

INVESTIGATING THE EFFECTIVENESS OF ORPHANS AND VULNERABLE
CHILDREN (OVC) PROGRAMMES IN SCHOOLS: A CASE OF NTUZUMA G-
SECTION IN DURBAN

By

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COLLEGE OF HUMANITIES

DECLARATION - PLAGIARISM

I,, declare that

1. The research reported in this thesis, except where otherwise indicated, is my original research.
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Signed

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DEDICATION

This work is dedicated to my late grandmother, Alvinah (uMaSgqobhela), for being a symbol of peace and inspiration to me; my sister Nokwanda (uMafungwase) for her humility; as well as my mentor, friend and sister, Zodwa Blose, who was called to eternal life too soon to see me realize this dream. I know they would all be proud of me. May their souls rest in eternal peace.

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Dedicated parents and caregivers of OVC in the three schools.

The OVC coordinator in the Pinetown district, Ms Wendy Sokhela.

LIST OF ABBREVIATIONS AND ACRONYMS

ABCD	Assets-based Community Development
ABM	Area-based Management Office
AIDS	Acquired Immuno-deficiency Syndrome
ART	Anti-retroviral
BEAM	Basic Education Assistance Model
CBO	Community-based Organization
CSG	Child Support Grant
DoE	Department of Education
DoSD	Department of Social Development
DFID	Department for International Development
FBO	Faith-based Organization
HAC	Health Advisory Committee
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
INK	Inanda, Ntuzuma and KwaMashu
KZN	KwaZulu-Natal
LO	Life Orientation
LSABO	Labour and Social Affairs Branch Office
MSP	Multi-Sector HIV and AIDS Programme
NGO	Non-governmental Organization

OVC	Orphans and Vulnerable Children
SACBC	South African Catholic Bishops Conference
SASSA	South African Social Security Agency
SGB	School Governing Body
SMT	School Management Team
TVT	The Valley Trust
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

Abstract

South Africa has a growing number of orphans and other children made vulnerable by the scourge of HIV and AIDS. Like many other countries in Africa and globally, the fight against this pandemic has been ongoing. Not only have there been interventions to stop the spread of the disease and provide education on preventive measures, but the country has the responsibility to take care of the orphans and ensure that their needs are met as enshrined in the Bill of Rights of the South African Constitution. Some interventions are mandated by the United Nations' (UN) Convention on the Rights of the Child and other treaties and declarations that are vital to children. The South African government also has its own strategies to deal with the effects of the pandemic. One such initiative is the establishment and funding of school-based programmes for Orphans and Vulnerable Children (OVC). The study investigated the effectiveness of this programme within three schools in Ntuzuma G-section, which is situated in the eThekweni Region in the Province of KwaZulu-Natal.

The study employed non-probability sampling procedures. Interviews were conducted with the OVC coordinator in the Pinetown district of the Department of Education, principals and OVC coordinators at the three schools, and OVC caregivers/foster parents at home. Guided by Urie Bronfenbrenner's Ecosystems theory of child development, the results of the study suggest that this initiative is not effective in addressing the needs of OVC. It was established that orphans come to schools with psychological and developmental challenges which the programme fails to address. Emerging data suggest a lack of efficient and effective planning, proper allocation of funding and proper monitoring strategies in implementing this programme. The lack of training of OVC coordinators in schools to ensure the effective running of the programme is also cause for concern. They also lack support from the district office to ensure the sustainability of the programme. Hence, while the study acknowledges that such programmes are a worthwhile government initiative centred on the concept of 'ubuntu' (humanism), it is also recognised that a lack of proper systems and processes compromise quality service delivery. Without a conducive environment, it becomes challenging for the OVC Coordinators to respond appropriately, particularly because the nutrition programme is not the schools' traditional role. Based on Urie Bronfenbrenner's Ecosystems theory of child development, it is recognized that the socio-economic challenges associated with the escalating rate of OVC

are structural and systemic; hence, schools should collaborate with other social actors such as families, churches, communities, health agencies, non-profit organizations, and government departments to build OVC's resilience and bring about genuine development. This approach is also likely to result in a paradigm shift in the schools' OVC programme from institutionalized to community care and support initiatives. Therefore this study recommends policy reforms in the school education system so as to foster and promote partnerships to ultimately enrich the wellbeing of OVC. This should include, *inter alia*, ongoing monitoring and evaluation and proper liaison between the Department of Education (DoE) and communities to enhance ongoing care and support of OVC. Continuous OVC training and support for educators are also recommended as socio-economic challenges demand that all educators develop a consciousness of social justice. Currently, training support is limited to educators who are OVC coordinators. It is recommended that all educators be properly trained to understand the needs and strengths of OVC for systems strengthening. The study concludes that the OVC programmes in schools are not a panacea for development. To ensure effectiveness, other development actors should come on board to promote people-centred, community-driven development.

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CHAPTER 1: INTRODUCTION

Background of the Study

Despite the magnitude and negative consequences of the increased number of OVC not only in South Africa but in sub-Saharan Africa, there is a paucity of research on strategies to improve their well-being. An urgent need for research arises that could inform efforts to improve the effectiveness, quality, and reach of efforts designed to address the needs of OVC, as well as to replicate programmatic approaches that work well in the African context. Governments, donors and Non-Governmental Organizations (NGO) programme managers need more information on how to reach more OVC with services to improve their well-being (Byenkya, Oti and Pillay, 2008).

This study investigated the effectiveness of OVC programmes in three schools in Ntuzuma Township, Section G, in the north of the Durban Metropolitan Area, in the Province of KwaZulu-Natal (KZN). The study was conducted in two selected combined primary schools and one high school. The research was partly motivated by the fact that the researcher was a teacher at one of the schools, and thus observed the launch of the OVC programme in schools. Furthermore, as a former coordinator, she participated in running the programme.

According to Byenkya *et al* (2008), through its Education Access Project (EAP), the South African Catholic Bishops Conference (SACBC) enables OVC to continue their primary and secondary education with a focus on remaining healthy so as to live a life of dignity and become self-supporting and productive citizens. Based on this premise, the DoE realized the importance of addressing the educational needs of OVC through the schools' nutrition programme so as to lay a good foundation for their future. The introduction of institutionalised care of OVC in

schools within the DoE created scope for observation, investigation, case studies and research designs seeking to explore the effectiveness and sustainability of such programmes. This chapter sets the scene by presenting the background of the study, the problem statement, and the study's significance, research questions and objectives. It also highlights the theoretical framework that underpinned the study.

1.2. Statement of the Problem

Providing nutrition at schools fosters inclusive education within the context of human rights. A human rights-based approach is accountable to the people and should protect vulnerable groups. Human rights are enshrined in the South African Constitution and include children's rights (RSA, 1996). Similarly, international treaties and declarations aim to protect the rights of children in order to ensure their survival and development. The Convention on the Rights of the Child (CRC) guides countries all over the world in setting an agenda for children. A key principle of the CRC is to foster the best interests of the child in all decisions and actions (UN, 1989). In light of this reality, a Policy Framework for OVC in 2005, and a National Action Plan in 2006 were issued by the South African government (Rossiter *et al.*, 2008) which saw the implementation of OVC programmes in schools throughout the country. The overarching objective of this study is to establish the effectiveness of the OVC programme by soliciting the views of School Management Teams (SMTs), OVC coordinators, educators and OVC caregivers. It goes further to establish whether the management of the programme is well structured, monitored and evaluated effectively to ensure that it reaches the targeted beneficiaries.

Due to current socio-economic challenges, many families are failing to cope, resulting in child poverty. Child poverty can be defined as “a lack of income among families or households in

which children live” (The Presidency, 2009). According to the document by the Presidency (2009) “income poverty can severely curtail children’s development and opportunities. Children who are malnourished are known to suffer delayed cognitive development. When it comes to education, poor children are the most vulnerable as their parents or guardians cannot afford school fees and uniforms, and can often remain outside the education system”. OVC programmes in schools are regarded as the best option to address hunger and poverty. However the feasibility of such programmes has not been established. Studies conducted in this area are limited to programmes in communities and do not seem to incorporate children’s educational needs. Although some community programmes incorporate the issue of orphanhood, their direct involvement in the education of such orphans leaves much to be desired. Therefore, this study explores whether or not school-based OVC programmes meet the desired expectation of addressing the educational needs of OVC.

1.3 Research questions

The study therefore revolved around the following questions:

- (I) What are stakeholders’ perceptions of the OVC school programme (SMTs, OVC coordinators, educators and OVC caregivers)?
- (II) What structures have been established to ensure that the programme runs effectively?
- (III) How is the effectiveness of the OVC school programme measured in terms of monitoring and evaluation?
- (IV) Why is the OVC school programme implemented in the way it is?

1.4. Objectives of the Study

The study has the following objectives:

- (I) To explore stakeholders' perceptions of the OVC school programme (SMTs, OVC coordinators, educators and OVC caregivers).
- (II) To determine which structures were established to ensure the effectiveness of the programme.
- (III) To determine the tools utilized to monitor and evaluate the effectiveness of the OVC school programme.

1.5. Rationale

The study was inspired by the fact that the researcher, a former teacher at one of the schools in the area, witnessed the introduction of the programme in schools known to have a substantial number of OVC. She then sought to explore the effectiveness of the programme. It should be noted that not only are the schools that are the subject of this study situated in KZN, which has recorded the highest number of orphans in South Africa, they are also located within the area of Inanda, Ntuzuma and KwaMashu (INK), one of the worst HIV infected areas in eThekweni (INK Economic Strategy Document, 2006); therefore a rising number of OVC is anticipated.

According to the Human Sciences Research Council (HSRC) (2014), the number of children between the ages of 0-18 years increased between 2008 and 2012, with KZN showing the highest increase, from 1,563 (19.4%) in 2008 to 3,183 (23,1%) in 2012:

Table 1.1. Number and percentage of Orphans by Province in 2008 and 2012

Province	2008			2012		
	n	%	95% CI	n	%	95% CI
Western Cape	1,098	11.0	8.2-14.6	1,380	7.5	5.8-9.6
Eastern Cape	1,157	23.2	18.9-28.1	1,907	17.3	14.6-20.3
Northern Cape	559	10.5	7.3-14.7	1,068	14.6	11.0-19.0
Free State	522	18.2	14.4-22.7	932	22.8	19.3-26.6
KwaZulu-Natal	1,563	19.4	16.2-23.2	3,183	23.1	19.4-27.2
North West	678	13.2	10.0-17.1	1,001	16.3	12.8-20.6
Gauteng	1,199	14.2	10.9-18.3	1,605	13.5	10.8-16.7
Mpumalanga	661	15.3	11.4-20.3	1,132	21.3	17.8-25.2
Limpopo	766	16.0	12.1-20.9	1,346	13.0	10.2-16.4
TOTAL	8,203	16.8	15.3-18.3	13,544	16.9	15.6-18.3

***Source: South African National HIV Prevalence, Incidence and Behaviour Survey (HSRC, 2014)**

These statistics clearly indicate that the war against the increasing number of orphans is far from over, suggesting that the government has to redouble its efforts to address this problem. The question is: Is the government doing its best to respond to the rising number of orphans, and how much more is required? The study is therefore driven by the quest to determine whether or not government initiatives are continuously monitored and evaluated to ensure that they reach the target population.

1.6. Theoretical framework

The main theory underpinning this research study is Urie Bronfenbrenner's (2005) ecological systems theory, which promotes the application of systems thinking to development. These systems include: "the *microsystem*; the *mesosystem*; the *exosystem*; the *macrosystem*; and the *chronosystem*" (Bronfenbrenner, 2005 cited in Sincero, 2012). This theory views the child within structures like the family, the school and the wider community. It further recognizes that government policies and laws from the local to the global level have an impact on individuals. Essentially, the ecological systems theory, also known as human ecology theory, offers a broader perspective within which to study human development as it focuses on progressive accommodation, throughout the life span, between the growing human organism and the changing environment in which it actually lives and grows. Bronfenbrenner's theory is an appropriate framework for this study since its key tenets are consistent with the principles of Community Development, which prioritize individuals within a community. They further promote assets-based community development (ABCD) as opposed to needs-based approaches. The latter are premised on the understanding that people who are subjected to poverty have their own strengths, skills and knowledge that development practitioners can build on to achieve development (Mathie and Cunningham, 2003).

These theories are further discussed in the following chapter.

1.7. Chapter Outline

The dissertation comprises of five chapters:

Chapter 1 presents the background of the study, the statement of the problem, the research questions, and the objectives and rationale for the study, and briefly discusses the theoretical framework underpinning this research.

Chapter 2 presents the literature review. It includes definitions of OVC, policies and interventions, the consequences of orphanhood (such as poverty), monitoring and evaluation of OVC programmes globally, and the theoretical framework.

Chapter 3 details the research methodology employed for this study, including the research design, sampling procedures, ethical issues and data collection and data analysis procedures.

Chapter 4 presents, discusses and analyses the data as well as the respondents' suggestions for strategies to improve the programme.

Chapter 5 summarizes the dissertation, draws conclusions based on the findings, and makes recommendations for improvement of the programme.

1.8. Summary

This chapter presented an overview of the study. South Africa has experienced an increase in the number of orphans due to the scourge of HIV and AIDS, which has resulted in a number of interventions by government and local and global organizations, both in communities and within institutions. This has prompted researchers to examine their effectiveness and viability. This chapter also presented the problem statement, the research questions around which the study revolves; its objectives and the motivation for the study. The theoretical framework underpinning the study was briefly discussed and is discussed in more detail in the following chapter.

Chapter 2 presents a review of the literature relevant to the topic.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

While there is a rich literature on OVC, not much has been written on OVC in the school context. Most studies focus on the community context. Given my interest in evaluating the effectiveness of the OVC programme in schools, this chapter reviews the literature relating to the notion of OVC. It begins with the location of the study, followed by an examination of conceptualizations of orphanhood, and policy and laws in relation to children and their rights. Since OVC are in the care of their next of kin or foster parents within the community, fostering and care giving are also briefly discussed in order to explore the difference between institutional and community care of OVC. The literature on HIV and AIDS is also reviewed. In so doing, the study recognizes the interrelationship between OVC and HIV and AIDS because the term ‘OVC’ is never discussed in isolation from the HIV and AIDS pandemic from which it was coined (Boler & Carroll, 2003). The chapter further outlines the impact HIV and AIDS has had in Africa and globally as well as interventions by different countries to meet the needs of OVC. The global impact of orphanhood, especially in relation to the scourge of AIDS, is also explored from different perspectives. Finally, the theoretical framework that guides this study is discussed.

2.2. Location of Study

This study location was Ntuzuma Township within eThekweni Municipality. The population of eThekweni stood at 3.44 million in 2011 with the African community comprising 73.6%, the Indian community 17%, the White community 6.5%, the Coloured community 2.5% and

‘other’ 0.4% (Statistics South Africa, 2011). Black African townships such as Ntuzuma, which was established in the 1970s, have existed in Durban since the height of apartheid era. Due to segregation policies, black African people were relegated to poor and under-resourced environments as a source of cheap labour. The INK areas are situated about 25km north of Durban. Currently, 30.2% people within eThekweni Municipality are unemployed. KwaMashu and Inanda were part of the ten-year Presidential Programme in 2001. Ntuzuma Township was included later as it met the criteria for urgent attention influenced by its low socio-economic status. Furthermore, its geographic proximity to Inanda and KwaMashu motivated eThekweni Municipality to facilitate the emergence of the INK node (INK ABM Annual Report, 2011/2012, 2012).

Figure 2.1 Location of Durban Metro Area within KZN



Source: INK ABM office (2012)

The INK region represents a large agglomeration of townships of more than 9,400ha, and accommodates about 20% of eThekweni Municipality's population (with approximately 700,000 people). Inanda is the oldest of the INK areas, having been established in the mid-19th century as a reserve for African labour. A large number of Indian people also settled in this area, which was later characterized by forced removals and violence. KwaMashu was built by the city of Durban between 1957 and 1968 to accommodate African people relocated from Cato Manor (Umkhumbane). As a result, KwaMashu experienced high levels of political mobilisation in the 1980s and became notorious for criminal and gang activity.

Ntuzuma Township is a disadvantaged semi-urban area. It was built by the city of Durban in the 1970s (Mthembu, 2005). The township was developed in different sections with different service levels, tenure arrangements and political affiliations that also contributed to high levels of political violence in the 1980s. It has a population of 13, 594 (7, 772, 91 per km), with Black Africans comprising 99, 49%, 52, 32% of whom are female and 47, 68% male (Statistics South Africa, 2011). The area has two primary schools, one high school and a technical college. Approximately 15% of the population in this area is employed, while 22% remain unemployed. Literacy levels in the township are just below 50% (Affordable Land & Housing Data Centre, 2011).

When the INK node was declared a national priority and a city strategic area, it was largely a residential environment characterized by low levels of economic activity, inadequate physical infrastructure, high crime rates and severe physical degradation. To address the socio-economic challenges and bridge the gap between the rich and poor, eThekweni Municipality has invested in infrastructural development, among other things. As noted in the Municipality's Integrated Development Plan (IDP) 2012/2013 (eThekweni Municipality IDP, 2012), the idea is to ensure

that planning in previously marginalized areas is in line with the Municipality's Spatial Development Plan. Hence, the INK area is part of eThekweni's Urban Regeneration/Renewal Programme. This objective is realized through the establishment of the Bridge City, Magistrates Court, Heritage sites, etc. Ultimately, the idea is to integrate social and economic development imperatives in the area.

South African has one of the highest HIV prevalence rates in the world after Nigeria, with 12.2% (6.4 million) of its population estimated to be living with HIV in 2012. KwaZulu-Natal is the province with the highest infection rate at 16.9% (Human Sciences Research Council (HSRC), 2014). Furthermore, the INK area is one of the most affected areas within KZN (Department of Provincial & Local Government, 2005). In 2005, the HSRC estimated that there were a total of 2, 531, 810 orphans in South Africa of whom 455, 970 were maternal orphans, 1, 745,715 paternal orphans, and 330, 125 double orphans (i.e., children who have lost both parents) (Multisectoral HIV/AIDS Programme, BEST PRACTICES, 2008).

2.3. What are OVC?

There are objective and subjective definitions of OVC. The UN Children's Fund (UNICEF) and UN Aid for AIDS (UNAIDS) use objective measurements to define an orphan as a child under the age of 18 whose mother (maternal orphan), father (paternal orphan), or both parents (double orphan) have died from any cause (Yanagisawa *et al.*, 2010). Emma Guest (2003) also describes orphans as children who have lost their mother or both parents.

Manyonganise (2013) describes an orphan as "a child who has lost both his/her parents to HIV and AIDS", or otherwise, while he describes a "vulnerable child" subjectively as a child who lives in extreme poverty. In line with the UNICEF and UNAIDS definitions, Kumar (2012)

describes an orphan as a child younger than 18 who has lost one or both parents, and further describes an “AIDS orphan” as “a child who has lost his or her father due to AIDS”.

The term OVC was coined due to the escalating number of children affected by the AIDS epidemic. However, the OVC category is conceptually problematic: who should be included, and who should not? Some argue that, in high prevalence countries, all children are already affected by the epidemic, and are hence vulnerable (Boler & Carroll, 2003).

Kumar (2012) observes that “India also has the phenomenon of *de facto* parents – children whose parents have not died of AIDS but who usually have to drop out of school to take over their parents’ role because of their illness”. This is a classic example of vulnerable children. Hence, the definitions of vulnerable children are based on subjective definitions. According to Burkey (1993), subjective definitions are relative since they are based on people’s diverse contexts and experiences. “In such cases, maternal orphans take responsibility for household tasks and child rearing, while paternal orphans may have to find jobs, including migrant work. If the widow goes to work, the children become maternal and paternal orphans” (Kumar, 2012).

Brown *et al.* (2010) maintain that the operational term “orphans and vulnerable children” was coined to include not only children orphaned by their parent’s death, but those considered vulnerable to shocks that endanger their health and well-being, including living with a chronically ill parent.

