Reaching ‘the Vulnerable’ by Working from the Heart?
Community Case Workers in Zimbabwe

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Abstract
This article considers how the image of a caring state is both performed and contested by the actual workings of Zimbabwe’s volunteer community case workers (CCWs). According to their policy mandate, the volunteers’ commitment to registering ‘the vulnerable’ and mobilising them for different welfare project purposes is based on an assumed affective closeness to their communities. Ethnographic investigation also identifies community-level care work as an affectively and economically charged field, where the CCWs navigate conflicting expectations and utilise their connectedness to other welfare providers to sustain life. As diversely situated, community-level, caring bureaucrats, they also assist their ‘cases’ to construct claims of vulnerability that fit the narrow categories of welfare organisations, recognising and addressing forms of vulnerability that go beyond such definitions from the outside. In such processes, the credibility of both welfare institutions and CCWs is challenged and reproduced.

Keywords: affect, caring bureaucrat, child welfare, community case workers, state, vulnerability

One day in March 2019, close to the end of the eight months of fieldwork in Bulawayo, Zimbabwe, I was driving home from a child protection committee (CPC) meeting held in one of Bulawayo’s high-density suburbs. I was interested in the CPCs and their members, community case workers (CCWs), as they appeared to be key local-level authorities to whom my interlocutors, returning migrants from South Africa, turned for help with child welfare issues such as birth registration and school fees. They are state-mandated, non-salaried volunteers who are expected to reach the most vulnerable community members in the wards where they live and refer them to the District Social Welfare Department for possible further state and nongovernmental organisation (NGO) interventions.
As I drove, I turned on a state-controlled Zimbabwe Broadcasting Corporation radio channel where, by chance, the matter under discussion concerned Zimbabwe's child welfare policies. A representative of the Ministry of Labour, Public Service, and Social Welfare explained that these policies encompass a six-tier web of care: (1) the nuclear family at the bottom of the hierarchy; (2) extended family and kinship care; (3) community care; (4) formal foster care; (5) adoption; and (6) residential child-care facilities. This web, she stressed, should 'not leave a single child without care.' She also emphasised the role of the CPCs in reaching the most vulnerable members of their communities and bringing them to the core of the dominant child welfare policy, the National Action Plan for Orphans and Vulnerable Children (NAP for OVCs). Indeed, the label, 'orphan and vulnerable children' has become a powerful means of attracting sympathy and material assistance from welfare institutions, especially in post–2000 southern Africa where the HIV/AIDS epidemic coincided with the radical decline of institutional care during the structural adjustment programmes.¹

However, the public image introduced by the radio broadcast, one of a hierarchical, government-coordinated, caring web sustained by highly motivated, altruistic community members, stood in marked contrast with the scarce resources, overly high expectations, and cynicism that the volunteering caseworkers actually experienced. Those whom I encountered struggled to accommodate the high expectations of both their superiors in the District Social Welfare Department, to whom they handed their monthly registration files, and their ‘cases.’ For instance, Maria, a fifty-two-year-old caseworker, told me that, although she reported her team’s statistics each month to their superiors at Social Welfare, she had delivered ‘files and files of children, but they do not have resources.’ Furthermore, as welfare bureaucrats mapping ‘vulnerability’ on the ground, the residents whom she had registered also expected concrete assistance: for instance, education scholarships or child sponsorship. Consequently, Maria expressed frustration in regard to her main task of registering and maintaining lists of ‘the OVCs’ because it aroused unrealistic hopes.

We just file and file, get their names and all, and they start hoping to get something. Next time you meet them they can be angry: ‘Why did you take my name? You have used my name for your own purposes!’ Sometimes you see the child [is] not receiving help maybe for two or three years until you end up being afraid to pass there.

