. Some children end up in institutions because of their birth parents' neglect or abandonment: both birth parents may be alive, but for reasons such as alcoholism, poverty, or drug abuse, they abandon their children. Munthali (2019) reported that, up to 90% of orphans in Malawi's CCIs have at least one surviving biological parent. That's, in many circumstances, orphaned children should be able to remain with a living birth parent and receive help for their basic requirements. However, the majority of living birth parents, independently and occasionally under external pressure, have chosen to place their children in institutional care in the hope of providing them with better education, nutrition, and other social services.

The poverty of birth parents has been cited as the primary factor for their decision to place their children in institutional care (Munthali, 2019).

Occasionally, child protection personnel suggest OVCs to CCIs as a more trustworthy and effective method of protecting them from many forms of social ills prevalent in their communities. The societal evils may include sexual abuse, insufficient shelter, a lack of parental care, the chance of ending up on the streets, and poor nutrition (Vasudevan, 2014). For example, to protect girls from sexually abusive stepfathers, they are placed in CCIs for care while other options for their welfare are considered. According to the Child Care Justice and Protection Act (2010), a police officer, social welfare officer, chief, or member of the community may take a child and place him/her in his/her temporary custody or a place of safety, which is typically a CCI, if they are satisfied on reasonable grounds that the child requires care and protection.

Vulnerability is a term that applies to all those who are more exposed to risks than their peers, such as young adolescents (Arora, Shah, Chaturvedi & Gupta, 2015). Vulnerable children include those who are homeless, in CCIs, are disabled, or are HIV-positive or AIDS-positive. In Malawi, a vulnerable child is defined as one that lacks capable parents or guardians, lives alone or with elderly grandparents, is a member of a household headed by siblings, or is homeless and without access to health care, psychosocial support, education, or housing (Government of Malawi, 2005).

While CCIs are effective in providing temporary answers to OVCs' requirements, many of them encounter numerous obstacles and constraints in Malawi, impeding their ability to perform the anticipated social services. Institutional care is quite costly to operate (Munthali, 2019). Another difficulty associated with institutionalisation is the loss of children's cultural identity and values. As the Ministry of Gender and Community Services (2003) points out, the family instills a sense of religious and cultural identity in children and assures they adopt family values. However, because of institutionalisation, children embrace a variety of values, habits, and customs to which they are exposed, and as a result, they develop a difficult-to-manage cultural identity. Institutionalised OVCs are more likely to develop behavioral and interpersonal problems, which might remain into adulthood because of their trauma-filled lives (Brown, 2009).

The adoption of the Child Rights Convention (1989) sparked a global push to deinstitutionalise programs that assist OVCs (Horvath, Horvath, Nabieu & Curtiss, 2019). Several countries throughout the world are reintegrating orphans. As previously stated, institutionalisation has a variety of negative consequences that can be mitigated through reintegration. Malawi has been implementing the concept of OVC reintegration since 2015. Reintegration is the process by which OVCs are reintroduced to their immediate or extended families and communities in order for them to receive necessary protection and care and to develop a feeling of belonging and purpose in all aspects of life (Government of Malawi, 2014).

The origins of reintegration

Ratification of the Child Rights Convention (1989) sparked a global effort to deinstitutionalise OVCs (Horvath, Nabieu & Curtiss, 2019). Malawi began implementing reintegration of OVCs in 2015, in accordance with the United Nations Guidelines for Alternative Care for Children (UN, 2010), the United Nations Convention on the Rights of the Child (UN, 1989), the African Charter on the Rights and Welfare of the Child (OAU, 1990), the Malawi National Policy on Orphans and Other Vulnerable Children (Ministry of Gender and Community Services, 2003), and the CCJP (Government of Malawi, 2010). According to Article 7.1 of the child Rights Convention (CRC), unnecessarily separating a child from his or her family violates the child's fundamental right to know and be cared for by his or her parents (UN, 2010).

Where families are unable to continue caring for their children, the CRC and other national and international agreements propose that such children be put in family-based care arrangements rather than institutions.

Problem Statement

The growing number of OVCs makes it economically unfeasible for families and communities to meet the increased demand for their care. According to Lipper (2019), 20% of Malawian households are responsible for OVCs, and most of these households lack the financial capacity to pay for their family members' basic needs. As a result, many children are moved to CCIs to obtain perceived superior care and assistance, even though they lack the necessary care to meet their fundamental needs inside their households.

Given the numerous detrimental consequences of institutionalisation, the Malawian government and development partners have implemented several programs to assist OVCs and strengthen their reintegration into the society. USAID is one such partner. USAID's OVC initiatives are child- and family-centred, with an emphasis on providing resources and support to families, parents, and caregivers so they can provide for their children. They collaborate with the Ministry of Gender, Children, Disability, and Social Welfare to strengthen structures and systems and to improve national coordination of responses to OVC in accordance with the National Plan of Action for Orphans and Vulnerable Children, which recommends that children grow up in families.