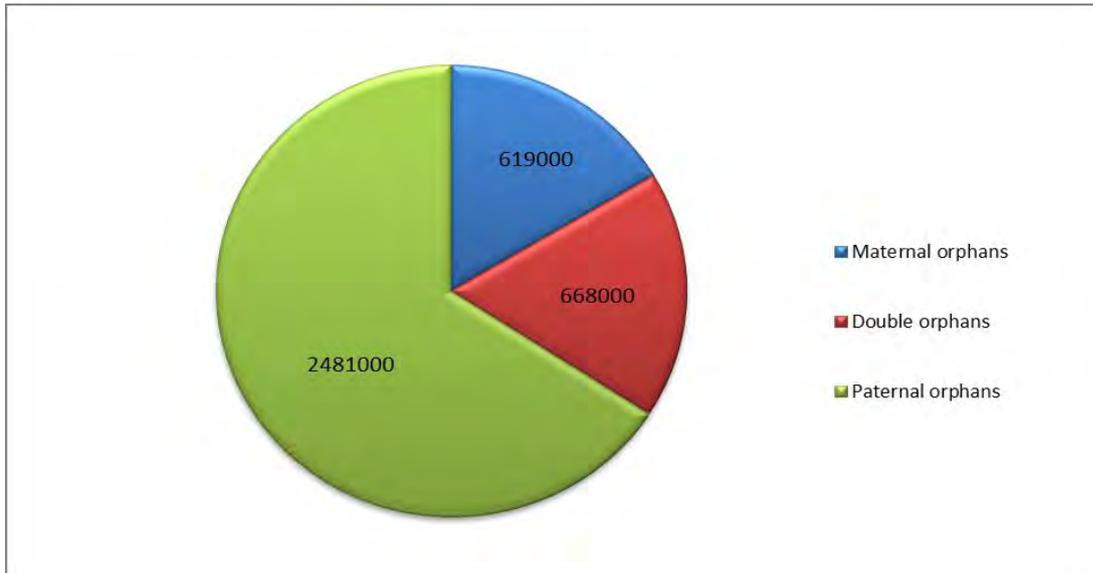
According to Elegbeleye (2013), “while orphans can also be considered a category of vulnerable children, not all orphans are vulnerable”. In some cases children might not be orphaned but are living in very difficult situations, which make them more vulnerable than

orphans. OVC face many challenges including stigmatization, discrimination, poverty and shelter problems, a lack of food, loss of parental care, love and affection, lack of basic education, dropping out of school, poor health, malnutrition, poor self-esteem, streetism, and involvement in drugs and alcohol. Elegbeleye (2013) identifies the following “categories of vulnerable children”:

- Children who have lost one or both parents
- Children living with terminally or chronically ill parents
- Children on the street (e.g., child hawkers)
- Children living with aged or frail grandparent(s)
- Neglected or abandoned children
- Children in child-headed homes
- Children infected with HIV
- Child domestic servants
- Child beggars/destitute children
- Child sex workers
- Children with special challenges or disabilities, or whose parents have disabilities
- Trafficked children
- Children of migrant workers

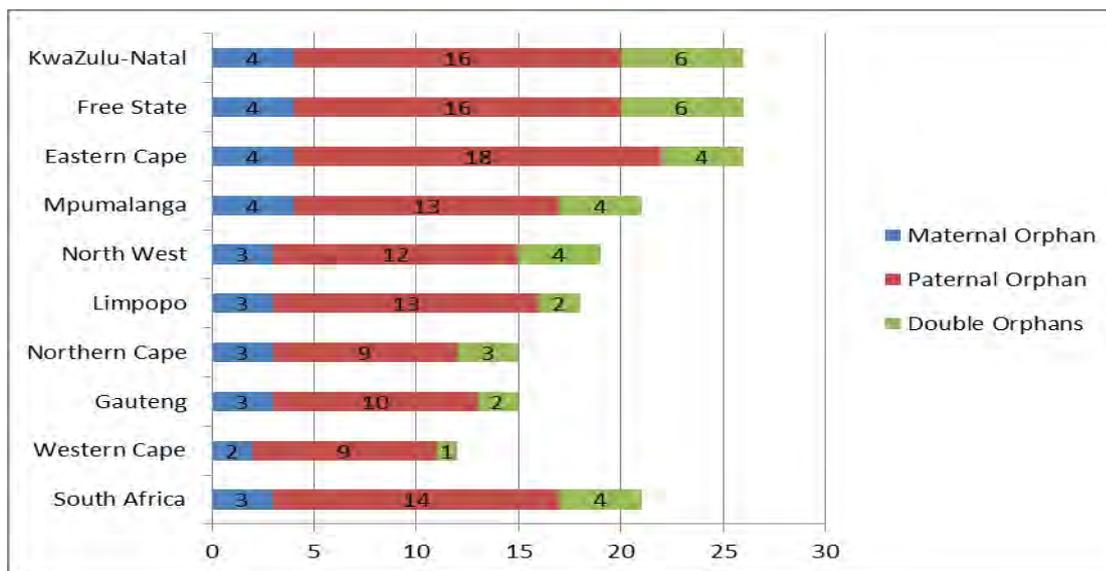
Figure 2.2 below depicts statistics on maternal, paternal, and double orphans in South Africa.

Figure 2.2 Number of orphaned children (0-17 years) in South Africa, 2006



Source: Situation Analysis on OVC – The Presidency 2006

Figure 2.3 Percentage of children (0-17 years) whose mother, father, or both parents are dead by province, 2006



Source: Situation Analysis on OVC – The Presidency, 2006

Figure 2.2 shows the number of orphans (aged 0-17) in South Africa in 2006, while figure 2.3 shows the number of orphans (maternal, paternal and double) per province in South Africa.

This figure shows that KZN is ranked among the provinces with the most orphans in South Africa.

In response to the extent of the problem of OVC, “the South African government, through the Department of Social Development (DoSD), issued a blueprint for OVC care in the form of the Policy Framework for OVC in 2005. The following year, the National Action Plan for OVC was issued. Both the Framework and Action Plan set clear guidelines to address the social impacts of HIV and AIDS and to provide services to OVC, with an emphasis on family and community care, and institutional care viewed as the last resort” (Rossiter *et al.*, 2008).

According to Rossiter *et al.* (2008), the six key strategies of the Action Plan include:

1. Strengthening families’ capacity to care for OVC
2. Mobilizing community-based responses for care, support and protection of OVC
3. Ensuring that legislation, policy, and programmes are in place to protect the most vulnerable children
4. Ensuring OVC’s access to essential services
5. Increasing awareness and advocacy regarding OVC issues
6. Engaging the business community to actively support OVC

In recent years, political will and donor support have intensified in South Africa’s response to the HIV/AIDS epidemic and the growing number of OVC (Byenkya *et al.*, 2008). As Kofi Annan (cited by Byenkya *et al.*, 2008) observes, “the pandemic is leaving too many children to grow up alone, grow up too fast or not grow up at all. Simply put, AIDS is wreaking havoc on children.”

2.4. Women provide psychosocial support for OVC

Although it has traditionally been said that there is no such thing as an orphan in Africa, as children who lost their parents were incorporated into a relative's family. Due to the increased number of orphans, reduced numbers of caregivers, and weakened families, the extended family is no longer the safety net it once was, although it remains the predominant source of care for orphans in Africa (Foster, 2002). Thomas *et al.* (2009) observe that such children (orphans) are often placed in the care of a responsible adult, either a close relative or a foster parent, usually voluntarily in a situation known as kinship care, or by arrangement with the Department of Social Welfare in the form of an adoption. More often than not, the adoptive/foster parents are not related to the child (Thomas *et al.*, 2009), usually because both parents have both died of AIDS, or because the orphans are left in the care of aging grandparents who will also soon pass away or might not be fit to look after them. However, research suggests that kinship offers more stability than other kinds of placement (Broad *et al.*, 2001).

Schenk *et al.* (2010) add that “in communities deeply affected by AIDS, care for OVC falls heavily on the elderly, especially elderly women”. Similarly, in a study that was conducted in South Africa and Nigeria, Thabethe and Usen (2012) observed that “older women have become “jacks-of-all-trades” caring for OVC and people living with HIV and AIDS in under-resourced communities”. In such contexts, “older adults often lack adequate support, knowledge, skills and resources for caregiving, and experience significant stress regarding both their own mortality and the children's future” (Schenk *et al.*, 2010). Consequently, “children who depend on elderly caregivers often drop out of school, are delegated inappropriate workloads”, and experience inadequate or inappropriate levels of discipline (Schenk *et al.*, 2010). Based on this premise, feminist scholars assert that care work is gendered with women carrying the heaviest

burden (Minguez, 2012). It is against this backdrop that scholars argue against the idea of women, especially elderly women, providing unpaid care work, which is regarded as exploitive to women.

The word ‘unpaid’ stresses that the person doing the activity does not receive a wage for it. The term ‘care’ stresses that the activity serves people and their well-being. The term ‘work’ stresses that the activity has a cost in terms of time and energy.’ (Budlender, 2002: 9)

In light of the growing OVC and AIDS challenge, women continue to carry the heaviest responsibility in the context of unpaid care work. Dukey, Mellins and Wallis (2010) maintain that “a potentially cost-effective and child-supportive response lies in turning to communities to provide assistance to extended families taking in OVC or to identify other alternatives (such as local foster families and group homes)”.

According to The Presidency (2009), “the death of a parent may impact on the quality of care, and psychosocial well-being and an orphan’s access to services; it may also increase the risk of abuse and exploitation. It is estimated that the total number of children with one or both parents dead in 2006 was almost 3.8 million, or 21% of the population”. The document further states that “while the majority are in all likelihood receiving support from the surviving parent, grandparent or other family member, the impact on families and communities that care for such a huge number of orphans should also be commended. It is also important to recognize and give appropriate support to children who live in child-headed households although their number is relatively insignificant – approximately 122,000. More than 450,000 children live in formal foster care arrangements. This has resulted in backlogs and the administrative burden of obtaining court orders and applying for foster care grants” (The Presidency, 2009).

Lovell (2002) emphasizes that the impact of AIDS on households has been catastrophic. AIDS kills people at their productive peak. The loss of young adults in their most productive years negatively affects overall economic output. Furthermore, it is not uncommon for more than one family member to die from AIDS. Breadwinners sicken and die. Children, especially girls, “drop out of school to take over adult roles” in the home (caring for siblings) (Kumar *et al.*, 2010). Yanagiswa *et al.* (2010) suggest that siblings with HIV infected parents assume the caregiver’s role long before their parent’s demise. There is a need to investigate whether or not these children are able to attend school, and if they receive any support in their bid to do so. Yanagiswa *et al.* (2010) note that health care and funeral costs soar and AIDS afflicted households sink further into poverty (Guest, 2003).

According to Hartwig *et al.* (2008), about 40,000 of South Africa’s households that are headed by children receive home and community-based care, but thousands more remain unreached. Inevitably, some families are collapsing. In the most desperate cases, relatives steal orphans’ inheritance, and they face increased economic, medical, nutritional, and psychosocial deprivation (Rosenberg *et al.*, 2008). Some children struggle alone in their parents’ house. If they are lucky a neighbor may check that they are eating. If nobody cares, they may well end up on the streets (Guest, 2003).

2.5 Institutionalized versus community care for children

Brisbane (2007) observes that institutional care can damage a child’s psychosocial development as he/she is removed from a family environment, resulting in impaired psychosocial functioning and learning. According to USAID (2008), the AIDS epidemic is by far the biggest contributor to the growing number of orphans in Africa, especially South Africa. In 2003, USAID and the UN estimated that 42 million children under the age of 15 in 41

African countries would have lost one or both their parents by 2010, about half to AIDS (Guest, 2003).

It is well recognized that the individual children targeted by OVC programmes cannot be helped in isolation. Thus where resources permit, services are extended to their parents or guardians. These adults are often assisted with psychosocial support and counselling (including counselling on HIV voluntary testing and disclosure). They are also referred to clinic services such as anti-retroviral treatment (ART), given assistance with navigating the DoSD for access to social grants. “By ensuring that those who care for OVC are in good health and are capacitated, these programmes help to ensure that these children are well cared for by capable individuals in safe and familiar environments” (Rossiter *et al.*, 2008). Institutionalized care for OVC does not seem to cover such a wide scope of services, but rather focuses on children that have been identified within a particular school. Rossiter *et al.* (2008) argue that “communities also benefit directly from activities carried out by OVC programmes. Community sensitization on issues such as the vulnerability of children, identifying OVC, signs to look for in relation to child abuse, and HIV prevention awareness result in increased knowledge levels in recipient communities”. Such interaction processes are typical of the ecological systems theory, and are somewhat lacking in the institutionalized care of OVC.

Lesotho’s OVC policy developed by the Department of Social Welfare (2009) states that, in collaboration with CBOs and NGOs, the government shall endeavor to empower the family as the basic unit for the growth and development of OVC. This would encourage vulnerable children’s integration into families with a caring adult, and ensure that families do not disintegrate further. Where it is not possible to find families for the children, local communities should be empowered to provide care and support to such children until a long term solution

can be found. Consistent with this view, Ramphele and Thornton (1995) describe the community as an image of coherence, a cultural notion that people use in order to give reality and form to their social actions and thoughts. Lesotho's policy also requires government to ensure that all OVC have access to quality education from Early Childhood Development (ECD) to tertiary education as well as a protective school environment that provides for OVC's special needs, including psychological care and support (Lesotho National Policy on Orphans and Vulnerable Children, 2009).

2.6. South Africa's Constitution and Policies

“Section 28 of the South African Constitution provides for the rights of children. The South African government is also a signatory to the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child” (Constitution of the Republic of South Africa, 1996). The South African Constitution states that “Children need very special protection because of their acute vulnerability to the violations of human rights arising out of, inter alia, socio-economic malaise, and/or orphanage”. According to the South African Constitution, children's rights are underpinned by four major principles:

- The right of the child to development and protection from maltreatment or abuse and neglect or degradation
- The right to have a voice and be listened to
- The best interests of the child should be of primary concern
- The right to freedom from discrimination

The Constitution further addresses the “right to family care or parental care. The amended Children's Act of 2005 has done much to improve the protection of children. The justice system

has significantly improved its performance in promoting rights and processing issues relating to children. However more promotion and protection needs to happen in families and communities” (Presidency, 2009).

Hall (2013) notes that article 27 of the UN Convention on the Rights of the Child states that every child has a right “to a standard of living that is adequate to his or her development” and obliges the state “in case of need” to “provide material assistance”. Article 26 guarantees “every child the right to social security”.

The Policy Framework for Orphans and other Children made Vulnerable by HIV and AIDS (2005), cited in the document by Department for International Development (DFID) Multi-sectoral HIV/AIDS Programme (MSP) (2008) describes an orphan as “a child who has no surviving parent to care for him or her, while a primary caregiver is described as a person who has the parental responsibility or right to care for the child and who exercises that responsibility and right”. According to this Policy Framework (2005), “a child-headed household occurs when the parent or primary caregiver of the household is terminally ill or has died, and there is no adult family member to provide care and support; thus a child assumes the role of a primary caregiver in respect of a child or children in the household in terms of providing food, clothing, and psycho-social support”. This Policy Framework (2005) “further reflects the commitment of governments, faith-based organizations (FBOs), community-based organizations (CBOs), civil society and the business sector and serves as guiding tool to all involved in addressing HIV and AIDS and the children’s sector. It seeks to reinforce existing commitments to create a supportive and enabling environment for children”.

According to this Policy Framework (2005), “a vulnerable child is a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfillment of his or her rights”. It further states that children who are vulnerable as a result of HIV and AIDS include those:

- Vulnerable to HIV infection including those who are HIV exposed, e.g. peri-natal exposure, sexual abuse, sexually active or engaged in transactional sex
- In households where there are sick persons and where, due to ignorance, children do not practice universal precautions
- Infected with HIV
- Whose parent or primary caregiver is terminally ill; this affects the children in a variety of ways before and after the death of their parent/s
- With no surviving parent or primary caregiver to care for him or her
- Who are abandoned e.g., by parent/s, other primary caregivers, or by the extended family
- In households that care for orphans and/or abandoned children which often experience increased poverty as a result
- Who experience high levels of mobility between households
- Who experience multiple bereavement and the trauma of death
- In households where they face significant physical, emotional, social and mental harm or neglect
- In need of legal protection and alternative family care

Botswana, Lesotho, Namibia, South Africa and Swaziland have some of the highest rates of orphanhood in the world (Hartwig, Merson and Rosenberg, 2008). According to Hartwig *et al.*, these five nations adopted OVC policies in 1999 (Botswana), 2005 (Lesotho, Namibia, and South Africa) and 2006 (Swaziland). All the policies call for the protection of inheritance rights; medical care, nutritional support, counselling and psychological support; and the endorsement of community-based care. All, except Lesotho's policy directly address social grants, and all except South Africa's policy explicitly mention the provision of school fees for OVC. Furthermore, the National Policy on OVC in Lesotho was passed into law in 2007. It aimed to provide OVC with education, health services, sports and recreational facilities; and to set up small-scale businesses to make OVC and their caregivers economically self-sufficient, and was scheduled to run for five years (Huggins, 2007).

South Africa's National Policy on HIV/AIDS for Learners and Educators in Public Schools (HPCSA, 2005) begins with a sound explanation of the HIV/AIDS epidemic. Its core elements address the rights upheld by the South African Constitution, including "the right to education, protection from discrimination, privacy, basic freedom, a safe environment and the best interests of the child". In this document, the DoE "acknowledges that there are learners and educators in its institutions who are infected or affected by HIV/AIDS. Importantly the policy empowers these institutions to be proactive responding to the pandemic. It recommends that a strategic plan is formulated by each school to cope with the epidemic. This plan should be developed by the School Governing Body (SGB) or council of the institution that should adopt its own implementation plan on HIV/AIDS to make the national policy operational. The policy also recommends that a provincial policy for HIV/AIDS be developed based on the national policy"; this will serve as a guideline for SGBs in developing school-based HIV/AIDS and

implementation policies. These guidelines call for a “concerted struggle against HIV/AIDS by all organs of society, and for openness, recognition of the dignity of those who are infected, and care for those affected”. “They emphasize that information about HIV prevention should infuse all learning areas. Educators are expected to:

- Be good examples of responsible sexual behavior
- Spread correct information
- Lead discussions among learners and parents
- Create a work environment that does not discriminate against those who are infected and affected
- Support those who are ill; and
- Make the school ‘a center of hope and care in the community’”

(HPCSA, 2005).

All the schools that participated in this study have their own HIV/AIDS policies, which incorporate care for OVC. The KZN DoE took it upon itself to identify OVC in provincial schools that require assistance in meeting their basic needs. It implemented an OVC programme to provide support, in the form of an annual subsidy, to a small number of schools to buy school uniforms, stationery and food for OVC (Byenkya *et al.*, 2009).

According to Byenkya *et al.* (2009), 60 Early Childhood Development (ECD) practitioners from across KZN were trained in November 2008 in facilitation skills and how to cascade such information across the province. The training included teaching participants how to conduct Needs Assessment, and Stakeholder Analysis, and how to encourage OVC recipients to become more resilient. Developing resilience in vulnerable children helps to address the lack

of psychologists and social workers in remote areas. About 32 OVC programmes currently exist in South Africa (Byenkya *et al.*, 2009).

According to the Department of International Development (DFID) Multi-Sector HIV and AIDS Programme (MSP) Best Practices South Africa (2008), the specific objectives of this project are to:

- Create a safety net for OVC using school structures
- Improve the quality of life of OVC by linking them to the services and resources available from government departments, NGOs, CBOs and FBOs and establishing referral mechanisms for OVC requiring health, welfare and child protection services
- Increase food security for OVC by establishing food gardens and school nutrition programmes
- Reduce OVC absenteeism and increase their participation in all aspects of school life.

On 19 April 2006, Swaziland launched a comprehensive policy to address its rapidly expanding population of OVC (Swaziland Comprehensive OVC Policy Unveiled, 2014). Part of the plan is creating a nurturing environment for OVC in their communities. An aspect of the plan directed at traditional Swazi sensibilities, and accepted by officials at the launch, was the reference to OVC as “bantfwana bendlunkhulu”, the Siswati term for orphans. NGOs welcomed the plan and lauded its strategy of integrating modern solutions with traditional. The Swaziland Education and Training Sector Policy (2011) HIV and AIDS Strategic Framework aims, among other things “to:

- Strengthen guidance, counselling and psycho-social support for learners, teachers and other employees, including those infected and affected by HIV and AIDS
- Regularly monitor OVC numbers and identify and respond to their needs”

2.7. OVC Programmes in Africa and Sub-Saharan Africa

OVC programmes exist throughout Africa and globally, either as government or NGO or FBO initiatives, both in communities and housed in institutions. In Malawi, for instance, there are numerous “orphan care projects, and donor funding, national and international policies, and government departments that focus on orphans since there is an estimated one million orphaned children in the country. Two FBOs, Miracles Orphanage which began in 2005 and now houses approximately 140 orphans, and AIDS Interfaith Coalition are working with orphans in Malawi” (Freidus, 2010). Freidus argues that “FBOs have had their focus on working with orphaned children, who easily capture the hearts and minds. Donor solicitation materials, fundraising presentations, and websites project an image of what it means to be an orphan in Malawi” (Freidus, 2010: 53).