Another CCW explained that ‘at times…there is absolutely nothing happening to [the children], and we, with empty hands, we feel very much ashamed… I mean we are just useless people. We give out some counselling and give them hope that one day something will come up.’ However, despite this sense of cynicism, the caseworkers showed commitment towards their work and were often involved in CPC work without salaries for years, defining themselves as ‘the eyes and ears’ and ‘the foot soldiers’ of social welfare.
This article investigates the origins of the apparent commitment of the CCWs to their volunteerism. My analysis draws on eight months of ethnographic fieldwork in Bulawayo in 2018–2019 among returning migrants and transnational families and their bureaucratic encounters with the state and state-like public authorities. During fieldwork, I often came across situations where the CCWs had become involved, and I attended CPC meetings and accompanied four CCWs regularly, which allowed me to contrast official policy representations with the everyday practices of the CCWs: what their work actually entails and how they rationalise it (Bierschenk and Olivier de Sardan 2014). Thus, the article contributes to the emerging literature on African bureaucracies that aims to redefine public services in Africa beyond their dysfunctionality. However, while authors like Thomas Bierschenk and Jean-Pierre Olivier de Sardan (2014) limit their focus to public service employees who are in salaried contracts with the state, this article recognises that the central contribution of volunteers is not simply that of providing a ‘replacement’ for waged state agents (Prince & Brown 2016). Rather, by exploring the CPC work ethnographically, this article shows how the volunteering CCWs play a crucial role in maintaining the image of a functioning social welfare system by engaging with ‘the vulnerable’ in the course of their mundane, state-mandated tasks. I begin by showing how their policy mandate is embedded in the idea of ethical citizenship (Muehlebach 2012), as their commitment to work is assumed to be based on affective proximity and solidarity with their ‘communities’. I then move from idealised official representations to the real practices of the CCWs, illustrating how they function simultaneously as local-level state agents and development brokers (cf. Bierschenk et al. 2002), who mobilise beneficiaries for charitable economies of care. This creates conflicting expectations: feelings of hope and cynicism but also opportunities for making do in the precarious labour market. Through ethnographic exploration, the arena of community child welfare is revealed as an affectively, morally, and economically charged bureaucratic arena of great complexity, wherein distinctions between formal and informal, paid and unpaid work, and NGO- and state-distributed welfare appear artificial.

This article also adds to the literature that explores affects as ‘one of the constitutive conditions of state formation’ (Gupta 2012: 13), ‘crucial in structuring political fields, imaginaries, subjects, and objects’ (Laszczkowski and Reeves 2018: 3; see also Ahmed 2004; Aretxaga 2005; Gupta 2012; Navaro-Yashin 2012). It explores how affects circulate in official policy framings to create an image of a purportedly caring state and constitute the CCW as the most local care worker. It also investigates how emotions are used to draft care claims in bureaucratic encounters between the state, its agents, and those whose vulnerability they are expected to alleviate and how material manifestations of authority, such as clothing, evoke a range of emotions that include pride, hope, and a sense of being connected to the broader transnational regime of care. In so doing, it joins Sophie Andreetta’s (this issue) effort to study the role of affects and emotions in the daily work of local bureaucrats as they implement public policies. In emerging anthropological discussions, the concepts ‘affect’, ‘emotion’, and ‘sentiment’ are often used in parallel. ‘Affect’ has been described as
preliminary and private, preceding ‘emotion’ which is seen ‘as the culturally and socially mediated articulation of this experience, something that the one who is “affected” is aware of’ (Dilger et al. 2020: 5). Here, my interest is not in tracing such distinction. Instead, I use the term ‘affective’ in a sense similar to Jennifer Cole and Christian Groes (2016: 8), to capture how social ties and encounters between different actors—here, in the institutional field of child welfare—are intrinsic to ‘historically and culturally elaborated emotions and potentialities, whether love, pride, shame, or jealousy, as well as the material manifestations of these feelings’.

Furthermore, the article problematises the concept of vulnerability (Honkasalo 2018, Nakueira 2020) and indicates the limitations of the tools and processes involved in addressing vulnerability by the humanitarian governance (Fassin 2012, 2013; Leboeuf 2021; Ticktin 2011). While vulnerability has been increasingly moved from the context of development to be examined as a legal and bureaucratic concept within the framework of migration control and asylum in the Global North (e.g. Fassin 2012, Ticktin 2011), I examine vulnerability in the context of social welfare programmes in the Global South. By investigating how the CCWs identify the most vulnerable, this article shows that the narrow state and NGO-centric definitions of vulnerability risk ignoring the broader structural conditions that create vulnerability, as well as local forms of suffering that do not fit into such categories. On the other hand, the CCWs are well aware of and capable of attending to such needs, which increases the legitimacy of their community-level care work.

**Child Welfare, Precarity, and the Figure of a Community Case Worker**

Prior to Zimbabwe’s independence in 1980, social welfare was primarily conceptualised as a domestic concern, the responsibility of a paternal authority, with little room for state intervention (Hampson and Kaseke 1987). The principal legislative structures and policy frameworks on child welfare were largely adopted after independence, when state law was expanded to reach the Black population and when the rights and empowerment of ‘vulnerable’ women and children emerged as an increasingly powerful trope in international, regional, and national welfare agendas. Zimbabwe’s postcolonial history, however, is characterised by prolonged and complex political and economic instability and scarcity of resources. From the late 1980s, the government was unable to sustain the socialist ideal of free public services, like education and health care, due to multiple factors, including droughts, political instability and, especially, its adoption of the neoliberal Economic Structural Adjustment Programme (ESAP) in the late 1980s and early 1990s. This pressured Zimbabwe to privatise many of its social services and to introduce user fees that further alienated the majority of the population requiring them (e.g. Mlambo 1997). Instead of accelerating economic progress, the programme created mass unemployment among public servants, ran public services down, and displaced formal job opportunities, reducing the formally employed population from 18 percent in 1965 to under 10 percent in 2000 (EIU 2003: 23). Indeed, ESAP has been defined causing ‘the most negative turn in the country’s economic trajectory’
Furthermore, it took effect concurrently with the HIV/AIDS pandemic that forced family networks to stretch their capacity for caring for their needy relatives.

