

**Addressing educational and pastoral needs of vulnerable children in the
Ethekwini Region: A case study of two drop-in sites**

By

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DECLARATION

This dissertation is my own work. It has not been submitted for degree purposes at any other university. All the sources used or quoted have been indicated and acknowledged by references.

Zabalaza Richard Mahlase

Signed :.....

Date :.....28 - 03 - 2008

DEDICATION

To Zamokuhle and Hlomula, my beloved children and to Nompumelelo, Fo, my friend and wife.

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ABSTRACT

This study presents the findings of a qualitative case study research to explore and describe the experiences of drop-in site personnel in the provisioning of pastoral and educational care to orphaned and vulnerable children. It also investigates and documents the experiences of orphaned and vulnerable children in receiving pastoral and educational care. It is hoped that lessons learnt from this study could be replicated in other areas engulfed with poverty and HIV/AIDS. To achieve the objectives of the study, a qualitative, descriptive and contextual research design was chosen.

Data presented were collected during individual and focus-group interviews with 21 drop-in site personnel and 4 orphaned and vulnerable children in two drop-in sites in eThekweni Region which is one of the 12 Regions in KwaZulu-Natal Province. The results will show that drop-in sites are not expensive to establish, operate, manage and are a sustainable alternative of caring and supporting vulnerable children and orphans in a local community by local citizens. Drop-in sites' maximum functionality in ensuring that vulnerable children and orphans access basic education hinges on the strengthening of collaborative working relationships among various stakeholders in and outside government.

List of Acronyms and Abbreviations

| | |
|---------------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| CBO | Community Based Organization |
| DoA | Department of Agriculture |
| DoE | Department of Education |
| DoH | Department of Health |
| DoHA | Department of Home Affairs |
| DoJ | Department of Justice |
| DoWPD | Department of Welfare and Population Development |
| E.C.D. | Early Childhood Development |
| FBO | Faith Based Organization |
| HIV | Human Immune Virus |
| NGO | Non-Governmental Organization |
| NIP | National Integrated Plan |
| S.A. | Republic of South Africa |
| SASA | South African Schools Act |

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CHAPTER ONE

Introduction to the study

1.1 Introduction

...a complex and dynamic relationship exists between the learner, the centre of learning, the broader education system and the social, political and economic context of which they are all part and parcel. All these components play a key role in whether effective learning and development takes place. When a problem exists in one of these areas it impacts on the learning process, causing learning breakdown or exclusion (Department of Education, 1997: 12).

The report of the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) published by the Department of Education (DoE, 1997) highlights the existence of ten key barriers to learning and development in the South African education system. Barriers to learning are learning needs that can arise from numerous factors, causing learning breakdown and/or exclusion if not addressed.

This study focused on one of these barriers, the presence of factors that place learners at risk. Some of these factors are different forms of child abuse, civil war or political violence, and epidemics like HIV/AIDS. Southern Africa has been hardest hit by the AIDS pandemic. Schonteich (2000:61) predicts that nearly one million South African children under the age of 15 would have lost their mothers by 2005. As a result of the envisaged increase in children who are orphaned and vulnerable, he cautions that crime is likely to increase as these children grow up without parental support and supervision. This prediction is reiterated by Guest (2001: 12) who argues that without proper

interventions, some orphans are at risk of becoming vulnerable and volatile adults, as many will learn to survive through theft or prostitution.

Such a state of affairs is likely to result in numerous barriers to learning and development for the vulnerable children, and, because of anticipated numbers, drastic measures need to be put in place to minimize the impact of factors that place learners at risk. The establishment of the National Integrated Plan Site (drop-in sites) is the government's response to this learning and development barrier. Drop-in sites are located within communities where volunteers and professional staff take care of children who are orphaned and/or vulnerable, addressing their physical, emotional and educational needs. This concept will be discussed further in chapter two.