In Ethiopia, the South Gondar Labor and Social Affairs Branch Office (LSABO) in Amhara Regional State, has been testing alternative ways of supporting children orphaned by AIDS. In consultation with civil servants in the zone, this office introduced the idea of supporting HIV/AIDS orphans through traditional and informal structures and within kinship ties as much as possible. Civil servants and some NGO employees offer financial support to AIDS orphans and their surrogate parents (Kassaw, 2006). These initiatives have proven successful in keeping children in foster or surrogate care, instead of living in the streets. A portion of the money paid to caregivers is used to pay school fees and buy uniforms, although it is often supplemented by

work performed by surrogate parents in order to provide for additional needs. Research has shown that orphans prefer to live with close relatives like grandparents and aunts with their siblings because of the love and support they get from this category of surrogate parents. Besides merely caring for these children, surrogate parents instill values and teach them business apprenticeship skills so that they can supplement the money they receive from civil servants through the LSABO (Kassaw, 2006).

A study conducted by Horizons in Sub-Saharan Africa found that “in communities deeply affected by AIDS, care of OVC falls heavily on the elderly, especially elderly women. In Kenya and South Africa, Horizons studies found that the demanding tasks of caring for the sick, the children of those chronically ill, and for orphans can compromise older care-givers’ emotional wellbeing and encroach on the time available for involvement in social and economic activities”. (Schenk *et al.*, 2010:331) Schenk *et al* further assert that “older adults often lack adequate knowledge, skills, and the resources needed for care-giving, and experience significant stress relating to their own mortality and the future of their children. Elderly care-givers in South Africa reported feeling that they have little influence on the behavior of young people, sometimes expressing a sense of confusion and hopelessness. Despite these burdens, many caregivers interviewed in Kenya and South Africa cited a sense of satisfaction from caring for ill adults and their young family members, and believed that they were doing the best they can”.

Highlighting the role played by local community programmes in Zimbabwe, Foster (2002) notes that whereas international efforts have recently been initiated to address the problem of OVC, local informal community groups, CBOs that use volunteers, and local NGOs have been providing support to such children. Thousands of faith-based and women’s groups have

responded to the plight of orphans, using their ingenuity and minimal resources to help the destitute through voluntary associations, self-help groups, burial associations, regular visits to affected households, and the provision of psychosocial support.

Foster (2002) observes that such community programmes can be very efficient in providing support to OVCs. In Zimbabwe, a programme that started in 1996 with 15 volunteers providing support to 815 orphans had 385 volunteers. Nineteen other programmes in Zimbabwe involved a total of 247 volunteers who provided support to 3,462 OVC in the form of regular visits, payment of school fees, provision of food and clothing, and psychosocial support, receiving, on average, less than \$100 each in external funding in 2001 (Foster, 2002). While not providing psychological support to OVCs in KZN, the DoE granted each school with an OVC programme a once-off amount of R12, 000 to cater for uniforms, first aid and cosmetics for OVCs.

A study on barriers to the community support of orphans and vulnerable youth in Rwanda suggested that war, “AIDS, poverty, and the way in which humanitarian assistance is targeted, have fragmented Rwandan communities. Orphans as a group are typecast as poorly behaved and benefiting unfairly from humanitarian assistance. Adults feel unable to control orphans’ behavior. Even adults who have stepped in as volunteers to mentor youth-headed households feel that the responsibility to care for orphans resides primarily with NGOs” (Thurman *et al.*, 2008).

2.8. Intervention Programmes for OVC

In their study on the educational needs of OVC in the UK, Boler and Carroll (2003) argue that practitioners and policy makers need to know more about the difficulties faced by OVCs and

their spectrum of educational needs as well as acknowledge that OVCs suffer multiple disadvantages not unlike those faced by marginalized children.

The Eastern Cape Province has the second highest number of orphans in South Africa. The DoE's HIV and AIDS and Social Planning Directorate started implementing OVC interventions in 2005. These only initially focused on providing food and health packs, facilitating back-to-school campaigns and lobbying for school fee exemptions. In 2006, a more comprehensive approach was developed by the Directorate. Through the UK DFID the Eastern Cape DoE developed *Caring Together – A School Based Approach to Care and Support of Orphans and Vulnerable Children (OVC)*. It was agreed that the Directorate would fund stipends for school-based OVC Caregivers and Cluster Managers and MSP, as well as a long-term OVC Technical Advisor and consortium of service providers to support the implementation of the project (DFID MSP Best Practices, 2008). According to the DFID document (2008) “the overall aim of the Caring Together project was to develop and implement a school-based approach to provision of care and support to OVC in 100 schools in the Eastern Cape, working with OVC caregivers and OVC Cluster Managers, school Health Advisory Committees and communities”. Although this initiative achieved much, including being accepted and supported by school communities and generating significant support among the wider community, implementation challenges included working within a short time frame; defining vulnerability; generating school ownership, which raised questions of sustainability within the DoE; and establishing effective school clusters.

“The Valley Trust (TVT) OVC project in the province of KZN was established in 1953 by medical practitioner, Halley Stott who, together with his colleagues, pioneered a community driven primary health care system within the Valley of a Thousand Hills. Over its more than

half century of existence, the TVT has expanded its activities *via* an array of projects run and managed through its various departments, including Community-Based Health which houses the OVC projects” (Rossiter *et al*, 2008). According to Rossiter *et al*. (2008), “at the time when it was estimated that the HIV epidemic would claim between 5 million and 7 million lives in South Africa by 2010, and that there would be 5.7 million orphaned children by 2015, OVC pilot projects took place in 17 primary schools in the KwaXimba, KwaNyavu and Mkhizwana areas in the Valley of a Thousand Hills. Caregivers were identified after a thorough screening process. Vulnerable children were identified with the help of teachers and trained caregivers. The children’s specific needs were assessed as the project unfolded”.

“In February 2007, the findings of the pilot research project were presented to the community and other stakeholders. Today the pilot study is a TVT OVC project, funded by the U.S. Agency for International Development *via* a grant to John Hopkins Health and Education South Africa” (Rossiter *et al*, 2008). This TVT OVC project has 32 volunteers (mainly female) referred to as youth caregivers, aged between 18 and 25. According to Rossiter *et al* (2008) “the caregivers monitor OVC well-being, ensure they have access to services, and help link them to other services such as healthcare facilities through referrals. Caregivers are identified and selected by means of a thorough screening process. This is typical of community-based caregiving programmes”. Caregivers would then identify OVC through home visits, after which the specific needs of the child are assessed. They also provide aftercare services for an hour on school days except Fridays, which entail helping OVC with their homework and coaching them in indigenous games (games of local origin) and other recreational services. Each caregiver cares for and monitors at least 45 children (Rossiter *et al*., 2008). However, despite the project’s strengths, including strong collaboration between caregivers, project staff, teachers, parents and guardians, there are challenges. These include high children-to-caregiver ratios; limited

training and emotional support for volunteers; poor volunteer incentives and retention; and integrating OVC projects. There are also unmet needs such as food and nutritional support; and school uniforms and recreational supplies.

In collaboration with the South African DoE, USAID/Southern Africa has coordinated an education and design team to review the achievements of investment in OVC projects and to identify opportunities for future intervention in this sector. This will help to determine which interventions are being applied, and if they are having an impact on learners, particularly more vulnerable learners, what could be learned from the pilot programme for replication in other schools in the area.

In August 2014, Measure Evaluation OVC Survey Tools were issued for the United States President's Emergency Fund for AIDS Relief (PEPFAR)-funded OVC programs (Chapman *et al.*, 2014). These included tools to measure the psychosocial well-being of OVC, and were piloted in Zambia and Nigeria using both cognitive and household pre-test.

2.9. Educational, Psychological and Emotional Challenges faced by OVC

Educational challenges faced by OVC include the inability to afford school fees and buy uniforms. In the OVC programmes at TVT, it was reported that “caregivers advocate on behalf of the OVC for exemption from school fees” (Rossiter *et al.*, 2008). In terms of psychosocial support, caregivers provide care and lay counselling. “Children also receive psychosocial support through recreational opportunities afforded through after school care activities. In addition to assisting OVC, TVT provides psychosocial services in the form of counselling to their guardians”. Although the school-based OVC programmes have school lay-counsellors, they do not offer such services to caregivers because the programme is only meant to benefit

OVC in schools. In their study on *Care and support of orphaned and vulnerable children at school: helping teachers to respond*, Goba & Wood (2011) found that Life Orientation (LO) teachers did not feel that they were adequately trained for their assigned role of “AIDS expert.”

A study conducted by Manyonganise (2013) in Zimbabwe found that OVC face various challenges, which in most cases prevent them from accessing education. Many children in Zimbabwe leave school after the death of their parents or guardians due to HIV and AIDS. Manyonganise further argues that “most of these children are heading families as well as looking after their sick parents. The most notable effect is absenteeism from school which in turn leads to poor performance. Another notable finding was that not only girls, but boys look after ailing parents”.

In the year 2000, “the government of Zimbabwe introduced the Basic Education Assistance Module (BEAM), the main objective of which was to prevent the irreversible welfare losses for poor households. However, assistance through the BEAM only covers fees, levies, and examination fees. OVC have to find funds for uniforms, exercise books, pens, etc. In most cases children fail to obtain such assistance” (Manyonganise, 2013). Also notable was that “there has been very little guidance on other aspects of schools’ roles in response to the needs of OVCs”. For instance, a study conducted by Schenk *et al.* (2010:326) in Rwanda found that “55% of young people who were heads of their households reported symptoms of clinical depression using standardized depression scales. Many young people in the study reported that their parents’ deaths had negatively affected their confidence in other people, the meaning they placed on their own lives, and their religious beliefs. More than half reported feeling that life was no longer worth living at least some of the time, and 4% had attempted suicide in the two months preceding the survey”. In a further study by Schenk *et al.* (2010) in Zimbabwe,

“vulnerable young people reported experiencing multiple traumatic events, including the death of loved ones, illness in the family, stigma, rejection in times of need, and the absence of adults to talk to about relationships and problems. More than half the young people surveyed reported feelings of worry and stress, irritability, sadness, difficulty in concentrating, being overwhelmed, and hopelessness during the past month”. Similarly, Thurman *et al.*'s (2008) study in Rwanda suggests that “family history played a role in the stigmatization of orphans: those orphaned during the genocide and those who reported that their parents died of poisoning or AIDS felt more marginalized. Adult community members confirmed that war-induced social divisions and AIDS-related stigma may negatively impact the treatment of orphaned children”. Stigmatization of OVCs, especially those orphaned by AIDS, seems to take centre stage in this field of study, with family members and foster parents disregarding the principle of non-disclosure by informing class teachers of the orphans' status for no apparent reason.

A study conducted in China on health risk behaviors among OVC “suggested a significant association between a child's status (i.e., AIDS orphans and vulnerable children) and adolescent health risk behaviors (i.e., destruction of public property and suicidal ideation). AIDS orphans were more likely to think of committing suicide than vulnerable children, which might be because the former have experienced more stress than vulnerable children after losing one or both parents to AIDS” (Zhao *et al.*, 2011). Another possible reason is that AIDS OVC “might employ different, maladaptive strategies to cope with stress in their lives. For example, vulnerable children reported a higher level of alcohol use than AIDS orphans. Alternatively, this might suggest that vulnerable children still lived in their own home and might have more access to alcoholic beverages than AIDS orphans” (Zhao *et al.*, 2011:871). The study also found an association between child displacement and health risk behaviors. The findings indicated that children who were displaced at least twice were more likely to report a high

incidence of destruction of public property and suicidal ideation than those who were never displaced or displaced once. This suggests that a stable living environment is important for AIDS OVC in communities with a high prevalence of HIV/AIDS. The government, community, and other agencies need to make efforts to avoid frequent household displacement among children after the HIV-related infection or death of their parents (Zhao *et al.*, 2011:1).

In 2006, the National Aids Control Organization estimated that one in every eight children younger than 15 suffering from HIV/AIDS worldwide lives in India. “Most AIDS orphans are living in financially stretched households, extended families, and communities with people infected with HIV/AIDS. India also has the phenomenon of *de facto* orphans – children whose parents have not died of AIDS, but who have to drop out of school to take over their parents’ roles due to the parents’ illness” (Kumar, 2012:205-208). According to Kumar (2012), “the government of India has committed to preventing HIV infection to ensure an AIDS free generation by formulating the Policy Framework for Children. Besides government policy and programme initiatives, NGOs and donors have played a vital role in prevention, advocacy, and care”.

In Zambia, a country “with a total population of 12, 9 million (UNICEF, 2009) there is one orphan for every nine people. A study conducted to identify the emotional status of OVC in the communities of Chipulukusu and Kasombe in Zambia” (Kirkpatrick *et al.*, 2012) among 156 boys (51%) and 150 girls (49%) aged between six and 12 found that “most OVC were living with their widowed mother or grandmother (73%) and facing the daily reality of poverty. Ninety-two (37%) OVC reported only having one meal a day”. Kirkpatrick *et al.* (2012) further argue that, “although of school-going age, 54 (21%) of OVC had never attended school, and an additional 47 (18%) who had once attended school were currently not attending. The

primary reason given for not attending school was the death of a parent or guardian”. The study identified the top five areas of emotional distress experienced by OVC “often” and “sometimes” as being angry (85%), having frightening dreams (71%), worrying (71%), feeling unhappy or sad (71%), and preferring to be alone (67%). Many OVC (62%) also reported that they refuse to eat “often” or “sometimes”. Areas of least distress reported “often” or “sometimes” included running away from home (17%) and difficulty in making friends (33%). Furthermore, caregivers of OVC reported that “81% of the OVC were “often” or “sometimes” angry and that 78% “often” or “sometimes” had frightening dreams. They also reported that the OVC in their care were obedient at home, but cried and said that they were unhappy or worried” (Kirkpatrick *et al.*, 2012).

In Uganda, a country with an estimated population of 32,7 million, of which 31% live below the poverty line (World Bank, 2011), national adult HIV prevalence was estimated at 6.0% in 2006, and an estimated 15% of children under the age of 18 had been orphaned (Uganda Bureau of Statistics and Macro International Inc., 2007). A nationally representative population-based household survey that evaluated dimensions of vulnerability of OVC among stakeholders found that the percentage of critically or moderately vulnerable children receiving four distinct services (skills training, start-up capital, nutritional support, and counseling) was lower than that of the total survey population, suggesting that service providers were inadequately targeting the children most in need. On the other hand, for two services (schooling and free meals), the percentage of the children deemed critically or moderately vulnerable was greater than that of the overall population surveyed, reflecting better targeting of these services (Elson *et al.*, 2011; 305-306).

Elegbeleye's (2013) study on the predictors of OVC's mental health in Nigeria notes that, "the consequences of poor mental health in childhood extend into adulthood, increasing the likelihood of low educational achievement, reduced productivity, criminality and violence, adult mental disorders, unhealthy lifestyles, and the risk of ill health". Among children, OVC are perhaps most at risk of poor mental health (Elegbeleye, 2013).

"Another challenge that OVC face, whether they are infected or not, is stigma coupled with ostracism. OVC are often discriminated against, further intensifying their psychological distress" (Chitiyo *et al.*, 2008). A concoction of challenges, including anxiety, grief, trauma, stigma and discrimination render OVC's educational needs exceptional. The researcher concurs with the views of Chitiyo *et al.*, that OVC experience anxiety, grief and trauma which particularly affects their scholastic achievements. According to Chitiyo *et al.* (2008), the need for a special curriculum that addresses the needs of OVC, so that they can benefit from the schooling experience is suggested. The Global Partners Forum convened by UNICEF in October 2003 came up with a framework that identified five strategies to provide services to OVC, the intention of which was to target key action areas and provide operational guidance to governments and other stakeholders as they respond to the needs of OVC. "The strategies are summarized as follows: (1) strengthen the capacity of families to protect and care for OVC by prolonging the lives of their parents and providing economic, psychosocial and other support; (2) mobilize and support community-based responses; (3) ensure OVC's access to essential services, including education, health care, birth registration and others; (4) ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities; and (5) raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS" (UNICEF, 2004 cited in Chitiyo *et al.*, 2008). In impoverished communities, OVC's primary need may be for food and clothing, while children

in other communities may “have more deep-seated emotional needs. However, in terms of educational needs, all children operate under similar conditions since they are all served by the same curriculum which is deficient in meeting their needs” (Chitiyo *et al.*, 2008).

A cross-sectional survey was conducted in Guinea to assess psychological well-being and socio-economic hardships among non-orphaned children, children orphaned by causes other than AIDS (O) and children orphaned by AIDS (O-A) in Conakry and N’Ze`re`kore` and in villages around N’Ze`re`kore` (Delva *et al.*, 2009). Multi-way analysis of variance and multiple (ordinal) logistic regression models were applied to measure the association between orphan status and psychological well-being, school attendance, economic activities, frequency of going to bed hungry and sleeping facilities. After adjusting for confounding factors, the psychological well-being score (PWS) was significantly lower in AIDS-orphaned children (O-A) than among children orphaned by other causes (O). Furthermore AIDS-orphaned children were more likely to be engaged in economic activities and to go to bed hungry on a daily basis than other orphans. The differences in school attendance and the proportion of children with a bed or couch to sleep on between AIDS-orphans and O were not statistically significant (Delva *et al.*, 2009). It is clear that most OVC experience stress and trauma emanating from the loss of their parents and the poverty they may be subjected to. It is also envisaged that such children may have psychological problems that may interfere with their scholastic performance. According to Kirkpatrick *et al.* (2012) after the death of their parents or guardians OVC experienced emotional distress which “included acting angry, having frightening dreams, worrying, feeling unhappy or sad, and preferring to be alone”. These observations suggest the need for sustainable and holistic approaches to ensure the psychological and socio-economic stability of AIDS orphans and other vulnerable children (Delva *et al.*, 2009).

2.10. Child Poverty

As noted in chapter 1, “child poverty can be understood in a number of different ways. The most basic understanding of child poverty is a lack of income in the families or households in which children live” (South African Presidency, 2009). According to The Presidency’s Situational Analysis of Children (2009), at the time of writing government statistics “could not be used to estimate child poverty. However they could be used to extract child-specific information related to poverty, such as the proportions of children living in poverty based on their geographic distribution and distribution by ethnic group, etc.” Orphanhood is also likely to contribute to child poverty, as the death of a parent usually means the loss of income to sustain them.

Again, “poverty is often associated with a lack of employment, which provides an income through wage labour”. The number of children living in households with an employed adult appears to be declining, increasing the risk of poverty and impacting children’s development and access to services (Presidency, 2009). In response to poverty, more developing countries have implemented social protection programmes. Cash transfers are popular. The motivation for such programmes is usually a combination of technocratic (for example, wanting to reduce the number of poor people in the country), political (such as using the programme to garner support for parties or policies), or ideological factors (an expressed commitment to humanitarianism and economic rights (Patel & Hochfeld, 2012; citing Devereux and White, 2010). “There is marked income inequality across South Africa’s provinces and between urban and rural areas. Among the provinces with the lowest monthly household expenditure are those with large rural populations: Limpopo, the Eastern Cape and KZN. These are the same provinces with the biggest proportion of children”, and consequently OVC (The Presidency, 2009). Patel *et al.* (2012) demonstrate that the Child Support Grant reduces income poverty,

particularly among the very poor and female-headed households. The grant is well targeted at poor households with children, with very little ‘leakage’ to households with higher incomes. The Child Support Grant (CSG) offers a consistent and regular source of income that is supplemented by a diversity of other sources (Patel *et al.*, 2012).

2.11. OVC’s Access to Social Grants

Section 27 (1)(c) of the Bill of Rights in the South African Constitution states that “everyone has the right to have access to social security, including, if they are unable to support themselves and their dependents, appropriate social assistance”. Section 27 (2) elaborates by requiring that “the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of this right” (Schreiber, 2014). The roll-out of OVC programmes in communities and schools by government and other sponsors could be seen as a measure of the realization of the right to social security.