Due to prolonged politico-economic uncertainty, ESAP, and other disruptive events, post–2000 Zimbabwe has become ‘synonymous with economic and social chaos’ (Jones 2010: 285). This is exemplified by the government-led Fast Track Land Reform Programme in the early 2000s, whose goal was to transfer land from white settlers to Black, small-scale farmers by displacing thousands of white commercial farming families and hundreds of thousands of Black farmworker households. Nationwide, in 2000 alone, four hundred companies closed, and ‘by mid-2009, the country was operating at about 10 per cent of its industrial capacity’ (Mawowa and Matongo 2010: 323). The crisis peaked in the hyperinflation of 2007–2008, when prices would double almost every day. Normal economic activities virtually broke down, a lack of basic commodities was endemic, people lost their savings, and companies closed. Life expectancy dropped from sixty in 1990 to forty-three in 2010 (Nyazema 2010: 233). In 2010, an estimated 1 to 1.5 million Zimbabweans were living in South Africa, mostly irregularly (FMSP 2010).

Due to a complex set of economic, health, and political crises, both national and local authorities have faced challenges in allocating funding for social services, and social protection since the 1990s has largely relied on extended families, migration, NGOs, and donor funding that is mostly limited to humanitarian emergencies, such as hunger and HIV/AIDS (Laakso 2002). Yet, due to sanctions imposed on the Mugabe (and Mnangagwa) regime, Zimbabwe has not received direct budget support since 2000; instead, all international aid comes through bilateral and multilateral channels and sectoral programmes. However, while the government institution of social welfare is sustained and influenced by the funding, practices, and ideological frameworks of international development, nongovernmental projects also rely on the public infrastructure that, rather simplistically, they are said to be replacing (McKay 2018: 55).

In the given context of ‘transnational governmentality’ (Ferguson and Gupta 2002) and HIV/AIDS crises, the Government of Zimbabwe launched its first NAP for OVCs in 2004, with ‘technical’ and ‘financial support’ from UNICEF. Its official goal was to align child welfare work in Zimbabwe with global, regional, and national legal frameworks and to coordinate child welfare policies and the work of hundreds of organisations providing services for children (GOZ 2004). Responsibility for child welfare devolved from the Ministry of Labour and Social Services to provincial and district-level social welfare departments. Finally, ward-level CPCs were established to reach OVCs on the ground. In Bulawayo, for instance, all of the city’s twenty-nine administrative wards have established CPCs and selected CCWs who are responsible for ‘the coordination, implementation and sustainability of the program as [they are] closer to the family and the children who are the centre of programming’ (MoLSS 2006: 7). With this articulation of social proximity to their communities, the state mandated the CCWs to reach the most marginalised people and bring them to the core of the programme. They are expected to commit to ‘OVC
identification’ and ‘childcare and protection 24 hours a day, every day’ (ibid.: 32). Yet the policy also recognises the lack of resources at the government level, stating that ‘insufficient capacity and resources of formal government structures may make reliance on community-based mechanisms necessary for the implementation of social protection programs while it is also said to be relatively inexpensive’ (ibid.: 32). In this political vision, the CCWs’ code of conduct is rooted in a basis of oath, compassion, and a desire to help, not in salaries. Rather, they constitute ‘affective labour’, who are expected to be emotionally involved in their work (Muehlebach 2012). This is due not only to limited resources but also to the regulations governing project aid according to which donor funding cannot be used to cover staff salaries.

Furthermore, the programme mobilises a neoliberal rationale by suggesting that states largely withdraw from their welfare responsibilities, while the poor are best governed and welfare provisions best carried out by local agents and grassroots organisations (e.g. Muehlebach 2012: 98). Thus, on the one hand, the figure of a CCW illustrates what Andrea Muehlebach (2012: 48), with reference to the Italy’s growing voluntary sectors, has described as ‘unwaged affective labour regimes’ and ‘ethical citizens’. The histories of social welfare and volunteering in Zimbabwe and Italy differ. However, in situations where the state’s and families’ capacities to care are diminished, Zimbabwe’s social welfare structure also seems to expect that the caseworkers commit to caring for others due to their affective proximity and, indeed, this altruistic and affective premise is present in CCWs’ self-definitions, as I demonstrate. On the other hand, the volunteers do not merely define themselves as volunteers but also as state agents, representatives of the social welfare system, accountable and committed to it. In so doing, they do not merely work as ‘a central symbolic figure through which people are imagining social solidarity and collective life more generally’ (ibid.: 11); rather, by virtue of their activities, the state is imagined as present and purportedly caring. Their ‘local knowledge’ and connectedness is also mobilised by transnational and nongovernmental actors to implement, evaluate, and monitor their own operations. Therefore, they also work as development brokers, mobilising ‘beneficiaries’ for different project purposes in their administrative wards and making the population available for NGO interventions (cf. Bierschenk et al. 2002; Mosse and Lewis 2006). This again constitutes an economic strategy and a way to manage the caseworkers’ own precarity.