1.2 Background to the study

In the South African education context, children are confronted with numerous barriers to learning and development (DoE, 1997). Some of the key barriers highlighted arise from socio-economic factors, negative attitudes, disability, shortage of teaching and learning resources, and the impact of HIV/AIDS on family life. In poorer communities, for example, the rate of unemployment seems higher than in middle class communities, and research has shown that in these communities, the incidence of HIV/AIDS infection is higher because poverty has been viewed as a major cause of the spread of HIV/AIDS in South Africa (Mandela, 1994:45).

Schonteich (2000:61) states that South Africa (S.A.) has high HIV/AIDS prevalence rates in Sub-Saharan Africa. A year earlier, Halkett (1999:10) had predicted that by the year 2010 there will be 2 635 205 vulnerable and orphaned children in the Republic of South Africa. In view of these and other similar predictions, it is understandable why this country is currently faced with the reality of increasing numbers of orphans and vulnerable children affected and/or infected with HIV/AIDS (Uys & Cameron, 2003:175).

This pandemic affects orphaned and vulnerable children academically, socially, emotionally, physically, and economically thus impacting negatively on their overall development. In the classroom, the impact of poverty coupled with HIV/AIDS is evident in the poor performance of affected learners (Moletsane, 2003:9). In the event that parents or significant others die as a result of HIV/AIDS related illnesses, tremendous pressure is placed on orphans and schools. For example, the responsibility of care and social implications of HIV tend to fall on orphaned children and the elderly. In most cases, HIV orphaned households tend to live in abject poverty and children from these households are often removed from school (Moletsane, 2003:8-9).

It is worth noting that the high HIV prevalence in South Africa renders traditional models of care incapable of absorbing additional surrogate children, hence the conclusion reached by Mwase (2000:23) and Nattrass (2004:189) that HIV/AIDS is a public health crisis in South Africa. As a result, several alternative models of care have become available to communities with children who are vulnerable in South Africa and their effectiveness in addressing barriers to learning and development is promising to bear

positive results. Guest (2001:12) asserts that the best alternative is one that strives to keep orphaned and vulnerable children within the community of their origin and also keeps siblings together. This is what drop-in sites attempt to do. This study hopes to establish the drop-in site's effectiveness in meeting the pastoral and educational needs of orphaned and vulnerable children.

The HIV/AIDS pandemic places tremendous pressure on communities to curb its spread because it kills young productive adults. The death of parents negatively impacts on children in numerous ways, particularly the perpetuation of child labour, child abuse, school dropout and crime (Moletsane, 2003: 10-11). The prolonged sickness of the breadwinner, especially economically young adults, puts poor South African households into dire poverty because it diverts scarce resources away from education to medical expenses. Secondly, it forces millions of orphans into the world of work prematurely (Mwase, 2000: 24). In addition, educators who are constantly in contact with these vulnerable learners lose hope and their morale takes a dip because they are overwhelmed by the magnitude of the problems their learners face, particularly because some of them (teachers) also face similar challenges in their private lives. As a result, the quality and quantity of teaching and learning is compromised in classrooms (Mwase, 2000: 24).

1.3 The study

This study investigated the experiences of drop-in sites' personnel in addressing the pastoral and educational needs of vulnerable children. It also investigated learners' experiences of this service. The research study was undertaken at two drop in sites,

Sizani, located at Hlomula Village in Stanger and Bakithi, located at KwaShwi informal settlement which is in the urban fringe of Durban. Hlomula village has more than 14 schools in its area whilst KwaShwi has 25. Both settlements have high population density and unemployment is evident in these areas. The main difference between the two areas of study is that Hlomula settlement is typically rural whilst KwaShwi is an informal settlement.

The purpose of this study was to explore and describe how pastoral and educational needs of orphaned and vulnerable children are met at these sites. Generally, it is important that children's needs are met in order to develop their full potential to adulthood. The need is even greater when they are vulnerable (Uys & Cameron, 2003:180). If any of the basic needs remain unmet or partially met, development is likely to be stunted or distorted (Halkett, 1999:34). It is in this vein that Urassa and Boema (1997) argue that the best way to care for vulnerable and orphaned children is to support and strengthen existing coping strategies already in place in their communities so that they are not separated from their siblings and their roots.