Caring for an ill family member or coping with his/her loss not only takes a lasting emotional toll on families, but can also have grave financial repercussions. Mounting medical costs combined with reduced income for both the ill family member and caregiver further impoverishes households (Kidman *et al.*, 2011). Much has been written on this topic. Kidman *et al.* (2011) note, that the South African government offers a unique safety net for vulnerable households through providing social grants. The grant system is managed through the South Africa Social Security Agency (SASSA) and provides cash transfers to low income families; as at October 2010, nearly 14 million beneficiaries were receiving grant payments (Kidman *et al.*, 2011).

According to the South African Presidency (2009), “social grants are assisting many families to provide their children with food and clothing. However, this should not create dependency and substitute for parental care where parents are able to look after their children”. The CSG is the largest and fastest growing social assistance measure in South Africa. Overall, the social grant and the social welfare services programme are the government’s third largest social investment and total social grants currently reach 15.4 million beneficiaries of which 10.7 million are CSG recipients (SASSA, 2011). Patel *et al.* (2012 cited in Neves *et al.*, 2009) note that the CSG is publicly funded and means-tested. Income eligibility criteria have been steadily relaxed, allowing for the inclusion of a large proportion of the population of poor children. Many CSGs are received by OVC caregivers on behalf of the OVC, albeit with challenges in meeting the requirements for the grant. Applicants should be in possession of an identity document for themselves and a birth certificate for the child (Schreiber, 2014). This is the prerogative of the child caregiver, and is outside the scope of school OVC programmes.

In their study on accessing social grants to meet orphaned children’s school needs in Namibia and South Africa, Matshidiso and Taukeni (2011) assert that the rights of children are recognized internationally and that the Namibian and South African government are obliged to ensure that all children, including orphans, access education and improved livelihoods. These neighbouring countries offer a unique safety net for vulnerable households in the form of social grants. One of the many groups that require care and support are school children experiencing orphanhood (Matshidiso & Taukeni, 2011). “There is substantial evidence that grants, including the CSG, are spent on food, education and basic goods and services. This shows that grants not only help to realize children’s right to social assistance, but are associated with improved nutritional, health and education outcomes” (Hall, 2013).

According to Matshidiso and Taukeni (2011), despite the Namibian and South African governments' commitment to meeting children's needs, the reality on the ground suggests that not all orphaned children are accessing these grants and benefitting from them. The Namibian government provides support to orphaned children through child maintenance grants, foster care grants, allowances to children's homes and places of safety and grants for children with disabilities. In 2000 the South African government started to provide cash grants as a poverty alleviation mechanism. These include child support grants, foster care grants, and care dependency grants. The CSG is R310 per month while the foster care grant is R830, and old age and disability grants are R1 350 per month (South African Budget Speech, 2014). A million invalid beneficiaries have been removed from the system; social grants are only meant for those who need them most. Orphans are beneficiaries of such grants.

However, Matshidiso and Taukeni's study (2011) revealed that even though the Namibian and South African governments made provision for social grants to orphans and other vulnerable children, not all orphans were able to access the grants and they found it difficult to pay school fees. This is due to many reasons, including a lack of supporting documentation like birth certificates, identity documents and death certificates. Kidman *et al.* (2011) also suggest that supporting documentation may be a key barrier to access to social grants. While most caregivers and children had identity documents, many orphans lacked death certificates. This is likely to be the case with OVC in this study.

Another challenge in accessing foster care grants in South Africa was the means test; most caregivers were finding it difficult to fulfill its criteria. It was further found that accessing foster care grants and maintenance grants was difficult in both Namibia and South Africa. Some

criteria to access social grants do not include orphaned children who are taking care of younger siblings after the death of their parents, especially from HIV and AIDS.

Table 2.1: Children receiving the Foster Child Grant by Province in South Africa, 2013

PROVINCE	NUMBER OF CHILD BENEFICIARIES
Eastern Cape	117,231
Free State	41,317
Gauteng	58,722
KwaZulu-Natal	135,442
Limpopo	58,953
Mpumalanga	35,359
North West	42,215
Northern Cape	14,342
Western Cape	28,578
South Africa	532,159

Source: South African Social Security Agency, 2013 (cited in Hall, 2013)

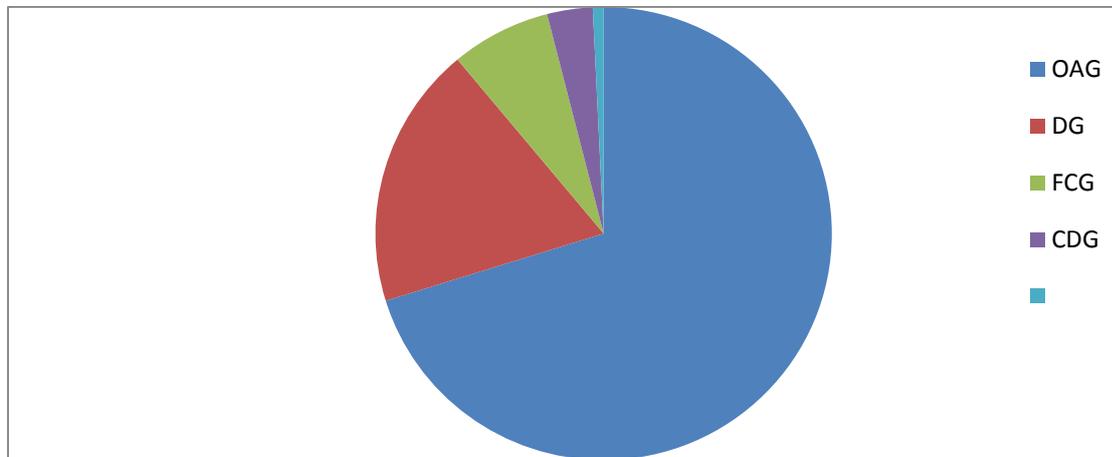
Table 2.2 Social grant eligibility criteria and payment amounts relating to OVC as at April 2014

Grant	Who can apply?	Additional Eligibility Criteria	Monthly Amount
Child Support Grant	Primary caregiver of a child under the age of 15	<ul style="list-style-type: none"> • Applicant must be a citizen or a permanent resident • Applicant may not receive the grant for more than six non-biological children • Applicant cannot receive the grant if they hold a Foster Child Grant for the same child 	R310
Foster Care Grant	Foster parent of a child under the age of 18	<ul style="list-style-type: none"> • Applicant must be a citizen, permanent resident or refugee 	R830

Source: Household Resources and Grant Access, 2011 (cited in Kidman *et al.*, 2011)

According to SASSA (2011), as at 31 March 2014 a total number of 125,702 people received the Foster Care Grant (FCG) and a total number of 2,662,100 children received the CSG in KZN alone. In South Africa as a whole a total number of 512,055 people received the FCG, and 11,125,946 received the CSG. The CSG therefore ranks as the most common of all the types of social grants received in South Africa.

Figure 2.4 Total number of social grants by grant type in South Africa as at 31 March 2014



OAG – Old Age Grant;
DG – Disability Grant;
FCG – Foster Care Grant;
CDG – Care Dependency Grant; and Other

The pie diagram above shows the distribution of the various types of grants in South Africa.

2.12. Monitoring and Evaluation of OVC interventions

Monitoring and evaluation of the outcomes of programmes is another key interest of this study in order to establish if the programmes are run effectively and whether or not institutionalized OVC programmes are viable, and to offer appropriate recommendations. Chapman *et al.* (2014) define the monitoring and evaluation of outcomes as the routine and systematic collection of information on the intended results of programme interventions. In the case of OVC programmes, this refers to the well-being of those for whom the programmes are designed. In the discussion on *Community Interventions Providing Care and Support to Orphans and Vulnerable Children: A review of evaluation evidence*, Schenk *et al.* (2009) assert that without a comprehensive body of sound evaluation data, policymakers and donors risk making decisions about programme implementation and financing that have not been proven effective.

The author highlights that it is inappropriate to simply assume that any well-intentioned intervention will be beneficial to impoverished recipients. Even well-designed OVC programmes may have inadvertent, detrimental effects; for example, a programme targeting only orphaned children and ignoring other vulnerable children may have the perverse effect of the so-called “lucky orphan syndrome”, resulting in jealousy of the “privileged” orphans eligible for assistance. This underlines the importance of thoroughly evaluating pilot programmes before taking interventions to scale in order to ensure that, above all, they “do no harm”, and are managed efficiently to achieve optimal benefit (Schenk, 2009:394). The issue of jealousy against “privileged” orphans arose in Freidus’ (2010:60) study, where an assistant to the headmaster at Miracles Orphanage explained that some people are jealous because, in terms of Malawian standards, the children at this orphanage have more clothing and shoes, a better education and a steady supply of food. “When they go home to their respective villages during the December break, their friends and siblings are jealous of what they have, and that they look nice and healthy”. Villagers want their children to go to Miracles even though they are not orphans in order to benefit from these privileges.

An evaluation of the impact of community-based interventions on schooling outcomes among OVC in Zambia was conducted in 2009 (Chatterji *et al.*, 2009). The study focused on a programme called Bwafwano, one of the most comprehensive of its kind. “Bwafwano provides services to children and adults through two primary mechanisms: (1) home-based caregivers, and (2) the Bwafwano Community Centre. The centre includes a community school with a school feeding programme, a health clinic offering free services, and a child psychologist that provides counselling”. According to Chatterji *et al.* (2009) “Bwafwano’s target population for its child-based interventions includes orphans, children with chronically ill parents or

guardians, and children who may be needy for other reasons. The study measured school outcomes for intervention households relative to a set of companion households over time”.

The study found that, “since the majority of the targeted children were enrolled at the Bwafwano community school, their exposure to educational interventions was likely to be substantial. The cross-sectional analyses all found positive and statistically significant effects of participation in the programme on school enrollment, and subsequent positive effects on educational outcomes. It was thus concluded that the programme should ideally be expanded” (Chatterji *et al.*, 2009).

Nyangara, Thurman and Hutchinson (2009) evaluated “the effects of programmes supporting OVC in four unique settings in Kenya and Tanzania. The purpose was to determine which programme approaches and intervention strategies make a measurable difference in the lives of children and their families”. According to Nyangara *et al.* (2009; p10), “this information could help managers and policy-makers to make informed decisions in developing and scaling-up effective strategies, ultimately reaching larger numbers of OVC with greater efficiency”. Four OVC programmes, two in Kenya and two in Tanzania, “participated in the evaluation that focused on specific intervention components including home visits by trained volunteers, kid’s clubs, support groups and income generating activities for guardians, community sensitization and HIV prevention activities, and the provision of direct material support such as school supplies, food and health services”. In terms of providing material support, particularly school supplies, “the evaluation revealed that providing school supplies or school fees had no effect on children’s educational outcomes such as enrollment, appropriate age for grade, or regular attendance. However, in one area, children’s possession of basic school supplies positively influenced psychosocial outcomes” (Nyangara *et al.*, 2009; p30).

A psychosocial well-being measurement supplement for OVC was developed (Chapman *et al.*, 2014) for PEPFAR-funded programmes. This would be a useful tool to evaluate existing programmes in South Africa, particularly the one under study. The document was reviewed by the USAID. The MEASURE evaluation kit produced a set of tools to measure quantitative child outcomes and caregiver/household outcomes of OVC programmes. It was developed to support OVC programmes and research institutions with an evaluation agenda. According to Chapman *et al.* (2014: iii) these tools may be useful in answering one of the following five questions:

1. Is my programme having, or did my programme have an impact on the children and households it reached?
2. What are the characteristics of children and their caregivers in my area regarding education, health, protection, and psychosocial status?
3. Where do the children most in need of programme support live?
4. Approximately how many children need services and support?
5. What are the needs of my programme's registered beneficiaries as an entirety, in terms of education, health, protection, and psychosocial support?

Chapman *et al.* (2014) argue that the use of these tools would help to standardize measures and processes to assess a child, caregiver, and household's well-being at the population level. The Psychosocial Well-being Measurement Supplement is one of the tools in the kit, which have been piloted in Zambia and Nigeria.

Again, a study was conducted in Mozambique "to generate empirical evidence on the situation of OVC and their households and the services that they receive in order to help the Government

of Mozambique and its partners to improve the effectiveness of OVC programmes and policies in the context of limited resources and widespread need” (Biemba *et al.*, 2012). The study “was conducted in the districts of Marracuene, Katembe, and Dondo, and the administrative post of Natikire. A household survey of 1,759 households, with 5,726 children aged 0-17 years was conducted and focus group discussion were held with caregivers of OVC; while in-depth interviews were conducted with local key informants such as village chiefs and community leaders and with children and their caregivers”. “The study examined shelter, health, food security and nutrition, legal protection, education, and psychological outcomes among children, and measured differences in outcomes based on whether households care for OVC and their poverty status. The study also examined whether children and their families received support services, the types and frequency of services received, and how organizations implement OVC programmes” (Biemba *et al.*, 2012). It found that OVC living in poor households have worse outcomes in terms of food security, nutritional status, shelter, health, psychological well-being and education than non-OVC and children living in non-poor households. According to Biemba *et al* (2012), “while there are OVC support services, organizations generally provide services to a small number of children and families on a regular basis”.

2.13. Theoretical Framework

2.13.1 The Ecological Systems Theory

Urie Bronfenbrenner’s ecological systems theory is used as the theoretical framework for this study. In his article ‘Toward an Experimental Ecology of Human Development’, Bronfenbrenner (2005) defines the ecology of human development as the scientific study of

the progressive, mutual accommodation, throughout its life span, between a growing human organism and the changing immediate environments in which it lives. This process is affected by relations within and between these immediate settings, as well as the larger social context, both formal and informal, in which the settings are embedded. Ungar (2002) notes that the term 'ecology' was first used by Ernst Haeckel in 1868 to refer to interdependence among organisms in the natural world. The notion of interdependence in the social system for the progression of human development is also espoused in Rogers (cited in Sue *et al.*, 1991). Humanists such as Urie Bronfenbrenner, Carl Rogers, and Abraham Maslow (1954) believe that it is necessary to study the individual as a whole, especially as an individual grows and develops over their lifespan. One of the major contributions of the humanistic perspective has been the positive view of the individual as part of a collective system. This thinking is in line with the philosophy and practice of community development, which emphasizes the community in addressing socio-economic problems.

Leading scholars in community development such as Robert Chambers (1985) and Stan Burkey (1993) appreciate the multifaceted nature of poverty. For example, Chambers (1985) asserts that poor people find themselves in a deprivation trap of powerlessness, vulnerability, physical weakness, poverty and isolation. This calls for critical consciousness in understanding the vicious cycle of poverty, which is multidimensional and multi-directional in nature. It is in this context that Bradshaw (2005) asserts that, while the steps required to break the cycle of poverty are necessarily complex, they are a better solution than single factor efforts.

In analyzing people who are subjected to poverty, Burkey (1993) distinguishes between absolute and relative poverty. Absolute poverty is based on quantitative measures and relies on the poverty line to measure people's ability to meet their basic needs. On the other hand,

relative poverty is based on people's subjective views on what they consider elements of well-being. Carl Rogers defines the primary purpose of humanism as the development of self-actualized, autonomous people (Rogers, 1980 cited in Sue *et al.*, 1991),

Maslow popularized the term "self-actualization" – implying that people are motivated not only to fulfill their biological need for food, warmth and sex (Maslow, 1954) but to cultivate, maintain and enhance the self. Maslow asserted that during the course of their development, children increase their awareness of the world and gain experience in it. From various encounters they learn two needs that affect the self-concept: positive regard (how they think others perceive them) and the need for positive self-regard (how they perceive themselves) (Sue *et al.*, 1991). The need for self-actualization is at the top of Maslow's hierarchy of needs, and, in contrast to the other needs below it in the hierarchy, it is not a basic need, but a growth need (Coon & Mitterer, 2010). The need for self-actualization is not based on deficiencies; rather, it is a positive life-enhancing force for personal growth. Maslow further argued that if our basic needs are met, we will tend to move on to actualizing our potential (Coon & Mitterer, 2010).

Likewise, examining the educational needs of the OVC is to look at the child from the perspective of Maslow's hierarchy; how his/her physiological, emotional and psychological needs are met by various stakeholders, especially the government, in order to help him/her actualize his/her full potential as well as develop a positive self-concept. The assumption underpinning the current study is that the individual and group development of OVC is heavily dependent on them being treated and viewed as human beings whose basic needs must be met, and who are accorded the dignity they deserve as human beings. Based on that premise, Bronfenbrenner's ecological systems theory is befitting in a study of this nature since it regards

an individual child as part of a system. Hence, it appreciates the fact that development needs to happen at both the personal and collective level. Bronfenbrenner (2005) points to the linkages between the micro, meso, exo, macro and chrono systems to achieve this purpose. This is the kind of interdependency that would be expected in the effective running of OVC programmes in schools, interacting with families in the community as well as other community programmes.

Bronfenbrenner (2005) discusses the five integrated systems in his theory as follows:

The Microsystem

This is the direct environment in which we live. “Family, friends, classmates, teachers, neighbours and other people who one has direct contact with are included in the microsystem. The microsystem is the setting in which people experience social interaction with social agents” (Sincero, 2008-2015). Bronfenbrenner (2005) further argues that “a microsystem is the complex relations between the developing person and the environment in a person’s immediate setting (e.g., home, school, or workplace). A setting is defined as a place with particular physical features in which participants engage in particular activities and assume particular roles (e.g., daughter, parent, teacher, employee, etc.) for particular periods of time”.

The Mesosystem

This refers to the relationship between the microsystems in interactions between the family and teachers, and the relationship between the child’s peers and family. Bronfenbrenner (2005) further states that the mesosystem comprises the interrelations among major settings containing the developing person at a particular point in his or her life.

The Exosystem

This refers to the links between a social setting in which the individual does not have an active role and the individual's immediate context. The exosystem is an extension of the mesosystem that embraces other specific social structures, both formal and informal, that do not themselves contain the developing person but impinge upon or encompass the immediate setting in which that person is found, and thereby influence, delimit, or even determine what goes on there. These structures include society's major institutions, both deliberately structured and spontaneously evolving, as they operate at a concrete local level. Among other structures, they encompass the world of work, the mass media, and government agencies (local, state and national) (Bronfenbrenner, 2005: 515).

The Macrosystem

This describes the culture in which individuals live. Cultural contexts involve the person and his or her family's socio-economic status, ethnicity or race and "whether or not the person lives in a developing or third world country. For example, being born to a poor family makes a person work harder" (Sincero, 2008-2015). Bronfenbrenner (2005) posits that the macrosystem differs in a fundamental way from the preceding forms in that it does not refer to the specific contexts affecting the life of a particular person but to general prototypes in the culture or subculture that set the pattern for the structures and activities occurring at the concrete level. What place or priority children and those responsible for their care have in such macrosystems is of special importance in determining how a child and his or her caretakers are treated and interact with one another in different settings.

The Chronosystem

Sincero (2008-2015) argues that the chronosystem “includes transitions and shifts during one’s lifespan. This may also involve the socio-historical contexts that may influence a person. For example, a divorce is a major life transition that may not only affect the couple’s relationship but also the children’s behaviour”.

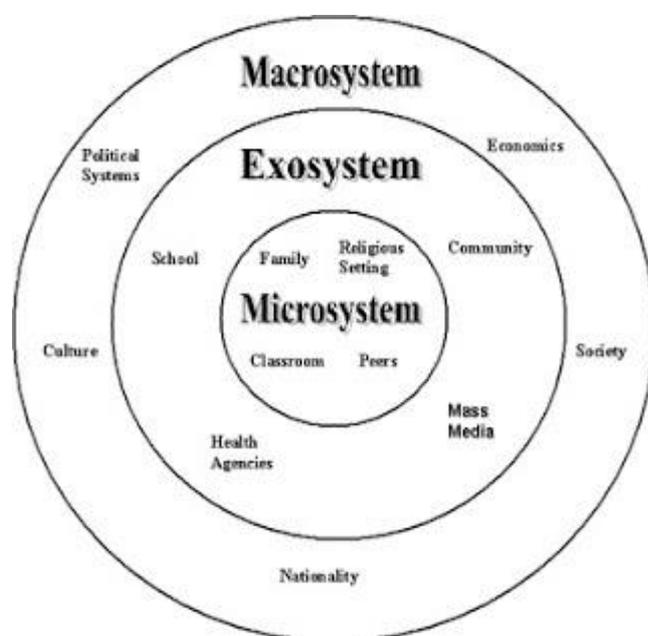


Figure 2.5: Bronfenbrenner’s Ecological Systems Theory: Educational Psychology Reflection (2011)

This theory is relevant to this study in the sense that a child is at the epicentre of a system that supports him/her, helps grow and nurture him/her, and makes sure that his/her ecological needs are met. The systems perspective of psychotherapy has a similar view; it stresses the importance of understanding individuals in the context of the surroundings that influence their development (Corey, 2005).