The Reintegration Programme is being undertaken in Blantyre, Dedza, Lilongwe, and Mangochi districts. By December 2016, 202 children had been reintegrated. In 2017, 101 children were reintegrated, with the greatest number in Blantyre (51), Mangochi (30), and Lilongwe (20). There were no reintegrated youngsters in Dedza. As of February 2018, there were 303 reintegrated youngsters (MoGCDSW, 2011). Government policies and initiatives support the program's implementation to achieve the program's targeted results of allowing children to grow up in a family environment and satisfying their fundamental requirements. However, implementing a program's policies is one thing; accomplishing the program's desired goals is quite another.

Since Malawi began reintegrating OVCs five years ago, little is known about whether the program is addressing the requirements of the children (the program's beneficiaries) since they return to the same or a somewhat similar setting that previously failed to provide their basic needs. The goal of this study was to determine the efficiency of reintegrating formerly institutionalised OVCs into their families or communities, with a particular emphasis on the Malawian city of Blantyre. Specifically, the study aimed to address the following objectives: to assess how CCIs prepare children for re-integration; to examine participant's perceptions on institutionalisation; to establish the level of state and non-state support for the re-integration process; and to establish how children relate to their families and communities during reintegration.

METHODS AND MATERIALS

Study design

This study employed descriptive qualitative research methods. Qualitative research gathers information using words or texts rather than numbers (Nkwai, Nyamongo & Ryan, 2001). This method aided in the development of a more nuanced understanding of how OVCs make sense of the reintegration process.

Study settings

The study was conducted in Blantyre, Malawi, because the district has been a pioneer in reintegrating OVCs in the country since 2015, overseeing 19 active CCIs. All CCIs that successfully completed the reintegration process were included, as were the surrounding villages in Blantyre where previously institutionalised OVCs were discharged.

Study population

I purposefully selected formerly institutionalised children, their families and communities that continue to care for the children following their discharge from CCIs, CCI workers who give direct care and assistance to the children in CCIs, and the Social Welfare officer. The children who had previously been institutionalised ranged in age from 13 to 19. Additionally, I interviewed CCI managers, the Blantyre Social Welfare officer and families who are accountable for OVCs.

Procedures for sampling

The Blantyre Social Welfare Office supported in identifying CCI leaders and arranging meetings with them according on their availability and willingness to participate. The researcher was guided in her work with formerly institutionalised OVCs, families, and communities by the Blantyre Social Welfare Office and CCIs. All interviews took place in locations that were convenient for the participants.

Data collection

28 in-depth individual interviews were conducted, 16 with previously institutionalised OVCs, six with CCI managers from various facilities, five with families and one with a Social Welfare official, as detailed in Table 1. Each interview lasted between 30 and 45 minutes and was audio recorded with the participants' agreement. Participants were assured of the confidentiality of their information, and their personally identifying information was anonymized.

Table 1: Participants interviewed

Participant	Number interviewed
CCI Manager	**5**
Social Welfare officer	**1**
Previously institutionalised OVCs	**16**
Family members	**5**

Data analysis

Iterative data analysis was performed utilizing both manual coding and computerassist ed software to organize the data. The researcher immediately began transcribing the c ollected data following the initial interview. The transcripts were classified word for word by looking for repetitions in each phrase in order to establish initial coding the mes. Codes that were repeated or similar were merged into categories, from which th emes were generated.

Ethical considerations

Permission was obtained from the Blantyre Social Welfare office and traditional auth orities in the areas where the research took place. Participation in the study was volu ntary, and no subjects suffered any pain or harm as a result of their participation. The

researcher also took into consideration that reintegration is a sensitive topic and treated it accordingly especially with the children.

RESULTS

In this section, we present our findings under four broad headings. First, we describe participant's views on institutionalisation in Malawi, including preparation for reintegration. Second, we report participant's views on welfare of OVCs following reintegration, including post-reintegration monitoring. Third, we describe views on the successes of institutionalisation. Forth, we describe some of the challenges of reintegration including some suggestion towards addressing some of the challenges.

Perceptions on reintegration

Most participants viewed institutionalisation as a positive strategy for assisting OVCs who face numerous tough conditions. Family members were particularly pleased with the effort because they believed it would assist keep their children in school and help them develop positive personalities.

The social welfare officer, however, stated that this might have both positive and negative consequences. The officer emphasized the negative impact of institutionalisation, stating that it promotes child dependence, which may become an issue in the future.

On reintegration, I found that majority of the participants did not have issues with the process. However, they were against the idea that there should be a directive and limit on the support for the children. Participants gave reasons such as poor services in home and existing socioeconomic challenges as the main concerns.

"[…] So, they say if you give me back the child then I don't know what I will do. At the end the child stops going to school…" *CCI Manager*.

Preparation for reintegration

We found that the planning process for reintegration involved an individual meeting with each family.

"Officials from social welfare, and the institution came to my house before reintegration because am just a well-wisher who agreed to stay with the child. They spoke to me about the importance of children growing up in a family setting. We had a chat and I offered to keep the child as they look for the relatives of the child" *Family member*

This was seen positively by both families and CCI managers at the facilities, since it enabled them to ensure that the reintegration process met the needs of the affected families. Combining families or holding group preparatory meetings would jeopardize their privacy and expose the children's situations.
Participants said that this approach is guided by Social Welfare directives or recommendations.