Failure to address these needs is likely to push children out of school in search of fulfillment elsewhere. What is of concern is evidence to the fact that children who drop out of school as a result of poverty and HIV/AIDS related learning barriers tend to be associated with theft, crime, prostitution and child labour (Chirambo & Ceasar, 2003:23; Santrock, 2007: 538-539). These practices can have serious and detrimental consequences; therefore, everything possible needs to be done to protect affected children from them. This study sought to investigate how drop-in sites in these communities

intervene in ensuring that HIV affected and infected children are supported to gain full benefits of education and to steer them away from social ills like those mentioned above.

1.4 Rationale for the study

My interest in the study arose from my association with Life Orientation educators and through networking with the National Integrated Plan (NIP) stakeholders: the Departments of Health (DoH), Agriculture (DoA), Welfare and Population Development (DoWPD) and Home Affairs (DoHA). This network exposed me to the role of these departments in addressing the plight of orphaned and vulnerable children in HIV/AIDS contexts. I was then introduced to the government's intervention strategy of bringing relief to these children. The government came up with the drop-in site concept where local, orphaned, and vulnerable children's pastoral and educational needs are catered for within their environment.

Secondly, as Life Skills/HIV/AIDS co-coordinator, I work very closely with schools, teachers and communities in attempting to combat the spread of HIV/AIDS amongst school going children. This is done through empowering learners and educators with Life Skills through a Life Skills HIV/AIDS Based Education Program. When I identified the link between my work and that of the government through various departments, I became interested to know the extent to which the needs of affected and vulnerable children are met through this model of care.

1.5 Problem statement

The academic, social, emotional and physical development of children depends on the proper provisioning of their basic needs. The family's inability to provide basic needs affects the holistic development of children. According to Chirambo and Ceasar (2003), failure to cater for academic, pastoral, social, emotional and physical development needs of children is likely to lead to high rate of school dropouts, street children, and crime. This, ultimately, can dent the economy of a country.

One of the functions of the drop-in site is to respond to the above-stated problem. These sites mobilize the community to take care of orphaned and vulnerable children. In addition, some members of the drop-in site personnel visit local families to attend to the sick and to identify vulnerable children who deserve social grants.

1.5.1 The research question

This investigation's objective was to explore, describe and explain the experiences of the drop-in site staff in the provisioning and the receiving of pastoral and educational needs by orphaned and vulnerable children in the context of HIV prevalence.

Primarily, the study sought to answer the following research question:

- What are the experiences of the personnel in addressing the educational and pastoral needs of the children who come to the drop- in site?

1.6 Objectives of the study

The research study had a primary and a secondary objective. Primarily it sought to explore, describe and explain how purposively identified drop-in site personnel and vulnerable children that come to the site experience their lives in terms of providing and receiving pastoral and educational needs. The secondary objective was to gather relevant information and practices learnt in these sites for possible replication in other areas engulfed with poverty and HIV/AIDS.

1.7 Theoretical frameworks

This investigation was premised on the Systems and the Social Constructivist theoretical frameworks. These theoretical frameworks enabled the researcher to describe and explain human developmental issues like learning experiences and motivation (Richter, Monegold and Pather 2004:1).

1.7.1 Social Constructivist Perspective

Social constructivist theory was applied to deconstruct versions of reality. This enabled the researcher to explain how facts can be constructed to explain how fundamental presuppositions are established and replaced (Velody & Williams, 1998:112). Through this theoretical framework, this study sought to investigate the meaning people attribute to caring and the ways and means used to sustain caring networks designed to provide material, spiritual, psychological, pastoral and educational needs of children who are orphaned and vulnerable.

1.7.2 Systems Theory

The systems theoretical perspective demonstrated that developmental processes take place in a particular context. This framework was chosen to highlight that HIV/AIDS is not a problem of an individual orphaned or vulnerable child, but is a problem affecting various social systems. In the case of this study those affected are the children who are infected and/or affected, their families, and their communities. The systems theoretical perspective looks at how various community structures interact in addressing eminent problems (Meyer, Moore_& Viljoen, and 2003:472). Secondly, this framework was used to highlight the link between different sub-systems that the affected learner operates within, that is, home, school, and community and how disturbances in one area affects their functioning in other areas. Lastly, the framework was useful in highlighting collaboration or lack thereof amongst the numerous departments, NGOs, CBOs, and FBOs in addressing the needs of affected and vulnerable children.