In a nutshell, the theory of humanism examines how humanity (*ubuntu*) in the South African context plays a role in ensuring that OVCs are taken care of by people in their communities, be they relatives or non-relatives, so that they can become independent, responsible, self-actualized citizens who are not a liability to society. This theory is applied parallel to theories of community development with its anti-poverty programmes, wherein the government collaborates with communities to alleviate poverty and take care of those less fortunate, including orphans. The research study sought to determine how these theories contribute to the holistic development of OVCs.

2.14. Summary

This chapter reviewed the literature on OVC as well as the challenges they face. Caregiving and fostering of OVC were also discussed. OVC interventions in other countries, especially on the African continent, have similarities with those run in South Africa. It is clear that a large proportion of OVC in Africa and globally are the result of the AIDS pandemic. This has prompted research on orphanhood and OVC. The chapter discussed issues such as child poverty as a consequence of AIDS orphanhood, and interventions to address this problem, including cash transfers and social grants. Others affected by orphanhood and vulnerability include school teachers who are in direct contact with children infected and affected by AIDS. Finally, the theoretical framework introduced in chapter 1 was discussed in more detail in this chapter.

CHAPTER 3: RESEARCH METHODS AND METHODOLOGY

3.1 Introduction

This study investigated the effectiveness of the DoE OVC programme in schools. This chapter outlines the research design that was employed to achieve the study's objectives. It presents the paradigm in which the study is located, sampling methods, the sample selected for the study and the reasons for its selection. It further discusses the data collection methods, methodology and procedures used to gather data from the research participants. Finally, the procedures adopted to analyse the data are presented.

3.2 Research Design

This study employs a qualitative research design located within social constructivism. Generally, qualitative research designs are more flexible than quantitative ones as they promote a close relationship between the researcher and the subjects, and are generally bottom-up and inductive (Collins *et al.*, 2000). Qualitative researchers collect data in the form of written or spoken language, or observations that are recorded in language, and they analyze the data by identifying and categorizing themes (Durrheim & Terre Blanche, 2002).

According to Durrheim and Terre Blanche (2002), qualitative research is naturalistic, holistic and inductive.

Table 3.1. Themes of qualitative inquiry

1. Naturalistic	Studies real-world situations as they unfold naturally; non-manipulative, unobtrusive, and non-controlling; openness to whatever emerges – avoids predetermined constraints and outcomes.
2. Holistic	The whole phenomenon under study is understood as a complex system that is more than the sum of its parts; focuses on more complex interdependencies, not meaningfully reduced to a few discreet variables and linear, cause-effect relationships.
3. Inductive	Immersion in the details and specifics of the data to discover important categories, dimensions and interrelationships; begins by exploring genuinely open questions rather than testing theoretically derived (deductive) hypotheses.

Source: Durrheim & Terre Blanche (2002: 43), also cited in Mahlali (2011)

Inductive, qualitative research studies phenomena as they unfold in real-world situations, without manipulation, as interrelated wholes rather than splitting them up into discreet predetermined variables (Durrheim & Terre Blanche, 2002). Since this study investigates the OVC programme in the school setting, as well as how the programme affects OVC's family life, this research is naturalistic and holistic. The questions posed to solicit information enabled further deliberation by respondents and thus allowed the researcher to uncover important information on the topic.

The qualitative approach was perceived as the most relevant approach to capture the richness and complexity of the respondents' behavior. The study is also exploratory in nature. Exploratory studies are open and flexible. They adopt an inductive approach as the researcher makes a series of observations, and attempts to patch these together to form more general but speculative hypotheses, resulting in explanations of what is observed (Durrheim & Terre Blanche, 2002).

The qualitative research design is consistent with the paradigm selected for this study. The social constructivist paradigm is relevant in a study of this nature since the aim is to understand people's perceptions of the OVC schools' programme in order to explore its effectiveness. As Henning *et al.* (2010: 20) observe social constructivism acknowledges the social context and thus embraces multiple realities, making "uncertainty" a key principle of this paradigm. The authors further argue that, researchers that adopt this paradigm aim to understand how people construct their own reality based on their personal narratives, experiences, values, beliefs and the way they make meaning in their lives. Hence, social constructivism promotes negotiated meanings. In this sense, it is regarded as communal within the social context. This study thus investigates the effectiveness of the OVC school programme by engaging various actors involved in the realization of its goals. The use of the social constructivism paradigm is befitting since it is premised on the understanding that reality as we know it is socially constructed.

The investigation took the form of a case study, located in three schools within G Section of Ntuzuma Township. According to Durrheim and Terre Blanche (2002), case studies are intensive investigations of particular individuals or cases. They may also involve the study of single families, units (e.g., hospital wards), organizations (e.g., NGOs dealing with HIV/AIDS), communities (e.g., an informal settlement) or social policies.

3.3. Sampling Procedures

After defining the target population, the researcher used non-probability sampling procedures to select the respondents. Non-probability samples are selected according to principles such as convenience and accessibility as opposed to statistical randomness (Durrheim & Terre Blanche, 2002). This study employed purposive sampling, with a total number of 14

participants, whereby subjects are selected on the basis of their expertise in the subject under investigation. All the study participants were directly linked to the OVC programme in different ways. Bougie & Sekaran (2009) assert that it is important that the subjects are chosen in such a way that they reflect the diversity of the population. The target population was made up of various groups of respondents (i.e., principals, coordinators/ educators, caregivers and the district coordinator) making a purposive sampling design suitable. According to Kumar (2011), non-probability sampling designs are used when the number of elements in a population is either unknown or cannot be individually identified, while in purposive sampling, the researcher seeks out people who, in his/her opinion, are likely to have the required information and be willing to share it with him/her. Kumar (2011) further argues that the primary consideration in purposive sampling is the researcher's judgment as to who can provide the best information to achieve the study's objectives.

According to Denscombe (2007), in purposive sampling the sample is handpicked. The term 'purposive' applies to situations where the researcher already knows something about the specific people or events and deliberately selects particular ones because they are regarded as instances that are likely to produce the most valuable results. Denscombe (2007) further asserts that, in effect, people are selected with a specific purpose in mind, and that the purpose reflects the particular qualities of the people or events chosen and their relevance to the topic under investigation.

The advantage of purposive sampling is that it allows the researcher to hone in on people or events which he/she has good grounds to believe will be critical to the research. Instead of going for typical instances, a cross-section or a balanced choice, the researcher can concentrate

on instances which will display a wide variety – possibly even focusing on extreme cases – to illuminate the research question at hand (Denscombe, 2007:17).

Concurring with the above view, Sarantakos (2005) writes that in purposive sampling, the researcher chooses subjects who, in their opinion, are relevant to the project. He adds that the choice of respondents is guided by the researcher's judgment and this is therefore also known as judgmental sampling. The important criterion is the respondents' knowledge and expertise and hence their suitability for the study (Sarantakos, 2005:164).

3.4. The research participants

This study examined the perceptions of school principals as heads of the School Management Team (SMT) (or the deputy principal in the absence of the principal); OVC coordinators in schools; and OVC caregivers involved in the government programme to support OVC. The DoE district coordinator was also interviewed to determine the department's perspective. The study area was selected on the basis that the researcher is familiar with it since she was once a teacher at one of the schools in this area. The researcher selected the participants based on the criteria that their schools were in the same area and that they have OVC programmes in place. Furthermore, the principals are the managers of the schools; therefore, no programme would be run in the school without their consultation and understanding. The principals are the first to be informed by the Department or other stakeholders of any programme that is underway, and the procedures are duly explained to them. Other key players in the programme are the OVC coordinators in schools. The coordinators literally run the programme based on the information they receive during the workshops that they attend prior to the initiation stage. Therefore, their participation was required in order to obtain as much information on the programme as possible. The research would not have been complete without involving the

foster parents of the OVC as role players in their lives as well as in the community. The District OVC coordinator was interviewed in order to gain information from the Department's perspective. There was no selection criterion in this regard as there is only one district coordinator per district office.

The participants comprised two principals and one deputy principal. The deputy principal was interviewed instead of the principal at one school due to the principal's busy schedule. The other respondents included three OVC coordinators (one in each school), three class teachers from two schools, four OVC caregivers from the three schools, respectively (two from one of the schools), and the district coordinator of the OVC programme at the Pinetown District Education Offices.

3.5 Data collection methods

Data were obtained through a triangulation of data collection methods, that is, semi-structured, face-to-face, in-depth interviews, observation, and document analysis. Hawtin & Percy-Smith (2007) argue against using a single method to collect data as a combination of methods is likely to increase the credibility of the results.

The advantage of individual face-to-face interviews over group interviews is that in group interviews, respondents may be influenced by others and may feel the need to conform. In group interviews it is not always possible to observe confidentiality or prevent the adverse effects that group participation may have on certain individuals (Collins *et al.*, 2000: 177). Through observation, the researcher is able to identify the need to proceed with the interviews. Documentation (records of interview questions and responses) analysis follows when all

relevant data has been obtained. Each respondent signed an informed consent form before the interview commenced.

3.6 Semi-structured interviews

Bougie & Sekaran (2009: 186) describe structured interviews as interviews conducted by the researcher with a predetermined list of questions to be asked of the interviewee. Collins *et al.* (2000:181) note that semi-structured interviews offer the advantage of flexibility and that they can provide the researcher with detailed and fresh information that he/she may not have predicted or anticipated.

The second stage of the research was to conduct interviews with all the respondents who agreed to participate, starting with the school principals, followed by the OVC coordinators, the class teachers (as per recommendation by the coordinators), and finally, OVC caregivers at home. Face-to-face interviews were conducted. Appointments were made with the educators to meet them in private after school but on the school premises. This enabled the researcher to conduct in-depth discussions with the participants on their perceptions of the OVC programme. Durrheim and Terre Blanche describe face-to-face personal interviews as:

The original way of gathering survey information, and is still extensively used today. Respondents are usually interviewed in their homes, by well-trained interviewers, who ask questions, probe for information and who record responses on a standardized interview schedule (2002; 281)

Bougie and Sekaran (2009: 217) add that face-to-face interviews provide rich data, offer the opportunity to establish rapport with interviewees, and help to explore and understand complex issues. Neuman (2011) emphasizes that “face-to-face interviews have the highest response rate and permit the longest and most complex questionnaires; while they share all the advantages of a telephone interview, they allow the interviewer to observe the surroundings and to use nonverbal communication and visual aids”. However, Neuman (2011) also highlights some disadvantages of face-to-face interviews such as interviewer bias (for example, “expectations based on a respondent’s age and race”), as well as the fact that the interviewer’s appearance, tone of voice, and the wording of the questions and so forth, may affect the respondent. In this particular study, the researcher did not experience any of these disadvantages during the interviews.

Semi-structured interviews and probing were appropriate in this research study in that in-depth information could be derived and respondents could ask for clarification if they did not understand any of the questions. According to Khuzwayo (2007: 29), semi-structured interviews enable the participants to discuss their interpretations of the world in which they live, and to express how they regard the situation from their own point of view. The researcher was able to provide clarity on certain questions that the respondents did not fully understand, especially in the case of caregivers, some of whom were old and semi-literate. This led to a form of conversational interview, which Neuman (2011: 341) describes as a flexible technique based on the collaborative encounter model in which interviewers adjust the questions in line with specific respondents’ understanding, but maintain the researcher’s intent. Although the questions were in the respondents’ home language, IsiZulu, the researcher was able to clarify and rephrase them where necessary. The interviews also gave some respondents, especially the caregivers, a chance to vent their frustrations, wishes and concerns regarding the children they

are fostering. Face-to-face interviews allow the researcher to listen empathetically to the views of the interviewees and establish rapport.

Neuman (2011:146/7) states that “a core ethical principle is that researchers should never create unnecessary stress in participants. He adds that if the level of stress might have long-term effects, the researcher should follow up and offer free counseling”. Hlatshwayo (2013; 66) observes that a good interviewer is a good listener who does not dominate, but lets the interviewee talk. She adds that establishing rapport and empathizing with the respondents enables the researcher to ask questions in an open and empathic way. In this study, the researcher had to pose questions, especially to the OVC caregivers, in an empathetic way, as some of the questions involved the sensitive issue of the loss of OVC’s parents, which in all the cases happened to be their sons and daughters. The researcher had to be very mindful of the need for sensitivity. Bougie and Sekaran (2007: 221) write that personal or seemingly intrusive information should not be solicited, and if it is absolutely necessary for the project, it should be tapped with high sensitivity, offering specific reasons. Semi-structured interviews are therefore more suitable for this kind of study than any other data collection method. Collins *et al.* (2002: 181) identify the following additional advantages of using semi-structured, face-to-face interviews:

- Because semi-structured and unstructured interviews are flexible, they can provide a researcher with detailed and fresh information that the researcher may not have predicted or anticipated.
- Additional information can be obtained by asking follow-up questions, especially where responses are ambiguous or unclear.
- Respondents do not have to be literate.

- Non-verbal communication (e.g., facial expressions) can be observed and noted.

Conducting the research in schools was relatively easy as all targeted interviewees, except for one principal who cited a busy schedule, consented to be interviewed. However the unavailable principal referred me to the deputy principal who also agreed to an interview.

In the interviews with school principals (see addendum for questions), it was clear that all three schools where the research was conducted indeed had an OVC programme in place. The programme was initiated as per a directive from the DoE (Index of OVC Projects in KZN, 2011). All three schools have a database for all OVC, ranging from 92 and 96 for the two primary schools, respectively, to approximately 250 for the high school, which has a total enrolment of approximately 500 learners. It was noted that the large number of OVC recorded at the high school was mainly due to substance abuse as well as sexual abuse, which were less evident at the primary schools. Conducting research with the caregivers was not as easy as in the schools because some were working and some were away from home until late in the afternoon due to various commitments. Consent was not a problem as almost all the caregivers identified and approached were willing to be interviewed, with some delays here and there. Only one caregiver, who had earlier consented, was later unavailable due to a longstanding commitment and was replaced with another caregiver. The researcher was obliged to visit at least three caregivers at their homes in the afternoon. This helped the researcher to understand their problems, especially with regard to living conditions and prompted the researcher to offer a helping hand where possible in the form of money for bread and soap.

3.7 Access and data collection procedures

Table 3.2 which follows presents an overview of the research design:

Table 3.2 Overview of the research design

Critical Questions	Data Collection Method	Source
What are people's perceptions regarding the OVC school programme?	Interviews	-SMTs: 2 principals and 1 deputy principal -OVC coordinators: 1 per school, 3 altogether -Educators: 2 from 1 school; and 1 from another school, 3 altogether -OVC caregivers: 2 from 1 school and 1 from each of the other schools, 4 altogether
What structures have been established to ensure that the programme runs effectively?	Observations Document analysis Interviews	-School principal: 1 school -Institutional Learner Support Teams (ILST): 1 school -OVC coordinators: 1 from each school
How is the effectiveness of the OVC school programme measured in terms of monitoring and evaluation?	-Observations -Document analysis -Interviews	-District OVC coordinator

Through unstructured observational study, the researcher was able to observe a number of processes pertaining to the running of the OVC programme, such as the frequency of monitoring, communication between the school and the relevant department, the efficiency of sponsorship of the physical well-being of OVC, and OVC's scholastic performance and psychological well-being. This was an ongoing process, particularly in the school where the researcher was teaching. The researcher collected and recorded this observational data as a non-participant observer. Bougie & Sekaran (2009: 214) describe unstructured observational study as the hallmark of qualitative research. Once the information has been observed and noted

over a period of time, patterns can be traced, and inductive reasoning can pave the way for theory building and hypothesis testing.

Access to the schools was facilitated through initial meetings with the SMTs, usually comprising principals, deputy principals, and heads of departments (HODs), from whom permission to conduct the research was requested. These meetings also enhanced the researcher's understanding of how the programme was being run in schools in terms of the committee structure, and how the children are identified, as well as how many children had benefitted and how many are still benefitting from the programme. Appointments were made with the OVC caregivers from each school. During these initial meetings, the research objectives and research approach were discussed. Informed consent forms were given to all prospective respondents that agreed to be interviewed.

Before the commencement of data collection, permission to conduct the research was secured from the principals of all three schools by means of letters personally delivered by the researcher. All the interviews were personally conducted by the researcher.

The interviews were guided by the prepared semi-structured interview schedules. Schools were referred to using the letters A, B and C and no names were attached to any responses. In order to avoid boredom, the interviews took no longer than an hour. The respondents in each group were asked similar questions and probes were used for all respondents. However, the order in which the interviews were conducted changed slightly from the initial plan due to the fact that the school B's principal was not available but requested that his deputy be interviewed, and that some of the respondents were not be available on the agreed date and were interviewed last.

The venue and time for the interviews were planned in advance and agreed upon by the researcher and the respondent. In the few cases where the respondents could not make it to the pre-arranged venue, particularly the caregivers, home visits were arranged. Questions were asked in the respondent's preferred language (English for educators and IsiZulu for caregivers) to ensure good understanding by all participants and to avoid sample bias. Research participants were all assured of the confidentiality of their responses, and that the information they provided would be used in a responsible way that could not be traced back to the interview. The respondents were also informed of their right to withdraw from the study at any stage should they wish to do so without prejudice. According to Collins *et al.* (2000), in research terms confidentiality can be defined as the researcher undertaking not to publicly link a specific response or behavior to a particular research participant. Participants were also assured that precautions would be taken to protect their anonymity. Audio recording only commenced after obtaining respondents' permission and a respondent's request to not be recorded was respected. Bougie and Sekaran (2009, p.221) strongly argue that no one should be forced to respond to a survey, and when data are collected through mechanical means, such as recording interviews, videotaping, and the like, the individual's wishes should be respected.

Field notes were taken in the form of jotted notes as the interviews continued. Jotted notes are the brief notes researchers take in circumstances where they cannot write a comprehensive set of notes. For an example, when the researcher could not use a recorder, and where the respondents poured out their concerns beyond what was anticipated by the researcher, the responses would be captured as jotted notes.

Field notes serve as memory joggers for more comprehensive notes (Collins *et al.*, 2000: 240). These were followed by research inference notes. According to Collins *et al.* (2000) such notes contain the conclusions the researcher draws from the data. They provide a record of the development of a researcher's understanding. This was especially true when the researcher made home visits to interview some of the caregivers. One caregiver mentioned that her only daughter had passed away, leaving her with three young grandchildren to look after. Knowing that only one of these children attends one of the schools in the study, the researcher was able to infer who the other children in the house belonged to without asking a direct question. Finally, analytic notes or analytic memos are mental records of the strategies the researcher follows. These contain either methodological instructions charting the research process or theoretical reflections (Collins *et al.*, 2000). Neuman (2011: 447) describes analytical memos as notes taken by a qualitative researcher while developing more abstract ideas, themes, or hypotheses arising from an examination of the details of the data.

3.8 Data analysis procedures

The data were qualitatively coded using inductive and deductive codes. This simply means that the data were grouped according to themes and analyzed in terms of these themes. According to Gilbert (2008), deductive codes originate from the researcher, for example concepts or theory in the research literature Collins *et al.* (2000: 245) describe qualitative coding as a process of conceptualizing the data. The researcher aims to organize the data so that he or she has a sense of the scope and coverage of the data set. Qualitative coding also facilitates understanding, because it suggests ways in which the data can be organized (Collins *et al.*, 2000). Inductive codes emanate directly from the data and are developed by noting the issues raised by participants (Gilbert, 2008).

Inductive codes are extremely valuable as they reflect the issues that are important to the participants themselves, which may be different from those anticipated by the researcher. The inductive codes developed in this study were around the following issues: 1. Frequency & Fairness in Sponsorship Distribution. During the interviews it became evident that the distribution of sponsorship was not fair throughout the schools under study. Although the district coordinator tried to explain why not all schools receive annual funding, there was no plan to show which schools in which areas receive sponsorship in a particular year, while others await their turn and how long the waiting period is; 2. Support Programmes. It also became evident during the interviews that school OVC coordinators feel that they lack support from the district with regard to the programme, while one school (the high school) was happy with the support that they receive from the district office, especially with programmes relating to drug abuse and sexual harassment; 3. Monitoring. The method and consistency of monitoring was also highlighted; 4. Psychological Support/ Rehabilitation. This was another common issue raised by OVC coordinators and caregivers alike, with suggestions that schools with a large number of OVC such as these should each be allocated a psychologist or psychological counsellor to deal with issues beyond the capacity of a school lay counsellor; 5. Consistency and Progression of Support. This issue was also common. Where support is offered, it should be consistent and should progress with the OVC to the tertiary education level.