**Working from Passion?**

In Zimbabwe, basic economic factors like the value of currency, commodity prices, and wages are characterised by a series of shocks rather than by predictability and stability. Livelihoods can rarely be sustained via markets and wages or by any state-distributed welfare provisions; instead, they are beset by the general impossibility of making long-term plans. As scholars on global capitalism, with neoliberalism as its dominant economic and political paradigm, have shown, the nature of work is increasingly characterised by precarious, flexible, fragmentary occupations that are low paid and low status (Boltanski and Chiapello 2005; Mensitieri
Yet, as previously demonstrated, Zimbabwe’s situation is not merely the outcome of global capitalism; it coproduced by a multiplicity of factors. As Jeremy Jones (2010) has argued:

since 2000 the ‘real economy’ of Zimbabwe has turned into kukiya-kiya economy, with an emergent logic and historical motion quite different from that which preceded it. This has entailed a progressive encroachment of economic styles and tactics formerly relegated to the urban social margins. Indeed, activities formerly associated with down-class urban youth and ‘part-time’ female work, have rapidly become the source of livelihood from much of the urban population. (Jones 2010: 286)

Consequently, livelihoods are constituted by piecing together various activities, referred to in isiNdebele as ukuhlanganisa and in Shona as kukiya-kiya. Translated by my interlocutors as ‘mixing things to make do’ and ‘making life go on for a bit longer’, the terms refer to economic and social practices that include the aspect of improvisation, oriented to making do in the immediate present by stretching one’s social networks (c.f. Jones 2010).

In 2017, when military intervention replaced Mugabe, who had ruled the country for thirty-seven years, with the current president, Mnangagwa, a sense of excitement and hope grew in Zimbabwe and its ever-expanding diaspora. Mnangagwa promised economic growth and international openness, which he embedded in his slogan, ‘Zimbabwe is open for businesses’. The national elections in July 2018, held just two weeks before my entry to the field, confirmed Mnangagwa’s rule. Since that time, however, feelings of despair and disappointment have resurfaced (Helliker and Murisa 2020: 7), and the economic, social, and political crises in Zimbabwe have continued and intensified. Shortages of fuel, medicine, and skilled workers, increased commodity prices due to escalating inflation, together with state violence against protesters, and renewed sanctions have come to characterise the Mnangagwa era.

The CCWs, in general, had hoped that economic recovery and a stronger presence of international donors would open new opportunities to work in the transnational NGO sector. Now they regarded their hopes of finding sustainable employment through their volunteerism as unrealistic. However, despite the lack of state incentives, the CCWs emphasised that their commitment stemmed from their desire to help those less fortunate than themselves. Yet, they were commonly accused of including their own relatives in assistance programmes like the Basic Education Assistance Module (BEAM), a donor-funded, nationwide school fees programme, which received more than a million applications in 2019 (Bhebe 2019). The CCWs were usually involved in selecting the programme’s beneficiaries, and they were well aware of such distrust and suspicion. Much like the situation described in Christopher Colvin’s (2016: 38) research among health volunteers in South Africa, CCWs faced social pressure to prove their moral commitment to, and (com)passion for their work. ‘One needs to have a heart for this job’, Maria explained. In general, the CCWs framed their commitment through affective and biblical language of passion and love, using religious idioms such as ‘a good
Samaritan’ and ‘God’s leading’, suggesting their ‘ethical relationship to God’ (Prince and Brown 2016: 7). They often gave examples of caseworkers who had ‘wrong motives’ in doing the job and did not have ‘the passion’ or endurance but were, rather, looking for self-advancement. ‘Somebody can just come in voluntarily without having a passion for working. They drop out because they won’t be knowing if they are going to be given money’, one CCW reasoned. In comparison, Maria distinguished her team from such ‘gold diggers’, emphasising its commitment by explaining how they ‘sometimes end up giving food from [their] own pockets’. Undeniably, however, besides the affective and religious motivations framed in terms of resilience and self-sacrifice, CPC work provided opportunities to expand one’s social and economic networks and accumulate knowledge on project management. My first encounter with Maria and her CPC team effectively illustrates this.