1.8 Research design and methodology

A qualitative, explorative and descriptive research design was used (De Vos, 2000:339-342). Qualitative methodology was ideal for exploring and describing how a purposefully selected number of participants experienced their lives within the drop-in sites. Sherman, (1988:7) further comments that ‘qualitative’ research implies:

...a direct concern with experience as it is ‘lived’ or ‘felt’ or undergone.

This study sought to explore and describe the experiences of drop-in site personnel in providing educational and pastoral needs to orphaned and vulnerable children. Second, it explored and described the experiences of vulnerable children and orphans served in the drop-in sites erected in HIV/AIDS environment. Children’ experiences were probed to

verify the personnels' views. The proposal was authorized on condition that the voices and experiences of orphaned and vulnerable children would be probed. A qualitative methodology was selected to bring insight into the participants' experience of the world around them.

The phenomenological and the case study strategies were used to enhance the understanding of lived experiences of the participants. A case study is defined as a detailed, intensive research investigation confined to a single case in context or limited number of units, such as individuals, a group or institutions (Robson, 2002:89 ; Welman and Kruger, 2001:182; Mouton, 2001:149-150; Meyer, et al, 2003:85). The case study was preferred because it provided an in-depth description of a small number of participants in their context Robson (2002:89-90).

De Vos et al (2002:268) assert that:

The phenomenological study is a general description of the phenomenon as seen through the eyes of people who have experienced it at first hand.

The phenomenological strategy afforded the researcher an opportunity to interact, interpret and describe the experiences of the phenomenon (drop-in site, the provisioning and the receiving of pastoral and educational needs) without being judgmental and free from pre-conceived hypothesis (Terre Blanche & Durrheim, 1999:6). The case study was ideal because it enabled the researcher to explore two unique cases at a given time in space.

1.8.1 Data collection and analysis

The data collection technique employed was unstructured one to one interviews schedule, focus group interviews and observations (Appendix D). Greeff (2002: 292) states that interviews are story-telling processes where the involved parties actively engage in a meaning making process. To facilitate meaning making, open-ended questions were asked and probing was used as, and when necessary. Greeff, (2002:302-303) asserts that an open-ended question allows participants to express themselves freely. Interviews were preferred over other data collection methods because they are neither expensive nor time consuming (De Vos, et al. 2000:334-336; Isaac & Michael, 1990:190-196). The purpose was to explore and describe the experiences of the drop in site personnel in coping with the educational and the pastoral care of the children who come to the drop-in site.

To analyze data, Tesch's descriptive analysis technique (Creswell, 1994:154-155) was used. Units of meanings were identified, three central themes emerged.

1.9 Ethical considerations

To satisfy ethical requirements, letters seeking permission to do research were written to the Ethekeini Regional Chief Director of Department of Education and the managers of the drop-in sites (**Appendix A**). Both managers were approached individually, and the purpose of the study was explained to them and they both agreed to take part in the study. All participants (personnel guardians of four children) were then asked to sign letters of informed consent (**Appendix B1 for children and B2 for personnel**). This strengthened the trustworthy relationship between the researcher and the participants.

The researcher believes that the confidentiality and anonymity clause discussed with all participants put them at ease, and that, in a way, it ensured that the data generated was accurate and reliable (Strydom, 2002:283). In addition, to satisfy the University's research requirements, ethical clearance was sought from the University of KwaZulu-Natal's Research Office and it was granted when all relevant requirements were satisfied (**Appendix C**).

1.10 Limitations of the study

Drop-in sites are governed by different departments with various administrative protocols; hence gaining entry to two drop-in sites was a daunting task. The researcher was pushed from pillar to post, as a result, contact time with the two centres was reduced. The distance from my place of domicile to both sites was expensive and torturous, the farthest drop-in site being 80km away. This also reduced the number of times contact was made. University ethics committee took its time to respond to my ethics clearance application which also delayed data collection.