3.9 Ethical issues

One of the primary responsibilities of researchers is that those who participate in a study should not be harmed in any way. This is the reason for the need to obtain informed consent and why measures should be taken to protect participants' privacy (Collins *et al*, 2000: 109). In this study, the respondents were informed that their participation was voluntary. Informed consent forms were issued and explained before the participants signed them. Durrheim & Terre

Blanche (2002: 66) assert that obtaining consent from participants does not merely involve signing a form; consent should be voluntary and informed.

The respondents were further assured of the confidentiality of the information they supplied. In cases where the researcher wished to use a voice recorder for data accuracy purposes, the participant's consent was requested. Where a participant was not willing to be recorded, his or her right was respected. Participants were also assured of the confidentiality of their personal identity, especially when publishing the research findings, and that all the data collected, recorded and stored, would be destroyed once it had been analyzed. Bougie and Sekaran (2009: 221) state that, "treating the information given by the respondent as strictly confidential and guarding his or her privacy is one of the primary responsibilities of the researcher", and add that "whatever the nature of the data collection method, the self-esteem and self-respect of the subjects should never be violated". Collins *et al.* (2000: 109) stress the need for participants to understand what the research involves, and that direct consent must be obtained from those who will be personally involved in the study. Although all the respondents in this study were adults and therefore competent to make decisions, they were informed prior to the interview that they were free to withdraw at any time.

Another ethical consideration was not to interview the children (OVC) themselves because they are vulnerable, are more sensitive than adults, and are unable to make informed decisions about divulging sensitive information. Neuman (2011) notes that "it is unethical to involve 'incompetent' people (e.g., children and the mentally disabled) in a study unless the researcher fulfills two conditions: A legal guardian grants written permission and all ethical principles against harm to the participants are adhered to". According to Neuman (2011: 146), "a core ethical principle is that researchers should never create unnecessary stress in participants.

‘Unnecessary’ means beyond the minimal amount required to create the desired effect, or stress without a direct, legitimate research purpose”.

Apart from respecting other people’s values, and doing no harm, researchers also have the responsibility to meet the requirements of justice, meaning that participants or respondents should be treated equally (Collins *et al.*, 2000: 116).

3.10 Limitations of the study

The researcher decided later during the study that an interview with the district OVC coordinator would also be important in order to enrich the data. This increased the study’s time frame somewhat.

The researcher had initially planned to interview three respondents per school, that is, the principal, the OVC coordinator, and one class teacher. However, class teachers at one school (school C) were not available for interviews; hence three class teachers from two schools (A and B; two from A and one from B) were interviewed. Furthermore, the targeted number of caregivers (two per school) could not be reached due to their unavailability, citing busy schedules, resulting in four instead of six caregivers being interviewed, two from each school A and one from schools B and C respectively. This negatively impacted the findings of the study, especially with regard to the limited number of class teachers as well as caregivers from other schools, in the sense that insufficient information could be obtained from these categories of respondents with regards to respective schools.

3.11 Summary

The chapter discussed the research methodology employed for this study. A qualitative research design was a relevant research method to capture the richness and complexity of the respondents' behavior. Non-probability sampling was employed after defining the target population. A purposive sampling design was used because the target population was made up of various groups of respondents. Data was obtained through triangulation of data collection procedures, that is, semi-structured, face-to-face, in-depth interviews, observation and document analysis in order to enhance the credibility of the results. Semi-structured interviews were discussed in detail as well as the advantages of using them. The advantages of face-to-face interviews were also briefly highlighted. The chapter outlined the methods used to obtain access and conduct unstructured observation. Finally, it highlighted the data analysis procedures employed and ethical considerations.

The following chapter presents and discusses the data obtained through the data collection methods used in this study.

CHAPTER 4: DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This study's main objective was to investigate the effectiveness of the OVC programme in three schools in G-section Ntuzuma within the province of KZN. Chapters 1 to 3 presented the background and context of the study as well as the research design employed to achieve its objectives. This chapter analyzes, interprets and discusses the emerging data in order to generate the findings. As Marshall (1996) observes, the aim in qualitative studies is not to generalize the results. Hence, qualitative studies are generative – they open up discursive spaces for new questions, thus informing future research. The findings presented in this chapter are based on people's subjective views. This is in line with the social constructivism paradigm selected for the study. The findings in relation to the OVC school programme are discussed under various themes in accordance with the objectives of the study, namely:

- SMTs, OVC coordinators, educators and OVC caregivers' perceptions.
- Structures established to ensure the effectiveness of the programme.
- Monitoring and evaluation tools.
- Aspects and circumstances that prompt schools to implement the OVC schools' programme in the way they do.

4.2 The context in which school service providers operate

This section examines the context in which the school principals and OVC coordinators operate. Since they are directly linked to the OVC programme, they were asked to share their perceptions in order to address the study's first objective.

Emerging data suggests that the principals have adequate experience to manage the OVC programme in schools. Table 4. 1 below shows that both principals and one deputy principal

that were interviewed occupied their posts before the Department of Education initiated the OVC programme in 2008. Their length of service implies that all three have experience in managing programmes introduced in their schools; this is enhanced by the training they received in relation to the programme. This is encouraging since they influence decisions at the highest level within the school community.

Table 4. 1: Number of years as principal of the school under study and number of OVC

Principal/Deputy Principal	Years in school as principal	No. of OVC in School
A	9	92
B	22	96
C	10	250

In terms of Bronfenbrenner’s Ecological Systems Theory, the school principals are critical actors at the exosystem level, which includes both the school and the community. Based on their experience, social status and educational qualifications, principals can champion the OVC cause in schools. It was established that this has not yet been achieved due to discrepancies in the DoE’s OVC school programme. For example, it was noted that, while there are large numbers of OVC in all three schools, the schools face budgetary constraints. According to principal C, whose school has the highest number of OVC, the reason for the high levels of OVC at the high school is that many learners suffer sexual abuse or are addicted to drugs because of their family circumstances. They therefore fall into the category of ‘vulnerable children’ (Brown *et al.*, 2010).

Table 4. 2 shows that two of the three schools have been running the OVC programme since its inception in 2008. The OVC coordinators are teachers who were trained to run the programme and offer lay counselling. According to the District Coordinator, OVC coordinators are identified by schools through the Institutional Learner Support Team either because they are LO teachers, or due to their expertise in dealing with learners’ social issues and problems. Based on the number of years they have served as OVC coordinators, it is assumed that these teachers have the necessary experience to manage the programme. It is also noteworthy that the OVC coordinators in all three schools are female teachers. All stated that they volunteered to coordinate the programme due to their commitment to making a difference in the lives of OVC. Women’s involvement in care work is well documented, particularly in the era of OVC, and HIV and AIDS (Orner, 2006). As Urdang (2006: 177) notes, the majority of caregivers are either “a mother, a grandmother, a sister, a daughter, the female neighbor or a female homecare attendant” who work as volunteers. It is observed that the context in which the OVC school programme operates is not conducive since there are too many OVC in the context of limited resources. Therefore, LO teachers feel overburdened. In the final analysis, it is observed that a combination of factors challenges the effective and efficient delivery of the programme at schools.

Table 4. 2: Number of years as OVC coordinator and gender

OVC coordinator	Years as OVC coordinator	Gender
A	2	F
B	6	F
C	6	F

Table 4.3 shows that all four caregivers interviewed had been living with the OVC for a number of years, especially A (1) and C. It further shows that all three caregivers are related to the children in question, and some have been living with them under the same roof since they were born as part of an extended family. It is also interesting to note that all three caregivers are women. This underlines Urdang's (2006) point about women's involvement in care work. Also noteworthy is the fact that these caregivers, especially A (1) and C, have dedicated many years of their lives to caring for these children.

Table 4. 3: Number of years as a caregiver to OVC, relationship to OVC and gender

OVC Caregiver	Years as Caregiver	Related to OVC: Yes/No	Gender
A (1)	10	Yes	F
A (2)	5	Yes	F
B	6	Yes	F
C	15	Yes	F

4.3 Sustainability of the OVC school programme

This section focuses on the respondents' perceptions of the OVC programme in terms of addressing the educational needs of the children who are its beneficiaries. It outlines the perceptions of each category of respondents of the programme's funding, training, sustainability and monitoring and also outlines the challenges that the respondents face.

4.3.1 Perceptions on the sustainability of the programme

Both principals and deputy agreed that the number of OVC in their schools is a huge challenge to the wellbeing of the children themselves as well that of the school. While they all perceive the programme as a worthwhile government initiative, they all voiced concern about its sustainability. According to principal A, when the programme was introduced in schools in 2009, the idea was that the DoE would provide annual funding as noted:

We only received a once off amount of R12, 000 in 2010 as sponsorship from the DoE to cater for the needs of OVC in that particular year only... After that the school had to look for other sponsors in order to sustain the programme. We managed to get a few once off sponsorship from a few companies once in a while, usually for uniform, and sometimes it is not enough for all OVC. I enquired from the department officials who run the programme as to why we only received the sponsorship once while other schools received it more than once but I could not get a satisfactory response....

This suggests that the future of the OVC programme in some schools is uncertain. The interview with principal A revealed that the main concern was that the school caters for a large number of OVC each year, but only one group received government sponsorship, that is, the group of 2010. This sponsorship was specifically for uniforms and toiletries. A further issue is that a flat rate is allocated to all identified schools, regardless of the number of OVC a school has.

Likewise, some caregivers were also not aware that the government funding was once-off sponsorship, and that the schools took the initiative to seek further sponsorship for this programme. They were under the impression that most of the things that the children received from the school were sponsored by the government. Another caregiver reported that she was

aware of some sponsorship from a certain NGO, and was also aware that some teachers were generous enough to give the children clothes as well as food when they were hungry.

The National Policy on HIV/AIDS for Learners and Educators in Public Schools in South Africa (1999) “recommends that each school adopt a strategic plan to cope with the epidemic”. This is supplemented by the National Department of Education Conditional Grant, which allocates R12, 000-00 per school for OVC projects. Some of the orphans, especially those with proper paperwork from the DoSD, also receive a foster care or child support grant from SASSA to help put food on the table. However, two of the principals and caregivers are not clear on who benefits from the funding of R12 000 to benefit OVC in school programmes.

Although principal B was also concerned about the sustainability of the programme, she painted a brighter picture:

We only received the government sponsorship once, in 2010. We were hoping to get more in the following years, but nothing has come till today. Luckily I managed to get sponsorship from various NGOs. One of them has sponsored us with school uniform, underwear and stationery for two years in succession (2010 & 2011). The best we have ever secured is the one that sponsors us with bread, maize meal for porridge and peanut butter, so our OVC have breakfast at school every morning at 6:30-7:00 before they go to class.

While these statements are consistent with the National Policy on HIV/AIDS for Learners and Educators in Public Schools (Department of Education, 2005), “which empowers institutions to be proactive in their response to the pandemic”, it is argued that such expectations are not realistic in development practice. In such contexts, teachers are expected to fulfill multifaceted roles and responsibilities without any practical support. They are required to function as lay

counsellors, fundraisers, educators, and so forth. This approach to development is not sustainable.

Principal C, who is a deputy principal, has the highest number of OVC in her school (approx. 250). This high school has received DoE sponsorship every year since 2010. This shows a lack of consistency in the allocation of the funds. Although the school had not yet received its 2013 allocation at the time of the study, she was hopeful it would be forthcoming. However, she expressed her concern that, given the large number of OVC at the school, the annual sponsorship of R12, 000, which is ring-fenced for uniforms and toiletries, is insufficient:

The money that we receive from the department does not even go halfway towards helping our OVC, most of whom are in child-headed households. We try to alternate the recipients of the sponsorship every year, but in spite of that it is just not enough to cover all OVC as some of them would have passed matric by the time their turn arrives.

It is worrying that while there are stark differences in the number of OVC across the various schools, the level of financial support is the same. Ultimately, the current system renders children vulnerable to hunger. Principal C raised this as a major concern. Although the school has a government-sponsored nutrition scheme which offers lunch to all the children at the school, which only started a few years ago at high schools, most OVC come to school in the morning with empty stomachs. She noted that while other organizations offer assistance, this is sporadic and insufficient.

All three principals suggested that the DoE sponsorship be incorporated in the norms and standards for each annual allocation but be specifically set aside for OVC. They also felt that the amount should be determined by the number of OVC at a school.

4.3.2 Psychological and Emotional Needs

The SACBC defines psychosocial support (PSS) as ‘incorporating an ongoing process of meeting the physical, emotional, social, spiritual and mental needs of children. It is looking beyond the physical needs of children to include the provision of emotional, spiritual and social needs of children in the care giving process’ (Byenkya *et al.*, 2005).

The principals shared a common perspective of OVC’s psychological needs. By virtue of being orphans and being vulnerable, OVC are bound to have psychological problems. Schenk *et al.*’s (2010) study found that vulnerable young men experience multiple traumatic events, feelings of worry and stress, irritability, sadness and difficulty in concentrating. Principal A concurred that OVC suffer psychological problems:

Teachers report that some OVC show signs of having unresolved issues, daydream in class, some burst into tears and one or two even hallucinate that they see their late parents during school hours and even in class. We do seek professional help for such cases but the problem comes when the caregiver and the child have to travel to the psychologist for follow up sessions, then the issue of finance comes in.

Principals B and C shared the same view. Deputy Principal (referred to as principal C) at the high school mentioned that they have had cases where children attempted suicide because they could not cope with the loss of both parents. Although some teachers have been trained in lay-counselling, they have their own workload and their counselling skills are limited; serious cases require a professional therapist. She added that:

I believe this is why some students resort to drug use, because they cannot cope with the situations at

home, especially the loss of parents and financial difficulties.

This viewpoint is consistent with Barlow and Durand's (2005, p. 403) finding that OVC who reported feeling lonely, crying a lot, or being tense, were more likely than others to use drugs as a way of coping. It emerged that the school teachers find it difficult to tackle psychological and emotional challenges since many of them do not regard this responsibility as their core purpose. Moreover, they find themselves inadequately prepared to fulfill this responsibility.

4.4 A multi-sectoral collaboration for the care and support of OVC is essential

The findings illustrate that attempts have been made to turn schools into inclusive centres of care and support for OVC. However, financial and human resource constraints in the structures that support this programme cannot be overlooked. It is against this backdrop that this study argues for a multi-sectoral approach to "the care and support of OVC in schools" (DFID, 2008). As noted in the literature review, local and national NGOs are leading actors in caring for and supporting OVC. Since schools cannot cope with the demands made of them, there is a need for multi-sectoral collaboration between schools and communities to address the needs of OVC. The major challenge in the current structure is that there is no working collaborative partnership between schools and communities. The benefits of such collaboration would include avoiding duplication of services, the sustainability of services in schools and improving the lives of OVC. This multi-sectoral approach is in line with the ecological perspective adopted for this study. Ultimately, it is argued that the cycle of poverty can be eradicated if such projects are run with increased community participation through NGOs that have a proven record in the field of care and support for OVC. The current system, that depends solely on class teachers and OVC coordinators, whose primary role is teaching and learning, is unrealistic. This study argues that the community is critical in the socialization of children.

Schools are not a panacea for development. Rather, they promote a charity model through welfare as opposed to an assets-based community development.

In the same vein, Carl Rogers (1954) argues that self-actualization is the motivating force for people to reach their full potential. As an infant, the main goal towards self-actualization is to have one's needs met, e.g., to be fed. This basic need is at the bottom of the ladder in Maslow's hierarchy of needs. According to Rogers, self-actualized individuals have a positive sense of self. He adds that the underlying orgasmic self is what a person is capable of becoming if they lived in an ideal world. An individual would have lived in an environment of unconditional positive regard. Their parents would have loved and accepted them just as they are. Such individuals would be psychologically healthy with a positive unconditional self-regard and the potential to attain self-actualization. Unfortunately, such environments are non-existent in the case of OVC in the three schools under investigation. However, conditions that stimulate self-worth and build self-confidence in OVC could be strengthened through school-community collaboration. This would positively impact their potential for self-actualization.

As noted earlier, emerging data reveal that the current structures are not able to provide quality care and support for OVC. The following section outlines the constraints identified by those at the coalface of care in the school system.

4.4.1 Human resource constraints

OVC programmes in schools are overseen by teachers that act as coordinators. In KZN, most of the teachers who are identified to attend in-service training for the implementation of OVC programmes are LO teachers. They are trained on HIV and AIDS and on how to handle children infected and affected by this pandemic. Some also receive a one-week training

course in basic counseling skills so that they can become school lay-counselors. Beyond the call of duty, such teachers are tasked with coordinating any programmes relating to OVC and HIV and AIDS within the school, formulating HIV/AIDS policies, attending to OVC's needs (physical, emotional and psychological) and providing basic counseling as well as making proper referrals

The OVC coordinator for school A stated that educators were given the opportunity to volunteer to coordinate the programme at a staff meeting. She volunteered due to her passion for children, especially the orphaned and the vulnerable. While the OVC coordinators at schools B and C were elected at a staff meeting, commitment to vulnerable children and experience as an LO teacher were taken into account. Targeting LO teachers for HIV training is contrary to the Department of Education's statement that it is the responsibility of all teachers to address OVC issues in order to ensure a "coherent response" to HIV and AIDS in schools. It was felt that the lack of training for other teachers resulted in their "being left behind" (Goba & Wood, 2011). Concerns were raised at both schools A and B regarding training to run the programme. School B had last received training and support in 2010 in the form of a departmental workshop. The coordinator for school A, who only has two years' experience in this role, attended one training workshop for the School Development Support System. There was no follow up support from officials responsible for the programme.

However, the coordinator for school C had a more positive experience:

I receive a lot of support from the department, including psychological support and road shows to support victims of all forms of abuse. The whole school benefits from this support, especially the road shows. Some of the learners have even had a benefit of going for rehabilitation after coming forward

during the road shows and admitting that they do drugs. We have put all such learners in our list of OVC because of the circumstances behind their substance abuse.

This is in line with the National Education Act 27 of 1996, Section 3(4) N paragraph (6) & (25) on the Management of Drug Abuse by Learners in Public and Independent Schools and Further Education and Training Institutions.

Table 4.4 below shows that teacher B had been at the school for a number of years before the OVC programme was initiated. It is therefore assumed that she was familiar with the problems confronting OVC. While teacher A had less experience, this does not mean that he is not aware of the needs of OVC. These respondents were suggested by the OVC coordinators because of the number of OVC in their class. It was interesting to see observe how well the class teachers knew the children in their class as well as their backgrounds by merely observing their behavior and making a follow up.

Table 4.4: Number of years as a class teacher in the school under study and number of OVC in class

Class teacher	Years as class teacher	No. of OVC in class
A (1)	3	9
A (2)	8	13
B	18	11

4.4.2 Financial constraints

All three coordinators concurred with the principals that there should be annual sponsorship that is incorporated in each school's norms and standards. They also all felt that the amount

should be increased in line with the number of OVC in each school. The coordinator for school A said that:

It becomes very difficult to even buy one item of the uniform, like shoes to satisfy all the OVC because of the large number. You end up having to call them one by one to check who has the worst pair of shoes...but you cannot make a decision based on that because even the one with a new pair would not last the whole year...Sometimes it is not even sufficient to buy toiletries for all of them. We just buy Vaseline to keep at school for those that show a need...

She added:

Another problem that you would face as coordinator is that some caregivers know that their children are in the list of recipients. If they hear that some OVC received shoes, or toiletries, they come to ask or even send their children to ask why they did not get while so and so got...

The coordinators also suggested that departmental officials visit schools regularly to offer support and meet OVC. The coordinator for school B asked:

How will they even be sure that these children exist if they do not visit and check the database for such a programme so that they would understand what challenges we are faced with?

The OVC coordinators indicated that there is no clear-cut policy on how the programme should be run in schools.

4.4.3 Structural constraints

All the principals were not happy with the frequency of training and lack of support for OVC coordinators. Principal A had this to say:

...sometimes a teacher who was trained leaves the school, and the school is left without a coordinator, then we end up asking another teacher to run the programme without the necessary training, which jeopardizes the efficiency of running the programme...