The Blue Hat and a Sense of Professional Pride: CCWs as Community-level, Caring Bureaucrats

When I visited Maria’s home in one of Bulawayo’s high-density suburbs for the first time, her involvement in the development sector was displayed on her living room wall, which was decorated with the calendars and posters of religious and NGOs. She also showed me a folder of certificates and explained, with a sense of pride and respect, that she had gained them from the different workshops and courses she had attended, organised by a number of NGOs. She also explained about a child welfare trust that she had recently registered. As my role as a white European woman was often conflated with the international donor system, this was possibly Maria’s way of demonstrating her competence in working with international donors.

When her CPC team arrived for their monthly meeting, the range of print hats captured my attention. While Maria and another CCW wore blue ‘Child Care Worker’ hats with the tag of the Ministry of Labour, Public Services, and Social Welfare, the other four members wore different hats with varying logos and watchwords which they had received from multiple training sessions, to which I return later in this article. The brown, yellow, white, and black hats sported the names of Amnesty International, World Vision, and other international NGOs, with slogans such as ‘We Care’ suggesting the compassion and competence of their wearers and the organisations. Despite this variety, the CCWs were often referred to as ‘the ones with the blue hats’, which served as identifiers of those involved in the welfare structure and worked as important symbols of authority marked by a sense of pride. Like the multiple logos, registration forms, and certificates, the hats worked as objects of power whereby the caseworkers distinguished themselves from community members and symbolised connectedness to the state structures of social welfare and the charitable economies of care (Bourdieu 1984; Neumark 2020). The hats can be seen as material symbols of power through which affects, such as hopes and disappointments over care provisions, become enacted, reproduced, and experienced. In effect, like other practical and symbolic elements, including logos and slogans, the hats not only mediate connections between the caseworkers and
the residents in the administrative units but also make the CCWs visible to various other authorities, primarily development practitioners.

Besides registering and mobilising residents for a range of project purposes, the CCWs themselves participated in various ‘stakeholder meetings’ and ‘participatory workshops’ through which the nongovernmental agencies were expected to intervene, influence, and take into consideration the local knowledge that the CCWs possess. With these activities, the organisations could demonstrate that they were ‘building capacity’ and, thereby, enhance the local ownership and sustainability of the projects. The CCWs performed as community members, targeted to increase ‘grassroots participation’ in politics and project management, and fitting seemingly perfectly into the discourse of ‘community-led development’ (cf. Colvin 2016: 43–44). Indeed, much of the training followed a peer-to-peer, Training of Trainers model, aiming to educate the CCWs as key local authorities in order to help their community members to help themselves.

However, mobilising beneficiaries for NGO events or attending in person was, for the CCWs, a means to get an education in how to ‘empower’ their own communities or sustain development after projects ended, and it increased the CCWs’ own hopes for upward economic and social mobility (Bierschenk et al. 2002). As already noted, NGOs and community-based organisations utilised the caseworkers’ connectedness on the ground for their own project purposes, occasionally providing them casual payoffs, such as meals and refreshments, daily allowances, transportation fees, airtime, or material tools such as hats and T-shirts, even bicycles in some instances (UNICEF 2019). As we saw, Maria received allowances from a child welfare agency for registering beneficiaries for their purposes. She explained that ‘whenever I get a call for an event, I will first think, what I am getting out of this? We sit in these meetings, we hear about organisations wanting a report or whatever, and what they will give, a per diem. This is how we work.’ Maria also hoped to find a source of funding for her newly registered trust, or contract work in the NGO sector. Her auditing work proved her bureaucratic capability to reach out to the vulnerable and maintain a database of them not only for the DSS but also in order to identify beneficiaries for other projects, while the volunteering work increased not only her economic but also her social and symbolic capital. It provided opportunities to augment her knowledge on development frameworks and brought her into contact with a wide range of actors. She explained that she ‘exposes [herself] to every event’ and liaises with fifteen organisations ‘who do a similar job than us, who have interest in the welfare of a child’. Besides ‘the vulnerable’, she offered help to other community members, church authorities, government officials, ward councillors, NGO staff, and academic researchers who might need her expertise and connectedness. Yet the transnational regime of care provided not only a platform that generated direct livelihood opportunities and networks for future projects but also a sense of connectedness to such a regime, providing visions for future trajectories that, with their precarious work and self-exploitation, could potentially be realised.
Michael Lipsky (1980) uses the term ‘street level bureaucrat’ to refer to workers in schools, welfare, and the police force, who are responsible for implementing policy (see also Andreetta, this issue). Drawing on Lipsky’s work, Tom Neumark (2020: 129) defines community health workers in the Korogocho slum in Nairobi as ‘slum-level bureaucrats’ who, besides their official policy implementation task, ‘manage a precarious, unpredictable, and ever-shifting portfolio of development, humanitarian, and social welfare interventions in the slum’s charitable economy’. Similarly, the CCWs in Zimbabwe operate as community-level bureaucrats who, besides their state-mandated tasks, are ‘in a permanent state of vigilance for new sources of funding and resources’ that might accrue to their communities (Neumark 2020: 129; see also Bierschenk et al. 2002). The position of the CCW can be used to manage the precarious present in practices of kukiya-kiya/ukuhlanganisa, providing opportunities not just for caring for others but also for self-caring. Indeed, although volunteering care work is expected to be performed on the basis of one’s affective entanglement with one’s community and the kindness of one’s heart, it is also motivated by thoughts of economic and social advancement, of creating new possibilities and a new sense of hopefulness and professional pride in relation to the transnational welfare agencies.