1.11 Structure of the dissertation

There are five chapters altogether in this dissertation.

Chapter One has introduced the study, provided the rationale, problem statement, main questions and objectives of the research study. **Chapter Two** discusses the literature reviewed, particularly the impact of HIV/AIDS in the development of orphaned and vulnerable children. Various models of care and support are discussed as well as the two theoretical frameworks; the Systems theory and the Social Constructivist theory.

Chapter Three deals with the research design and methodology, sampling procedure,

data collection tools, data analysis and ethical issues. **Chapter Four** discusses results, analysis and interpretation of data and the recontextualization of findings. **Chapter Five** concludes the discussions and provides recommendations.

CHAPTER TWO

Literature review

2.1 Introduction

The literature reviewed shows that there are a number of barriers to learning and development that children face. If these barriers remain unaddressed, learning breakdown will result, leading to exclusion of affected learners from attaining basic education. One of these barriers is the impact of HIV/AIDS which continues to affect and/or infect many school-age young people in South Africa and has a negative impact on their chances to succeed at school. In response to the HIV/AIDS pandemic, literature has revealed that numerous models of care are available in communities, models designed to provide some support to children affected by poverty and HIV/AIDS. Some of the models of care popular in the African contexts are discussed in section 2.2.3.5 below. An attempt is also made to unpack some of the terminology used in this research report in section 2.4

2.2 Barriers to learning

Ten key barriers to learning and development were identified by the NCESS and NCSNET in the South African education context (DoE, 1997). Barriers to learning embrace all factors that hinder the process of learning and development from taking place. In this document, it is acknowledged that these barriers could reside within the learner, in the institutions of learning (schools), in the education system or within the broader social, economic and political contexts. Some barriers are permanent, some are transitory, some are intrinsic and some are extrinsic and they can manifest at any opportune time (Ntombela, 2006:108).

These barriers include negative attitudes, inflexible curriculum, inaccessible institutions, inappropriate and inadequate support services, lack of enabling and protective legislation and policy, lack of parental recognition and involvement, disability and lack of human resources and development (DoE, 1997). Barriers are not visible until it is too late (Ramphal & Ramphal, 2002:246) as they become visible when the learner experiences a learning problem or when the learner drops out of school or is excluded (DoE, 1997:12). It is, therefore, important that all stakeholders in education remain vigilant to the existence of barriers and do everything possible to remove them or to reduce their impact.

Poverty is a serious barrier to learning, development and participation (DoE, 1997; 2001). Its seriousness stems from the fact that it cannot be easily addressed by schools and their communities as it is often tied up with the economy of the country. However, if unaddressed, it can seriously compromise learners' opportunities to stay at school; and, if they stay on, it can negatively affect their performance academically and socially. The policy of Inclusive Education adopted in 2001, is concerned about uncovering such barriers to learning. The policy intends to eradicate or minimize the negative impact of barriers to learning. The removal of barriers to learning will increase learners' access to, and participation in, the curricula and culture of schools (Ntombela, 2006).

Most children affected by HIV/AIDS are from poor households and this group is likely to drop out of school before acquiring skills necessary to make a worthwhile living. Many of the affected children lack skills because their parents or guardians (affected by HIV and/or poverty) cannot transfer survival skills to their children due to lack of parenting and coping skills (Uys & Cameron, 2003:187). More often than not, these children are looked after by elderly surrogate parents who keep them out of school because schools

are seen to have no relevance in improving the standard of living (Moletsane, 2003:9). In most cases, parents or guardians also want children to help them with household chores like caring for the sick (Moletsane, 2003:11). The impact of these practices on the children's chances to make a decent living in future is negative and irreversible; hence the introduction of drop-in sites to provide affected children with necessary support to stay at school.

2.2.1 Impact of poverty and HIV/AIDS on education

The HIV/AIDS pandemic has put tremendous strain on the present system of education and it is clear that without support from other systems, particularly communities, schools will not be able to adequately support learners and meet their educational needs. As a result, alternative, non-traditional models of care are needed to deal with the impact of the HI virus. Particularly, community based care models are necessary to forge links with schools in order to reduce children's chances of dropping out of school.