The findings suggest that these teachers receive insufficient training to effectively lead the programme. The evidence suggests that all the teachers at schools that run OVC programmes should be trained as counsellors. Psychosocial support of OVC cannot be confined to OVC coordinators. It is critical for all teachers to understand the needs and strengths of OVC. Corey (2005) observes that it is imperative for any counselor to receive some form of psychotherapy in order to be able to deal with the issues that the person to be counseled has without counter transference. Currently, there is no clear policy on the selection of potential OVC coordinators, and no code of conduct on how to deal with vulnerable children. Although some of the teachers had received once-off training as school lay-counselors, principals felt they need more support.

The Senior Education Specialist, Life Skills HIV & AIDS Coordinator in the Pinetown district DoE was also interviewed. The organogram shows the directorate's structure:

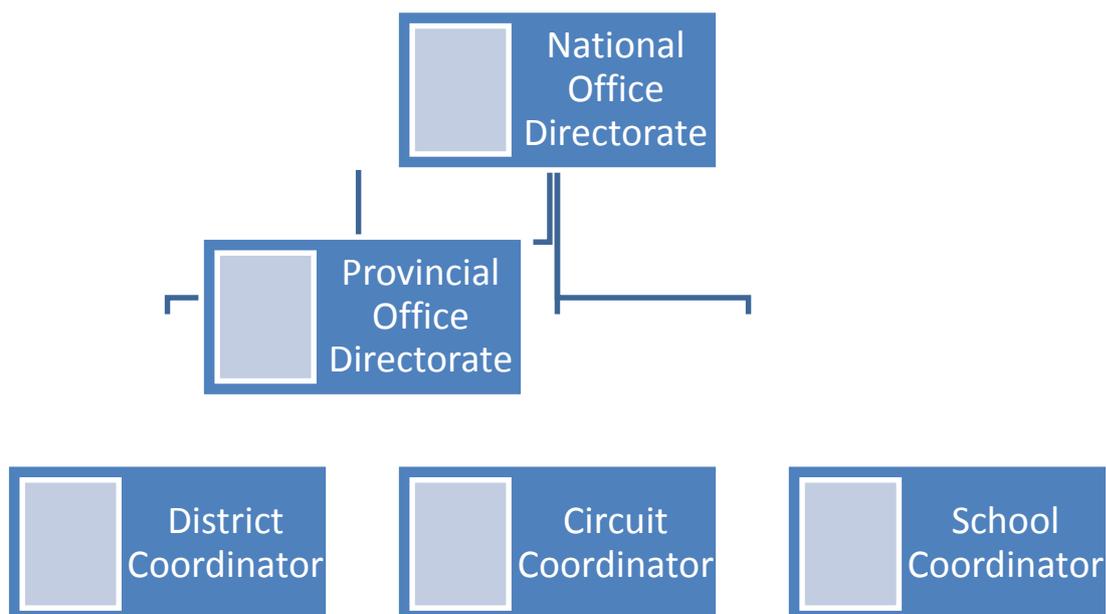


Figure 4.1

***Organogram of the OVC programme from National down to school level**

The role of the District Coordinator is to identify schools in need of funding, to advocate the programme in the schools identified, orientate and train schools' OVC coordinators, monitor the implementation of the programme by making follow up visits, and audit the use of funds. The District Coordinator was interviewed to establish how the programme is funded; how schools are identified and the criteria used for identification and funding; how funds are allocated and their purpose; how schools coordinators are identified; how frequently schools in need receive funding; how the programme is monitored and evaluated; what other forms of support OVC receive other than funding; and how the funds are audited.

4.5 Foster meaningful community participation

It emerged that there is no proper system to identify and recruit OVC into the school programme. This reinforces the earlier findings that suggest that the current structures that

support OVC in school programmes are inadequate. Therefore, it is argued that the identification of OVC should capitalize on local knowledge to promote community ownership. A standard set of criteria for OVC identification can provide guidelines for this process within a national policy framework. It was established that, while some children's parents are both still alive, they are subjected to poverty, while some of the orphans at the school are relatively well off. This suggests that the community is best placed to determine who qualifies as OVC.

Furthermore, while it is claimed that OVC programmes in schools benefit a diverse group of children, they mainly focus on OVC affected by AIDS. According to the literature, disabled children also fall in the category of OVC. However, the current OVC programme in schools does not spell out activities to specifically address their needs. Communities need to develop their own criteria for the identification of vulnerable children. It was noted that integrating vulnerable children with orphans in both theory and practice masks the harsh realities that vulnerable children are confronted with. Consequently, responses to tackle their unique needs and strengths are flawed. The study revealed that common factors that exacerbate such children's vulnerability are hunger, sexual abuse, and homelessness. Orphans are a clear category of children known to have one or no parents, some of whom are lucky enough to be taken care of by loving relatives, whereas vulnerable children face deep-seated issues, including homelessness due to family problems. Such children therefore require special identification and care, especially because some hide issues for fear of their lives and perhaps those of their loved ones. It is for this reason that the issue of psychological and psychosocial attention takes precedence. These gaps further reinforce the need to involve communities in the identification of vulnerable children since they possess local and context-specific knowledge relating to children's vulnerability.

While the DoE should develop criteria that can be used to identify OVC, teachers and relevant community members should also be trained to identify vulnerable children. Participatory community development methods could be used to involve children and community members in needs identification. This could be done in many different and creative participatory ways including drama, drawing and mapping, ranking and engaging in transcendent walks around the community. The government should engage caregivers and other relevant community stakeholders in developing contextually-relevant and context-specific indices to determine vulnerable children. According to the Bill of Rights in the South African Constitution Section 28 (The Presidency, 1999), “every child has a right to family care or parental care, or to appropriate alternative care when removed from the family environment.” Most OVC that are beneficiaries of the programme are cared for by an adult, albeit not their biological parent. Thomas *et al.* (2009) note that such children are often placed in the care of a responsible adult, either a close relative or a foster parent, and usually voluntarily in a situation known as kinship care, or by arrangement with the Department of Social Welfare in the form of an adoption. All three caregivers that were interviewed agreed that the programme is a worthwhile initiative, and that they are grateful to the government and schools for launching it. These adult caregivers must be afforded space to articulate their narratives that can inform the OVC school programme design.

Regarding the identification of schools as recipients in the current OVC programme, the District Coordinator said:

The schools are identified by the Quintile system....which is a form of school ranking according to infrastructure and resources that it has, focusing on schools with the lowest

Quintile ranking. Initially 100 schools were identified in the district. Depending on the budget...they were to receive funding after a cycle of three years.

The funding allocation, which is earmarked for uniforms, toiletries, and now food parcels for OVC, is not equally distributed. According to the District Coordinator, high schools were targeted to receive assistance more frequently because of the high rate of teenage drop outs, pregnancy and drug abuse usually due to stress caused by poverty and the fact that some are now heads of families. This is in line with the view of Changara *et al.* (2008) that a concoction of challenges like anxiety, grief, trauma, stigma and discrimination makes OVC's educational needs exceptional. Probed further, the District Coordinator said:

High schools receive funding most frequently because there is a high rate of drop out, citing lack of money to buy uniform...which sometimes results in girls falling pregnant and boys getting hooked on cheap drugs like woonga. Also....because of the fact that high school students are the ones who sometimes become heads of families and look after their young siblings when the parents are dead.

She also explained that inconsistency in the distribution of funding related to sound financial management and school functionality. In terms of the amount remaining unchanged over the years, she said:

Yes the funding does not increase from the initial amount of R12, 000-00 annually, and it is due to decrease to R10,000-00 in 2014 in order to access as many schools as possible, with the number of recipients also decreasing to the most needy.

The identification of OVC programme coordinators is not in the hands of the district; schools are given this task through the Institutional Learner Support Team or individuals volunteer their services. According to the District Coordinator the coordinators are trained when the school has been identified as a beneficiary in a particular year.

The district Life Skills coordinator is responsible for training of OVC coordinators in schools that have been identified to participate in the program....only once in that particular year....thereafter support is given.

The funding allocated to OVC programmes was initially earmarked for school uniforms and toiletries, but as the need arose, food parcels have been added to the list. Changara (2008) argues that “in communities that are greatly impoverished, children require food and clothing”.

The District Coordinator further stated that it is not possible to offer the OVC coordinators continuous support.

Continuous support is not possible...because of Human Resource (HR) issues, further support is only per invitation by a school. After training, mentoring workshop follows to check implementation.

Monitoring is done through annual school visits according to the district office plan and per invitation by a school. The district does not have a database of OVC that benefit from the programme, but schools do. The district only keeps a list of schools that are beneficiaries of

the programme. Asked if the District meets with OVC to check if they really exist and offer support, the District Coordinator said:

It is not practical...district relies on school coordinators for credibility.

Funds are audited through the general auditing of school finances (invoices, proof of payment, etc.) by the district Department of Finance. There are no measures in place to ensure that funding reaches all the targeted recipients; it is left to the schools' discretion to allocate uniforms to deserving recipients.

Regarding the issue of psychological support for OVC, the District Coordinator said that:

Training of school lay-counsellors is done by the district, where they are equipped with counselling skills to meet the psychological needs of OVC and give them support....

Clearly, the current OVC school programme marginalizes community voices “in the planning, implementation, evaluation and monitoring of OVC school programmes” (Policy Framework for OVC in S.A., 2005). Consequently, the schools on their own find themselves too limited, thus fail to adequately tackle the needs and strengths of OVC and service providers involved in the system. Ultimately, OVC cannot be dealt with in isolation from the environment in which they live. This is consistent with Bronfenbrenner’s (2005) definition of the ecological environment which he describes as “conceived topologically as a nested arrangement of structures, each contained within the next”. Bronfenbrenner (2005) proposes that “research on the ecology of human development requires investigations that go beyond the immediate

setting containing the person to examine the larger context, both formal and informal that affects events within the immediate setting”.

Integration will also assist schools to run effective OVC programmes as they are currently failing to cope. For instance, two of the principals raised concerns regarding support and the uncertainty of the future of the programme. Principal A had this to say:

The only follow up meeting that we had with the department official regarding this program was when they came to audit the utilization of the funds, that is, the R12, 000. We submitted all the supporting documents and evidence, and that was their last visit with regards to this program.

The funds are audited through the school principal in line with Personnel Administrative Measures (Section 4.2 (e) (i) that require the principal to keep school accounts and records and make use of funds for the benefit of learners in consultation with the appropriate structures. Principals noted that there is no proper monitoring and evaluation of the programme, except for auditing the funds.

However, Principal C had a different response:

Yes we do get a lot of support from the department officials. They come to visit the coordinator and give her support where it is needed.

Clearly, the current OVC school programme is barely surviving due to disparities in the running of the programme at district level. Based on these observations, the fight against child poverty should be a collaborated effort so as to share limited resources across the different sectors

(communities, families and schools). As noted previously, there is no uniform and well-structured process to offer support in the current OVC school programmes. It is noteworthy that school C, which is a high school, receives more attention than schools A and B.

4.6 Needs-based versus assets-based community development

It was established that the current OVC programme in schools is oriented towards needs-driven as opposed to assets-based community development. This poses a challenge of various complexities since this approach to development creates dependency, which undermines long-term sustainability. As alluded to earlier, child poverty is a reality in the school context. Consequently, a deficit-driven education system capitalizes on the needs of OVC while overlooking their capabilities. For instance, the Employment of Educators Act 76 of 1998 (4.5)(ii) states that one of the extra- and co-curricular duties of an educator is to cater for the educational and general welfare of all learners in his/her care, as well as to assist the principal in overseeing learner counseling and guidance, careers and discipline. In terms of OVC, class teachers are responsible for the welfare of such learners as they sometimes exhibit scholastic and psychological challenges in class. It emerged that this approach to OVC care and support is not sustainable. Even though the schools have lay-counsellors, they are teachers that have their own workload and therefore do not have enough time to attend to OVC's needs. Furthermore, they are sometimes not competent to deal with OVC's psychological problems, including conducting assessments. When they refer such problems via the Institutional Learner Support Team to the District Psychology Department, they have to do paper work which takes up their teaching time, and sometimes the response is neither prompt nor effective. Moreover, additional responsibilities are not remunerated in OVC school programmes with women OVC coordinators in the forefront of service delivery. This observation reiterates the gendered nature

of care wherein women are expected to engage in unpaid care work that happens to be exploitative (Budlender, 2002: 9)

Class teacher A expressed the following views on the OVC programme:

I think it is the best thing that ever happened regarding the welfare of learners. It sort of reduces the workload on us as educators knowing that there is a responsible committee in place that you can share your experiences with. However I feel that it should be strengthened or managed differently, considering that the committee members are educators as well, they have other duties to perform.

Class teacher B concurred:

The scholastic and psychological challenges that the OVC sometimes exhibit are just beyond the attention of the school's lay-counselor. Each school should have a professional psychological practitioner to deal with such problems. When I made a follow up regarding a child which showed psycho-social problems. I discovered that some OVC had to nurse their mothers when they were sick, who sometimes subsequently pass on in their presence. How does a child get over such an experience?

Class teacher A (2) added that:

As a teacher you also become affected by the sight of a learner in your class who is wearing torn uniform or worn out shoes. You feel like it is your responsibility to buy that child uniform, and you end up having to buy four or five more. Therefore the OVC sponsorship helps a lot, although it is just not enough for all the needy children.

This suggests that the teachers have become jacks-of-all-trades since they are in closer contact with OVC than anyone in their everyday life, considering that a child spends about 40 percent

of his/her day at school. Therefore whatever suffering they experience, be it physical, emotional or psycho-social, the teacher has to play a role beyond that of teaching, and act as a mother/father, psychologist, social worker and counselor. In light of this reality, it can be argued that caring for others is consistent with the concept of *Ubuntu*, however the findings of this study suggest that the current school OVC approach to development is not sustainable. This concurs with Goba & Wood's (2011) study that found that L.O. teachers did not feel they were adequately trained and supported for the assigned role of "AIDS" experts, and that the lack of training of other teachers resulted in their being "left behind".

Moreover, the biggest plight of class teachers is that of sickly children, hunger and poor performance in class. "AIDS orphans are most likely to go to bed hungry on a daily basis, due to poverty in the families or households in which they live" (The Presidency, 2009). The class teacher from school B was happy that her school provides sponsored porridge for such learners; therefore no child goes into class with an empty stomach. At school A, teachers voluntarily buy porridge, but this is not consistent. The class teacher from school A explained:

I bring porridge or some sandwiches when some situation prompted me to...like when there is a child who looks weak after he/she has been ill. Some children are brave enough to report that they are hungry and have not had anything to eat at home. A lot of my colleagues experience this. This is how we sometimes identify the OVC and inform the committee.

These assertions point to the existing gaps in the current system and reiterate the need for community-school collaboration. Both the teachers and community caregivers have in-depth knowledge of the children under their care. In merging the school and community system, Bronfenbrenner's theory advances our understanding of systems thinking. It is argued that the

framework presented in Table 4.5 could be used to guide the planning, implementation, monitoring and evaluation of the OVC programme in schools.

Table 4. 5

SYSTEMS	Needs	Strengths
The child	Children have physical needs such as food and school uniforms, psychosocial needs such as stress related to loss of a parent and this challenges their intellectual capabilities in some instances.	-School nutrition programmes -Family or extended family support
The microsystem Family Religion Classroom Peers	-OVC come from poor families, which also need care and support for systems strengthening. - need for churches to prioritize social justice issues	Understanding the background of each child and his /her relationship with significant others, e.g. -Children have families and/or extended family members and/or neighbours to provide support. -Different religious denominations exist in the community – many of them run programmes for OVC. -Children find comfort in playing with other children within and outside the school.
The exosystem School Community Health agencies Mass media	The following factors affect care and support for OVC: -The school’s location, infrastructure, facilities, enrolment, school governance and management. -Many OVC cannot afford health care services in local clinics. - Stereotypes in mass media exist; OVC are presented as problematic and needy.	-The INK area has several CBOs that work with children - The INK area has clinics, social workers, medical practitioners.
Macrosystem Economics Society Nationality Culture Political system	- OVC exposed to socio-economic challenges	- National policies exist to protect the interest of the child - CBOs that work with OVC in the community receive public funds and donations -strong African cultural values exist in the INK community.

Reflecting on the Table above, this analysis is able to achieve two things. Firstly, it points to the need for schools to engage with the entire societal-community-school system in a holistic

manner in order to provide comprehensive OVC programmes. Secondly, all actors involved at various levels should begin to interrogate the underlying factors that keep OVC vulnerable to poverty. As it stands, the OVC programmes in schools is not engaging with the structural inequalities that leave some children more susceptible to poverty than others. Essentially, child poverty contradicts the guiding principles stipulated in the Convention on the Rights of the Child (UN, 1989) and ultimately undermines human rights enshrined in the South African Constitution.

4.7. The vicious cycle of poverty

All three caregivers agreed that what the children receive from school makes a difference, but that it is always not enough. Fifty-five year-old caregiver B, who looks after her two grandchildren said:

I live with my two sickly grandchildren whose mother passed away and my own two unemployed children...it's a difficult situation. The social grant that I receive for my grandchildren and my meager salary that I get from being a domestic worker is all that keeps us going. I am very grateful for the porridge and bread that the children get in the morning at school as well as the lunch, it makes a huge difference, the children always look forward to it.

Apart from buying groceries and paying for electricity and water, caregiver B also has to take her HIV positive grandchildren to the clinic every month for routine check-ups and medication. Luckily, their uniforms are sponsored, their stationery is subsidized by the government and the school is a no fee school.

Sixty-one year-old caregiver A(2) stated:

I don't know what we would do without the school's nutrition programme. Even when my three grand children would go to school without food in the morning, I always get some kind of satisfaction that they will get something to eat at school at 10:00. Sometimes the teachers even give them the food that is left to take home.

Sixty-five year-old caregiver C agreed that the nutrition programme and the fact that the school is a no fee school are of great help to her. She praised the teachers for bringing old clothes to school for OVC. She said that the children in her care had benefitted from government sponsorship for OVC at least twice, when they each received a pair of shoes:

This has made a difference in meeting us halfway because the social grant is not enough..... Buying shoes was a good idea because they wear out quickly while they are expensive to buy... although I would have wished that they get full uniform like pants and shirts as one pair gets dirty every day. I am also grateful that government said we should not pay school fees..... I wish this OVC programme could continue to sponsor our children. I like the fact that children are also taught about drug abuse..... I am so scared for my grandson that he can be influenced by peers in the township. I am old and diabetic I cannot cope living with delinquent children.

These assertions illustrate the multifaceted nature of poverty. The caregivers are not only dealing with the care and support of OVC, but also have to deal with the loss of their own children and grandchildren who are infected and affected by HIV and AIDS and also their grandchildren's ART programmes in some instances. It must also be realized that many of the caregivers are elderly women. Due to old age and stress, many OVC are not offered adequate care and support, and these root causes of poverty give rise to unprecedented consequences. As Fang et al. (2011) note, due to the stress of losing one or both parents, orphans might employ maladaptive strategies to cope, such as alcohol or drug abuse. This analysis depicts a classic picture of what Chambers (1985) terms the deprivation trap of powerlessness, vulnerability,

physical weakness, poverty and isolation. Consequently, OVC who have caregivers who are poor and old are likely to drop out of school and this results in the vicious cycle of poverty.

The caregivers concurred that the social grant is not enough to sustain their families; therefore, however small it might be, the supplement from the OVC programme sponsorship makes a difference. According to the South African Presidency's Situational Analysis of Children (2009), "social grants are assisting many families to provide food and clothing for their children". The above responses further suggest that the OVC programme offers a degree of relief in this community; since this is a poor community, it does not have the burden of helping households with orphans. However, the caregivers also indicated that they rely on neighbors for help with food and other resources if the situation is bad. Caregiver A said that:

I get a lot of help from my generous neighbors when I am in need. Community gardens that I am involved in also help us a lot by providing us with vegetables.....

This response is consistent with Thornton and Ramphela's (1993) observation that being part of a caring community that provides for members is a worthwhile initiative. While this observation is consistent with the concept of Ubuntu (humanism), it must also be recognized that it is the government's primary role to care for its citizens. The findings illustrate that many OVC live in absolute poverty. As alluded to earlier, Burkey (1993) defines absolute poverty as the lack of a basic need such as food. It was established that while many OVC benefit from the school nutrition programme during the day, they are subjected to poverty after school hours. This threatens their growth and development. According to Maslow's (1954)(also cited in Mahlali, 2011) hierarchy of needs, a basic need or service is the absolute minimum resource that human beings, especially children, need to survive, achieve well-being and realize their full physical, psychological, social and spiritual well-being. As alluded to earlier, government

grants have contributed to poverty alleviation, however a society that largely depends on welfare has a shaky future. Hence, social grants and the barter system are not sustainable in the long term.