In the next section, I change perspective and direct attention to the key CCW task of mapping vulnerability, and the affective encounters between CCWs and people whose vulnerability they were expected to mitigate.

**Mapping Vulnerability, Mobilising Hope**

One day Maria, her ‘team member’ Dorothy, and I drove to one of their ward neighbourhoods where Maria told me that they would be offering a workshop on ‘hygiene counselling and health promotion’. They would ‘need thirty women’, since, besides their task of reporting to the District Social Welfare Department, an international child welfare organisation also required them to report ‘every month thirty people’ in exchange for their monthly allowance of fifteen US dollars. At the venue ‘a village headman’ allocated us a room in a community centre, modest, two-roomed wooden building where some forty women were starting to gather. The other room was booked by UNICEF and the Ministry of Health who had organised a ‘measuring and weighing’ standardisation programme to test their methods and equipment for small children. Joyce, a twenty-nine-year-old woman whom I knew, had taken her two sons there, thinking that it was the ‘mobile baby clinic’ which visited the area monthly. She hoped to get the children’s flu treated but had agreed to enrol them in the programme as they would be given lunch. Later, a third group of experts arrived in a four-by-four vehicle. Judging from the logo sticker on the vehicle, they represented Population Services Zimbabwe. As no rooms were available, they started distributing condoms from the platform of the car. One worker joked that although we ‘had stolen their room’, we had nevertheless mobilised people for their purposes too.
At the start of our training session, Maria took a pile of registration forms with the logo of the Ministry of Labour, Public Service, and Social Welfare from her big leather purse, and I helped a group of women to fill in their names, ID numbers, number of children, monthly income, HIV status, and employment situation, details that were collected to ‘map vulnerability’ (McKay 2018: 44–45). Much as in Sophie Nakueira’s (2020) study of the United Nations High Commissioner for Refugees (UNHCR) definitions of vulnerability in Ugandan refugee camps, the definitions of the organisations with which the CCWs cooperated overlooked local forms of vulnerability. Such forms, nevertheless, had important, sometimes life-threatening effects on people’s lives, sometimes giving rise to allegations such as witchcraft, for example (ibid.; discussed further in this article).

While people filled in the registration forms, Dorothy circulated two picture books, one on breastfeeding and the other on personal hygiene. After two hours, registration was complete, and Maria told me that it was time to go. I was surprised since the event did not resonate with my idea of a workshop. As we left, Maria said in explanation, ‘People here are so ignorant. They suffer from receiving syndrome. Why should I do everything for them?’ After all, she continued, she was there to help them to register so that she could give a list of their names and details to the District Social Welfare Department and the child welfare organisation, who, in turn, could find them ‘if a donor comes’.

This pattern of successfully mobilising people to attend an event without always knowing its actual purpose was repeated on a number of occasions as I accompanied CCWs in their work. Typically, such gatherings were organised via WhatsApp messaging or announcements at residents’ and other community meetings. For instance, once I accompanied Tim, another CCW, to an event that Tim’s team member had identified to me as ‘a mass birth registration’. However, it appeared that Tim, his CPC team, and the thirty to forty elderly women whom they had mobilised to convene at the venue were not sure what the actual event was about. Taped to the fence outside was a hand-written, A2-size notice which read: ‘Enrolment: Girls aged between 9–19 in this category (orphans, HIV positive, living with parents who are positive, child-headed families) are to go to the Venue on the 9th of February 2019 at 12 midday’.

Instead of providing information on the point of the ‘enrolment’, the note simply described a target group: ‘the vulnerable’, who were primarily HIV-affected, orphaned girls. Yet Tim and his team had managed to fill the venue, although it seemed to me that most of those present did not fit the age category of nine to nineteen years. After an hour or so of waiting, a white four-by-four jeep bearing the sticker of a dominant child welfare NGO finally parked in the compound. It appeared that instead of registering births, they had come to register ‘vulnerable’ people in three possible future programmes, one on ‘parenting skills’, another on ‘income generating’, and a third on school-fee assistance.