This problem is not unique to South Africa. For example, other countries have developed models of care that are unique to their context like Zimbabwe, Malawi and Tanzania (Halkett, 1999:57-60; Whiteside, 1998:127). Another example is a community based model used in South America targeting street children which provide them with literacy, numeracy, and life skills education linked to income generating projects (Richter et al. 2004:29). This model is reported to have managed to imbue children who are vulnerable with life skills and hence reduced HIV infection rates and raised standards of hygiene amongst street children (Richter et al. 2004:29).

In KwaZulu-Natal some communities have started what is called the Drop-in Site community based initiative which incorporates early childhood development and home-based care (DoSD, 2001:4). The drop-in site community based model is supported by the Department of Health and the Department of Welfare and Population Development through paying staff salaries, site administration and maintenance. This province had 26 fully fledged drop-in sites in 2003 and these have increased to 45 by 2006. Drop-in sites are easy to manage and are not threatened by problems of sustainability and jealousy as noted in other models of care (see pages 24-25). Although this model emerged in response to the HIV/AIDS pandemic, meant to address physiological needs, it is also playing a critical role in addressing educational and pastoral needs of affected and infected children (DoSD, 2001:6).

Richter et al. (2004:28) assert that elderly caregivers withdraw HIV/AIDS orphans from school because, in their ignorance, they do not see the benefit of schooling. This practice constitutes a serious barrier to learning to the children affected. It is in response to such beliefs that the Life Skills HIV/AIDS component of the Department of Education jointly conducts HIV/AIDS Awareness Campaigns with various sister departments such as DoH, DoWPD, SAPS, and the DoA. Through these campaigns, parents, guardians, and grandparents are made aware of the interventions the government has put forward to make sure that all children receive basic education. The above claims are evidence that socio-economic, negative attitudes and an inflexible curriculum in particular exclude many learners from obtaining basic education (Jackson, 2002:304). According to Rose (2002:30) a flexible curriculum ensures that all pupils participate fully in learning for as much of the time as it is possible.

According to the Department of Education (1997:16) an inflexible curriculum does not provide learners with necessary materials or equipment needed for learning to take place. This was also observed by Jackson (2002:306). Moletsane (2003:11-12) further alleges that the curriculum is not adjusted to deal with sexuality education, life skills and HIV/AIDS matters in schools. Mandela (1994:11) also identified a critical loophole that HIV/AIDS education programmes and the curriculum have been lacking in recognizing traditional and cultural beliefs.

The introduction of Life Skills HIV/AIDS component in 1999 effectively addressed sensitive issues through engaging in massive HIV/AIDS Awareness Campaigns designed to capacitate principals, SMTs, SGBs, traditional leadership, traditional healers, various religious fraternities, NGOs, and CBOs. These campaigns were designed to generate negotiations and healthy debates around the significance of integrating HIV/AIDS content; sexuality education, life skills and counseling into the curriculum. The Revised National Curriculum Statements introduced by the Department of Education in 2003 was an attempt to bring about changes in the teaching and assessment of various subjects including Life skills and HIV intervention programmes in the General Education Band (grades R – 9).

The Department for International Development (2001:24) argues that education is a basic HIV/AIDS prevention tool. Implied is that without attaining adequate education levels, affected children are at greater risk of abuse and of contracting HIV/AIDS. Therefore it is incumbent upon the Department of Education in particular to ensure that the curriculum is relevant and meaningful to the needs and aspirations of learners, parents, economic sector and to the community at large. Richter et al (2004:28) further acknowledges that:

There is a well established correlation between education attainment and safer sex behaviour, which can translate into lower rates of new infections.

Jackson (2002:123) asserts that girls lack negotiating skills and strength or power to avoid forced sexual intercourse. In addition, girls' economic dependence on men makes it extremely difficult for them to negotiate the use of condoms in transactional sex.