The following chapter presents a summary of the study, conclusions, and recommendations.

CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This study explored the effectiveness of the OVC programmes in three schools in Ntuzuma Township, which is located in the province of KZN. This final chapter summarizes the findings, draws conclusion and makes recommendations to inform future research.

5.2 Summary

Chapter one set the scene for the study. It outlined the background and the rationale behind the study, its objectives and research questions, and the theoretical framework that guided the study. The South African government adopted a Policy Framework for OVC in 2005 (DSD, 2005), and a National Action Plan in 2006 which saw the implementation of OVC programmes throughout the country. The critical question is whether the programme improves the wellbeing of its recipients in terms of educational and psychological needs and sustainability.

The study also examined whether the programme was well structured, had sufficient resources and is well monitored to effectively reach those defined as beneficiaries (i.e., OVC). It was therefore important to examine the child within an ecological system; hence the adoption of the Ecological Systems Theory, the key tenants of which are consistent with the principles of Community Development, which prioritizes individuals within a community.

Chapter 2 reviewed the literature related to the study. Critical terms like orphan, vulnerable child and caregiving were explored. The term OVC was also discussed in various contexts, as well as the criteria to qualify as such. Section 28 of the South African Constitution states that,

“children need very special protection because of their acute vulnerability to the violations of human rights arising out of, inter alia, socio-economic malaise and/or orphanage”. The four major principles underpinning children’s rights were highlighted. The Constitution further addresses “the right to family care and parental care”. The National Policy on HIV and AIDS for Learners and Educators in Public Schools in South Africa begins with a sound explanation of the HIV/AIDS epidemic. Through this document, the DoE acknowledges that there are learners and educators in its institutions who are infected and affected by HIV/AIDS. The Policy Framework for Orphans and other Children made Vulnerable by HIV and AIDS in South Africa (2005) reflects the commitment of government, FBOs, CBOs, civil society and the business sector and serves as a guiding tool to all involved in HIV and AIDS and the children’s sector.

A number of African countries have adopted OVC policies and OVC programmes are in place. OVC interventions in Africa, especially in Sub-Saharan Africa, and global initiatives were explored in this chapter. The issue of poverty as a consequence of orphanhood was also discussed (The Presidency Situational Analysis of Children’s Document, 2009). The role of social grants, particularly the CSG in addressing poverty was explored. The CSG is the largest and fastest growing social assistance measure in South Africa. Overall the social grant and the social welfare services programme constitute the government’s third largest social investment programme (SASSA, 2011).

As teachers are at the forefront of implementation of OVC programmes in schools, their experiences were discussed as well as their role as lay counsellors. Beyond the call of duty, teachers are tasked with coordinating programmes relating to OVC and HIV/AIDS within schools, formulating HIV/AIDS policies, attending to OVC’s needs (physical, emotional and

psychological) and providing basic counselling as well as making proper referrals. The critical question is: Are they adequately trained and equipped to carry out such duties? This chapter also explored some of the evidence on the evaluation of OVC programmes both locally and abroad. Finally, the theoretical framework outlined in the first chapter, the ecological systems theory, was discussed in detail in this chapter.

Chapter 3 described the methodology employed for this study. The study adopted a qualitative research design located within the social constructivist paradigm, with data collection by means of semi-structured interviews with five groups of respondents: school principals; OVC coordinators in schools; class teachers; OVC caregivers/foster parents and the District OVC Coordinator. The interview questions were specific to a particular group of respondents. The limitations of the study were outlined at the end of this chapter.

Chapter 4 presented and discussed the findings of the study. Under different themes, it emerged that the OVC school programme is not sustainable in its current design. The teachers are overworked within a context of limited resources. As a consequence, the psychological well-being of OVC is not adequately catered for. It was established that although teachers are trained as lay-counsellors, they have classroom duties to attend to and cannot deal with all the psychological and emotional problems confronting OVC. Another limitation is that when a trained lay-counsellor leaves the school, the school can go without one for a couple of years as training for lay-counsellors is not an annual event.

Hence, a multi-sectoral collaboration for the care and support of OVC is required. To realize this goal in development practice, meaningful community participation is required. Emerging findings also suggest that the current OVC school programme is oriented towards the needs of

OVC as opposed to their strengths. Using the ecological systems theory, it was suggested that community-school partnerships should be encouraged. Monitoring and evaluation tools also need to be developed so as to measure the impact made.

The findings further showed that although the OVC programmes are hailed by all those interviewed, their sustainability is at stake because of inconsistencies in the way they are run. Of major concern is the fact that the funding is not granted annually. While the District Coordinator stated that schools which benefit from the programme are funded over a three-year cycle, this does not seem to be the case, as some schools had not received funding since 2010. It was also noted that R12, 000-00 is not sufficient to cater for the needs of OVC, with the respondents suggesting that the amount be increased and be in line with the number of OVC per school.

It was also established that OVC coordinators do not seem to be receiving enough support from the district OVC office. Officials do not visit schools to monitor the programme; the District Coordinator stated that they rely on the credibility of the OVC coordinators in schools. This suggests that the running of the programme is flawed. Furthermore, there is no tool to monitor the OVC school programme.

5.3 Conclusion

The overarching objective of this study was to determine whether the OVC school programme is responsive to the needs of the intended beneficiaries (i.e. OVC) in an effective manner. It is concluded that although schools have strengthened their ability to support OVC, they are not the only centres that offer support services to OVC and the youth. In a resource-constrained environment, the care of children should be primarily vested in their families and communities.

Different and innovative ways need to be explored to strengthen community structures to support the continuum of care and address children's needs.

Generally, the findings reveal that school principals, school OVC coordinators, teachers, and importantly, caregivers are grateful that the programme exists. It is also noted that principals in these schools (including the deputy principal) have been in management positions for long enough to also manage a project of this nature (OVC). However, deeper analysis demonstrates that schools and communities have not yet begun to interrogate the structural inequalities that leave some children more vulnerable to poverty than others. Partially, this is due to the fact that the current OVC school programme is needs-driven and ultimately overlooks the strengths and assets of OVC and their communities. Put differently, the government's Policy Framework for OVC in school programmes is welfare-oriented, thus promotes hand-outs of food parcels and school uniforms, as opposed to empowering communities in OVC sustainability. Using the Ecological Systems Theory as a theoretical framework, it is concluded that schools' OVC programmes alone are not a panacea for development of OVC. To ensure effectiveness and long-term sustainability, schools should collaborate with NGOs and families as they have a track record in caring for and supporting OVC with the relevant experience and skills. Otherwise, the teachers' perceptions will continue to view OVC programmes as another add-on activity resulting in stress and frustration as they have many other responsibilities that they have to contend with.

Regarding the sustainability of the OVC programmes, it is also observed that the current service delivery model is not working effectively. The funding of R12 000 a year is erratic with some schools receiving it as a once-off payment, while other schools receive the funding each year. While it was stated that funding is allocated in a three-year cycle; allocation depends on

functionality and good financial management and high schools are mostly targeted because orphans that are sometimes heads of families attend high school, as well as the fact that high school OVC are subjected to abuse, such as drug and alcohol abuse, and sexual abuse. Although this may be the case, the present situation clearly leaves a lot to be desired insofar as consistency, uniformity and transparency in the management of the programme is concerned. It is observed that project management challenges result in poor service delivery. The Policy Framework for OVC in South Africa (2005) clearly states that “coordination of the effort and expertise of many government departments and developmental agencies and civil society is needed to reach OVC, avoid duplication and ensure optimal use of resources, and further adds that a dedicated coordinated structure for orphans and other children made vulnerable by HIV and AIDS on all levels (national, provincial, district and local) is central to the Policy Framework”.

Once-off financial assistance is linked to once-off training for some schools. This is clearly a major human resource constraint. It was also established that the training and support given to OVC coordinators is a once-off event that was last done when the programme was first introduced. There has been no follow up to ascertain if the teachers that received training are still at the same schools, or even still exist. As alluded to earlier, one OVC coordinator has not received training since she had joined in late, so she relies on the previous coordinator’s records. This is in contrast with the Policy Framework for OVC in South Africa (2005) regarding the training of personnel, wherein it is stated that “each department/ organization shall ensure that human resources employed and involved with orphans and other vulnerable children are sufficiently trained and appropriately skilled for their role/task”. Generally, there are clearly gaps in terms of ongoing support for OVC coordinators by the district office since only one school, the high school, receives this kind of support. While justifications were made

for this situation, poor OVC in primary and high schools are vulnerable, regardless of age. The fact that the school coordinators are committed to helping OVC does not mean that they do not need support and be motivated to do more, especially given the fact that this is beyond their call of duty.

It was also established that although the schools have a government-funded nutrition programme, some OVC still come to school in the morning with empty stomachs, while the food is only available three or four hours later. For the first half of the day that orphan is unable to concentrate because he or she is hungry. This poses a challenge insofar as the amount and specification of funding is concerned, because not all principals are able to secure sponsorships for additional porridge or bread and butter in the morning as in the case of school B.

Due to the lack of an effective system, the psychological and psychosocial well-being of OVC is not efficiently catered for. The study established that some orphans show signs of unresolved issues; some burst out crying in the middle of a class because they miss their parents, while others hallucinate that they see their late parents. Some are also reportedly suicidal (especially at high school) because they cannot cope with the death of their parents. This is cause for concern.

While the appointment of school lay-counsellors is a step in the right direction in addressing the psychological well-being of learners, particularly OVC, it is not enough as OVC require ongoing psychological support because their academic performance is sometimes compromised by their distress. Some of the OVC's psychological problems cannot be addressed by a lay counsellor, but require a professional psychologist. One principal alluded to the fact that more psychologists should be made available for such cases, even if it means

one psychologist for a certain group of schools. Ongoing visits by local social workers would also be beneficial in keeping track of OVC's social needs. The principals and teachers in Ntuzuma would also benefit from the in-school psychological practitioner model adopted in former Model C schools. Currently, teachers in the three schools have to switch between teacher/lay counsellor roles and responsibilities, which can lead to burnout. Some children experience scholastic difficulties which require professional assessment that cannot be performed by a school lay-counsellor.

Moreover, it was evident that caregivers are not well-informed about the OVC programme. One of the guiding principles of the Policy Framework for OVC (2005) is "to ensure that communities and stakeholders, including OVC and their primary caregivers and families, are involved in the planning, decision-making, implementation and monitoring of policies and programmes".

Due to uncertainty around long-term sustainability, school principals are reluctant to keep caregivers and parents informed about how the OVC programme is run, especially in terms of what caregivers should expect, lest they create false hope. In addition, the financial statements for the OVC school programmes are not consistently audited and the programme lacks monitoring and evaluation strategies. In the end, caregivers are informed once funding is available and they are grateful to receive assistance. Clearly, this reinforces earlier assertions that the OVC school programme does not encourage community participation.

The findings illustrate that attempts have been made to turn schools into inclusive centres of care and support for OVC. However, financial and human resource constraints in the structures that support this programme cannot be overlooked. It is against this backdrop that this study

argues for a multi-sectoral approach to the care and support of OVC in schools. As noted in the literature review, local and national NGOs are leading actors in caring for and supporting OVC. Since schools cannot cope with the demands made of them, there is a need for multi-sectoral collaboration between schools and communities to address the needs of OVC. The major challenge in the current structure is that there is no working collaborative partnership between schools and communities. The benefits of such collaboration would include avoiding duplication of services, the sustainability of services in schools and improving the lives of OVC. This multi-sectoral approach is in line with the ecological perspective adopted for this study. Ultimately, it is argued that the cycle of poverty can be eradicated if such projects are run with increased community participation through NGOs that have a proven track record in the field of care and support for OVC. The current system, that depends solely on class teachers and OVC coordinators, whose primary role is teaching and learning, is unrealistic. This study argues that the community is critical in the socialization of children. Schools are not a panacea for development. Rather, they promote a charity model through welfare as opposed to assets-based community development.

It also emerged that there is no proper system to identify and recruit OVC into the school programme. This reinforces the earlier findings that suggest that the current structures that support OVC in school programmes are inadequate. Therefore, it is argued that the identification of OVC should capitalize on local knowledge to promote community ownership. A standard set of criteria for OVC identification could provide guidelines for this process within the national policy framework. It was established that, while some children's parents are both still alive, they are subjected to poverty, while some of the orphans at the school are relatively well off. This suggests that the community is best placed to determine who qualifies as OVC.

It is believed that the findings of the study will make a positive contribution to the growing body of research on projects that work with children in deprived communities.

5.4 Recommendations

- Institutional and community care and support for OVC should not exist in silos. NGOs are in the forefront in a number of OVC projects in communities that can be incorporated in order to strengthen efforts to address OVC's educational needs in schools. Hence, community-school partnerships should be encouraged.
- The current government policy on OVC in school programmes relies heavily on the needs of OVC. Policy reforms are necessary in challenging the status quo since this approach to development is not sustainable. A paradigm shift from the needs-based to assets-based community development is essential. In essence, the school principals, OVC coordinators and caregivers should be encouraged to focus on strengths-based, community-driven approaches to ensure long-term sustainability for the care and support of OVC. Ultimately, interventions such as the OVC school programme need to be sustainable and to improve in order to respond to the declining economic situation, especially in South Africa.
- OVC caregivers should be duly informed of any programme that is running and their role should be clarified in order to strengthen the institution-community partnership. This will help to diffuse confusion about who should or should not benefit from the programme.

- Systems thinking should be promoted in developing the Action Plan for the OVC school programme. This calls for an integrated approach towards achieving quality service delivery through sufficient financial, administrative and human resources. For instance, communication processes and systems need to improve so that principals and OVC coordinators are aware of the criteria used in the following areas: the recruitment process of OVC, the training of OVC coordinators, the selection process of teachers to participate in the programme, management of teaching workloads, the roll-out of funds (with an annual increase suggested), employment of external professional service providers such as psychologists, funds allocated per child, monitoring and evaluation of the OVC school programmes. Ultimately, this will ensure uniformity and consistency in service delivery.
- The DoE must urgently develop criteria with guidelines on how to identify a vulnerable child. While conceptualizations of OVC are well articulated, lack of tools that can be used in actual practice is a major gap in the OVC school programmes. It is therefore recommended that government should develop participatory tools to properly run, monitor and evaluate the programme, as well as tools that can be applied in a community context with the involvement of the community.

In conclusion, these recommendations would assist with the future implementation of OVC programmes. While it is understood that government-funded projects operate within budget constraints, the needs of the child as enshrined in the Constitution should also be taken into consideration in ensuring the sustainability of such worthwhile projects.

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APPENDICES

Appendix 1: Informed Consent

Dear respondent,

My name is Zilungile Mbatha. As my Masters research project at the University of KwaZulu-Natal, School of Community Development, I am studying the effectiveness of the role played by the government and other stakeholders in addressing the educational needs of OVC in schools in the community of Ntuzuma G-section. I would like to engage you with the understanding that you are free to answer or not to answer any of the questions.

You have a right to remain anonymous in this research as your ideas are more important than the declaration of your identity.

You have a right to know what use this research will be put to, and to know those supervising it.

Ms. Nompumelelo Thabethe – Telephone number 031 260 7854

The Declaration

I, hereby confirm that I understand the content of this document and the nature of the research project, and I consent to participate in this research project.

I understand that I am at liberty to withdraw from the project at any time should I so desire.

SIGNATURE OF PARTICIPANT

DATE _____

Appendix 2: Interview Instruments

Interview Questions:

A. Principals of schools

1. Does the school have an OVC program in place? If yes, when was it initiated and why?
2. If yes to 1 above, does the school receive any sponsorship or assistance from the government or any organization?
3. How is the sponsorship utilized?
4. Is the sponsorship or assistance received annually?
5. Is the sponsorship always enough to meet the educational needs of all identified OVC? If no, what shortfall is normally experienced?
6. Are the OVC coordinators well trained to handle the demands of the program as well as balance the needs?
7. How are the psychological needs (if any) of OVC met?
8. How do the Education Department and other stakeholders monitor the OVC program?
9. Is there proper liaison between the OVC guardians and the school? If yes, how?
10. What concerns does the school have regarding meeting the educational needs of OVC?

B. OVC coordinators at school

1. As the OVC coordinator or caregiver in this school, did you receive any training as far as this program is concerned?
2. Is your position as the OVC caregiver in this school voluntary or were you selected? If it is voluntary, would you like to say what inspired you, if you were selected, what was the selection based on?
3. What criteria do you use to identify the children that need to be recipients of this program?
4. As far as you are concerned, do you think the criteria cover all the children that need to benefit in this initiative?
5. Based on your experience as OVC caregiver, what have been the benefits of the program thus far?
6. Are there any problems that you have encountered in the running of the OVC program thus far?
7. Would you say, according to your view, this is a worthwhile initiative or not?
8. As far as you are concerned, are there any improvements that can be done to the OVC program?
9. Do you communicate well with the children's guardians as far as the running of the program is concerned and keep them informed?
10. Are there any concerns that you would wish to raise regarding the OVC program?
11. Are there any other people that you would like me to interview that could give me beneficial information as far as the OVCs are concerned, especially the educators within the school?
12. Are there any specific OVC Guardians that you would wish me to interview as far as the OVCs or OVC program is concerned?

C. Class Teachers/ Educators

1. How many OVCs do you have in your class?
2. Do you have any particular concern about the criteria to select the recipients of OVC program?
3. Do you have any particular concern about the academic performance of any of your OVCs in class?
4. If yes to the above, what could be that particular problem?
5. Have you ever communicated the problem with the OVC guardian or any relevant person, e.g. the School Lay Counselor?
6. As far as you are concerned, is the OVC program a worthwhile initiative that covers all the educational needs of OVC?
7. What do you think could be improved in the program in the future?
8. Do you have any other concerns that you have with regards to the OVC program?

D. OVC Caregivers/ Guardians/ Foster parents

1. Do you have any children that are in your care that attend this school? If yes, how many are there?
2. Would you want to tell me about your relationship to the afore-mentioned child/children?
3. How long have you been living with this/these children?
4. Your child /children has /have been identified as one of the beneficiary/ beneficiaries of the OVC program in this school. Do you have an understanding of what the purpose and the benefits of this program are?
5. Since this program started running, what have been the benefits to your child/ children thus far?

6. Do/does the child/children has/have any access to social grant or any other financial aid?
7. Would you like to tell me more about the benefits or the problems and/or hindrances encountered above?
8. As far as you are concerned, is the OVC program a worthwhile initiative? What are your views on this?
9. Do you think there is any improvement that can be done to the program?

E. District OVC Coordinator

SECTION A

NAME OF RESPONDENT

.....(if possible)

AGE :(if possible)

RANK:

NUMBER OF YEARS IN POSITION:

SECTION B

1. What role does the Department play regarding the OVC in schools?
2. In which year was the OVC project initiated?
3. What was the rationale behind the initiation of such a programme?
4. Does the Department have any organogram of portfolios with regards to this programme?
How is it structured?
5. What is your position in this organogram?

SECTION C

1. How is the programme funded?
2. What is the allocation of schools in this funding?
3. Which criteria are used in identifying schools that will benefit from this funding?
4. How often do schools receive such funding? and would you say this allocation is uniform to all schools which have this programme? if not, why is it not uniform?
5. Are there any specific reasons why some schools receive priority over others with regard to the funding of the programme?
6. Are there any specifications that are laid out regarding the utilization of the funding?
7. Does the funding increase annually or does it remain the same over the years?

Why?

SECTION D

1. How does the Department identify OVC coordinators in schools?
2. What programme does the Department have in place to ensure that the above coordinators are properly trained to run the programme efficiently in schools?
3. Who is responsible for the training of the OVC coordinators in schools?
4. How often are the school OVC coordinators trained to ensure continuity and efficiency in the running of the programme?
5. Do they receive continuous support in schools to ensure that they do not lose confidence in running the programme?

SECTION E

1. How is the programme monitored in schools to ensure that it runs efficiently? How often?
2. Do the District monitors have a database of OVC in all the schools under their care?

When monitoring, do the District monitors give themselves time to meet with the OVC in order to check if they exist and give support thereto?

3. How are the funds audited in schools?

What measures are in place to ensure that the funding reaches all the targeted recipients? Besides funding, what other support is given to the OVC programme?

How are the psychological needs of OVC met? Are there any concerns, or recommendations that you would like raise regarding the programme in general?

Is there any target period that the Department have in rolling out such a programme?

THANK YOU FOR YOUR TIME