It was apparent that Tim and Maria were skilled at getting people to attend indeterminate events and enrol themselves or their dependants in the registers of whichever welfare organisation turned up. Yet Maria called the residents of her
ward ‘ignorant’ and claimed they suffered from ‘receiving syndrome’, and Tim’s similar self-responsibilisation talk defined residents in his ward as ‘birds who are just waiting to be fed. They don’t even see who is coming but just open their mouths and hope to get food.’ These moral claims combined with skills-training sessions are characteristic of the neoliberal rationale whereby ‘vulnerable’ recipients of charity are considered to lack the knowledge and skills to improve their own lives (Das 2015: 189; Neumark 2020). Furthermore, the biblical, neoliberal, self-responsibilisation talk common among the CCWs can be seen as representing a ‘historically specific, symbolic language of governance’ (Hansen and Stepputat 2001: 8) that differentiates the provider and receiver of help by defining the poor by the ‘lack of’ something that the caseworkers themselves possess (Neumark 2020: 123). Such affective claims have multiple roots, as articulations of respectable ways of being ‘civilised’ and ‘autonomous’ persons also resonate with colonial and Christian discourses on ideal personhood and the self-sufficient colonial worker (Bornstein 2003). Regardless of roots, however, the concept of vulnerability is embedded here in the assumed incapability of the poor to care for themselves, making them the target of educational and welfarist programmes that are, somewhat paradoxically, designed to strengthen the capacity of the ‘most vulnerable’ and ‘needy’ to help themselves—and justified on this basis.

The ethnographic material reveals two intertwined limitations on the humanitarian regime of care (Fassin 2012, 2013; Ticktin 2011). Firstly, by focusing on the skills training of the poor, who need help to learn how to help themselves, the rationale ignores the specific context and structural conditions—sketched earlier in this article—that cause vulnerability in the first place. Consequently, the narrative of poverty and its alleviation masks the global, regional, and national political factors that cause poverty. Secondly, while the CCWs are expected to be ethical citizens and to commit to their work full-time due to their proximity to their communities, they are expected to do so within a limited state and NGO-centric view of vulnerability. Similarly, the tools and processes of intervening in such vulnerabilities follow the ideological commitments, intervention protocols, and narratives of the ‘good’ life of transnational governance (c.f. Leboeuf 2021). Despite their focus on capacity building and the participatory approach, such definitions and protocols tend to leave local definitions of vulnerability and a life worth living both unnoticed and unattended (Honkasalo 2018: 9; Nakueira 2020). In the following section, I direct attention to the plurality of vulnerabilities, arguing that the legitimacy of the CCWs is based on their competence to address both institutional forms of vulnerability and aspects of vulnerability that are excluded from such top-down framings.

Calls for Sympathy, Performing Vulnerability

During my fieldwork, Maria and Joyce, the woman whose sons participated in the UNICEF measurement programme, met multiple times. Joyce was unmarried and had four children: two school-age girls who resided at their maternal cousin’s house in a rural area where school fees were cheaper, and two small boys who lived first
with Joyce but then were relocated to their father’s homestead. Joyce turned to Maria several times with questions related to her own and her children’s wellbeing that went beyond Maria’s official mandate. Once Maria organised a one-day housekeeping job for Joyce, another time she advised her on how to report an offence to the Zimbabwe Republic Police and how to approach a charity that could assist her to claim birth certificates for her non-registered, South African-born children. She also advised Joyce to seek out a certain prophet, who could cast away a demon that had caused illness and misfortune in Joyce’s family. Clearly, Maria shared the local views on vulnerability—for instance, to the spirit world and witchcraft—which transcended state and NGO definitions and went unrecorded in the official registers, as they would not resonate with the rationale of the institutions providing assistance; if recorded, such details could excite disbelief rather than sympathy for Joyce’s claims (cf. Nakueira 2020). The CCWs, however, could attend to aspects of vulnerability that remained invisible in the NGO and state registers, thereby legitimising their authority, increasing people’s trust in them and building new networks.

Vulnerability is an affect-provoking, relational concept, including not only the experience of suffering and exclusion but also ‘the ability to become animated and affected, to be able to bring things together and to mobilise’ (Honkasalo 2018: 1). The stereotyped and partial identities of ‘vulnerable’ or ‘orphan’ can constitute tactical subject positions, and adopting them may mobilise hopes for belonging and offer possibilities to access scarce state welfare and charitable care. Here, the role of CCWs as mediators appeared important. Maria was also competent in manufacturing a credible story of vulnerability that fit the views of NGOs and the state, exemplified by a discussion in which she and Joyce explored the possibility of Joyce’s older, school-age daughters getting enrolled in the BEAM school-fee programme. Both explained that the status of OVCs would be an asset in claiming access to the programme. To deserve the label, the children should ideally be parentless or at least ‘half-orphans’, the challenge being that both their parents were still alive. Their father resided in South Africa, and although he had not seen his daughters in many years and rarely sent much-needed remittances, he communicated occasionally. As Joyce said, considering, ‘If I am alive, they might not accept the children. But maybe when I tell my story, they will sympathise with me.’ This provides a clear manifestation of how powerful aid categories and labels are experienced and enacted among those who aim at fitting in with and benefitting from them. To prove her children worthy of state care, Joyce had to draft a convincing story of vulnerability. Maria offered crucial help by suggesting that Joyce should emphasise that the father of the children had disconnected and abandoned them.