OVCs welfare after reintegration

When asked about their welfare following reintegration, the majority of children stated that everything went as expected. Several children expressed how relieved their parents or guardians were to see them again. Upon talking to family members of the concerned children, the overwhelming majority stated that families receive their children back and give appropriate support. However, the family members were candid in stating that the support they provide to their children following reintegration cannot be comparable to what they receive in institutions. Additionally, family members said that they make a concerted effort to urge their children to attend school and behave properly.

Similarly, the social welfare officer observed that it was encouraging to see support for children's reintegration from a variety of religious and community groups. According to the officer, this gives excellent moral support for the children and makes them feel very welcome when such groups get engaged.

"Mostly the religious groups in the community assist the reintegrated children. Some provide groceries like soap and food." *Social Welfare Officer*

Post-reintegration monitoring

Additionally, we discovered that the CCIs had a procedure in place to monitor all children upon reintegration to ensure continued care. The CCI managers stated that

during monitoring visits, they continue to offer children with necessary goods such as clothing, soap, and other school supplies.

"We continue with the visits. We buy groceries when we visit but we no longer assist with school fees once reintegrated." *CCI Manager*

However, when asked if they are visited by CCI supervisors upon reintegration, several children stated that they are not. Some CCI managers also mentioned that they do not visit OVCs who are far from Blantyre because of transport issues.

Institutionalisation achievements

The majority of participants said that children receive enough educational help during institutionalisation and expressed a desire to have this support continue beyond reintegration. The CCI managers and family members expressed their satisfaction that the children are encouraged to work hard in school and taught how to behave appropriately around others, especially showing respect for the elderly.

While the majority of comments from CCI managers and family members emphasized on education, the majority of children stated that they learned a lot on household chores. They emphasized that they were maybe teaching them how to care for themselves and also how to be independent.

In contrast to the others, one child stated that institutions do not teach them anything new.

Challenges with reintegration

Certain participants, primarily CCI managers, expressed concern over children's early reintegration. This resulted in many children encountering difficulty or reverting to their normal ways of doing things. They perceived that most children who are reintegrated into the system much earlier may not have gotten the full benefit of the program, increasing the possibility of easily relearning the negative behaviours they engaged in before the institutionalisation.

Participants from all groups expressed concern about the current socioeconomic challenges in the family into which these children are being thrust. They mentioned that

the children will continue to suffer as long as the condition in the families remains unchanged. Children will continue to receive no assistance for school or food at home.

However, several participants, notably the children, perceived little difficulty in their reintegration into their homes. Perhaps these children saw no change or were just forced to remain in facilities.

Suggestions

Children should be permitted to remain in CCIs until they finish secondary school. Most family members expressed concern that early reintegration would interrupt the process of learning and behaviour change that OVCs undergo. Additionally, they believed that children are forced to return to the same situation they were in, which accomplishes nothing.

DISCUSSION AND CONCLUSION

Reintegration in Malawi, overall, is a beneficial experience. The only factor to consider is the children's period of institutionalisation. It is critical to note the level of reintegration at which most of these children reach. All the reintegrated children were teenagers. Furthermore, several parents expressed concern.

Another finding was that in Malawi, it is not orphanhood or vulnerability that drives children to CCI as it is the desire for a high-quality education and material support. The majority of CCIs already have information on the child's origins and contact information for their parents or other family members. This demonstrates that most children in Malawi enter CCI not as orphans but because of inadequate living conditions at home. While in the CCI's custody, these children attend school. It was observed that children are occasionally sent to the CCI by close family members for the purpose of achieving a higher level of education.

Reintegration is impeded by a social welfare officer's lack of funding. Cash transfers were proposed to be beneficial, but the government does not currently provide cash transfers to assist the recipient family. The majority of CCI managers stated that the

reintegration program is adequate in its current form, although they emphasized the importance of children being released from the CCI following completion of secondary school.

The study's findings contradicted both attachment and object relationship theories. Despite institutionalisation, it was observed that children integrated well into their society. Several members of the community and their families stated that the children were not antagonistic or have attachment issues. They went to school and established social networks.

Even though attachment theory predicts that children will develop a diminished attachment to their families or communities of origin because of their bond with the CCI and that some OVCs will struggle in their environments of origin and seek ways to return to the CCI, it was discovered that the situation in Malawi is different. Many children originally expressed a desire to remain at the CCI, but upon reintegration, they had little difficulty adjusting to life in the community, most likely due to proper preparation time prior to reintegration.

Another hypothesis proposed was the notion of object relations. The environment, according to object relations theory, plays a significant role in the development and functioning of persons later in life in society. These are the circumstances in which a child is born. Alignment with the theory was challenging in this study because none of the children interviewed had been studied since infancy. The OVCs were still too young to understand how their infancy labelling had impacted them today.

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