This reflects how the aid labels, in their narrowness, influence behaviour on the ground. As Didier Fassin (2013: 124–125) has argued, the orphan has come to be viewed globally as the most vulnerable of those in need and the most deserving of help. He has further observed that to sustain an image of vulnerability, and to attract sympathy and generosity from the social welfare institutions, some aspects of reality remain hidden from the public. Similarly, many CCWs were familiar with situations where people narrated partial stories of vulnerability, leaving out...
details that would not fit with the welfare institution’s definition of orphan—or that of a vulnerable person. However, they also contributed to such effective and affective stories of vulnerability, as we just saw Maria doing. Despite her talk of self-responsibility and a sense of misbelief towards her ‘cases’, she also sympathised with them and offered them sound guidance: ‘You have to be half-orphan, orphan, and poor, and you need to tell that you cannot support the child.’ She also told me that there were many elderly women caring for their grandchildren who claimed that the children’s parents had ‘disappeared’ and ‘disconnected’, often after having migrated to South Africa, even though they could still be in communication. Yet Maria felt that there were simply too many needy children who needed ‘protection’ in her ward and, therefore, her heart told her to help them register their narrative, despite knowing that what went down on paper might be a narrow version of the actual life situation. As we saw, Maria recognised that the needs of the children were more diverse than the state-backed definition of vulnerability suggested. Similarly, in her study on immigration politics in France, Miriam Ticktin (2011) likewise observed health officials helping to translate migrants’ experiences of suffering into state recognition. By so doing, the CCWs used their bureaucratic knowledge and affective labour to make ends meet for themselves and those they worked with. However, such bottom up ‘politics of compassion’ (Ticktin 2011) were not unlimited; rather, they were dependent on an individuals’ connections to the CCWs and their knowledge, networks, and need to manage the precarious present.

**Conclusion**

In this article, I have used official policy framing and the social actions of Zimbabwe’s community case workers to think about the (re)configuration of the state in Zimbabwe and to investigate what the CCWs, as community-level caring bureaucrats, actually do when they work. Ultimately, the article has explored how affects and emotions for and about the state and its agents (cf. Laszczkowski and Reeves 2018: 2)—but also those of the state agents themselves—shape the endurance and experience of the institutions of child welfare and vulnerability on the ground.

The material highlights that the experience of welfare volunteering is affectively situated at the intersection of bureaucratic frameworks of transnational governance, grassroots claims, and the volunteers’ own needs to make do in the precarious present. In the conditions of precarious labour, the CCWs try to manage expectations concerning their qualifications and performance, while also maintaining credibility with their ‘clients’ and trying to eke out a living themselves. They do not replace the state as such but, as an integral and ethical part of it, are embedded in the state structure of social welfare, maintaining the hierarchical image of a caring state on the ground by reaching and registering the most vulnerable residents in their areas. Yet, as diversely situated local brokers, they also mobilise beneficiaries to sign onto NGO registers. While the CCWs’ motivation stems partly from the desire to help more disadvantaged people, resonating with the idea of ‘ethical citizenship’ (Muehlebach 2012), their work is entangled with social and economic
realities; meanwhile, the communal space provides the means to make lives and livelihoods, to practice *kukiya-kiya/ukuhlanganisa*—that is, economic inventiveness in making ends meet ‘by mixing things to make do’. In such a context, personal hopes for economic and social upward mobility and a sense of the potential for career advancement and material compensation coexist with a sense of frustration, uselessness and compassion.

While the CCWs are assumed to be ethically committed to their communities due to affective engagement with their peers, their work is expected to be grounded in narrow policy definitions of vulnerability and a liveable life. Indeed, the material demonstrates that the aid labels of ‘orphan’ and ‘vulnerable’ are by no means neutral concepts but politically and morally loaded subject positions, mobilising emotions and the willingness to care. Furthermore, it has shown how these categorisations shape behaviour on the ground. The CCWs have knowledge on how to draft efficient vulnerability claims that fit such categories, but they are also competent in attending to needs that go beyond such top-down definitions, which again increases their credibility among their ‘cases’. Paradoxically, it is through vulnerability itself that life and the image of a caring state are sustained.

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**Notes**

1. By 2010, an estimated one in five Zimbabwean children had lost one or two parents because of HIV/aids (UNICEF 2012).
3. Some details are changed to maintain the anonymity of Tim and the organisations involved in the gathering.

**References**