Buthelezi (2003:30) concurs, adding that the dominant social group dictates how the subordinate group should behave. For instance, in transactional sex, males determine the use of condoms and time for engaging in sexual activity. She argues that girls engage in sexual activity to please males and to survive in a relationship. She further claims that failure of the Department to address power and gender relations between males and females exacerbates the exclusion of girls and women in the fight against HIV infections (Buthelezi, 2003). It is probably in response to these and other similar observations that the Department of Education has moved to address gender and power relations and to reduce the scourge of HIV infections through Life Skills HIV/AIDS programme.

According to Jackson (2002:122), about 50-60 percent of infected people in Sub-Saharan Africa is between 15 and 25 years, are entering the sexually active age range and are in schools. Schools are a transformative force in social and economic terms. Schools are primary agents in combating and de-escalating HIV infections because educator stock has a unique opportunity to influence children's ideas about sexuality and relationships (DoE, 2002:5). The aim of the education system, then, should be to imbue learners with life skills and sexuality education before they are sexually active. According to Jackson (2002:129), the aim of introducing life skills HIV/AIDS education in schools is twofold: to delay the start of sexual activity and to maintain healthy behaviour. Jackson

(2002:124-125), citing Verkuhl (1998), argues that the control and repressive approaches are two basic ways that can be used to teach youth about the scourge of HIV/ AIDS infections. The Life skills component is using repressive approach because it is the best in keeping youth safe from contracting HIV infections. Learners are given age appropriate sexuality education and HIV/AIDS related content and support. Training contains topics dealing with personal empowerment, self-esteem for females and males, personal responsibility, capacity building and opportunities for informed personal decision-making.

2.2.2 Addressing poverty and HIV/AIDS at school level

In 1999 the South African education system declared National Policy on HIV/AIDS for learners/students and Educators in public schools, in Further Education, and Training Institutions. It also established principled position and implementable frameworks within which school managers and educators can work. Life skills District coordinators were trained and they used cascading training model to train educators and managers to act as proactive and honest role models and campaigners in HIV/AIDS education. Through Life Skills HIV/AIDS Based Education Programme, Life Orientation Educators (LOE) were empowered to prohibit sexual exploitation of learners through the introduction of School HIV/AIDS Policy, teaching of and enforcing universal precautions and children's rights. Age appropriate materials and teaching aids were introduced (including gender and sexuality education) to effectively address issues that educators and parents found difficulty to communicate to learners (DoE, 2002:5-6). HIV/AIDS advocacy campaigns were done by the Life Skills coordinators to involve parents and the community in the fight against HIV infections. The HIV/AIDS content is integrated into the curriculum (NCS) to ensure that every learner benefits from the programme. The National Integrated

Plan (NIP) is compelling various departments (DoE, DoWPD, DoH and DoEA) and NGOs to integrate their skills and resources in the concerted fight against HIV infections (<http://www.und.ac.za/und/heard>).

The Life Skills component introduced in 1999 is responsible for the training of Life Orientation Educators and learners in General and Training (GET) in particular. These teachers are trained on life skills, HIV/AIDS content; sexuality education, formulation and enforcement of HIV/AIDS Policy in schools, training of educators on Care and Support Programmes for infected and affected learners, training of Soul Buddyz Clubs in primary schools, training of Peer Educators in secondary schools and training of educators as lay counselors in schools. (For Life Skills programmes and resources refer to **appendix D**).

Louw, Edwards and Orr (2000:80) assert that it is in the classroom that the most support can be given to learners who are in distress. Life Skills coordinators train educators on skills pertinent to caring and supporting learners with regards to social and emotional, physical and academic support. This intervention equips trained educators to alleviate learners and their fellow educators from stress and create healthy learning and teaching environments conducive for the provision and receiving of pastoral and educational needs. Educators trained in Care and Support Programmes are expected to follow practical guidelines in their intervention, for instance, teachers need to assure learners that they (teachers) are available if learners want to talk, communicate in a sensitive manner, establish a relationship of trust, build positive self-esteem by giving honest positive feedback, making opportunities for creative self-expression through art or drama (assist learners to express their feelings in an assertive manner), adhering to

confidentiality principle, involving stakeholders in supporting and establishing learner, according to well-being Labuschagne (1998) in (Louw et al. 2000:80). These guidelines are used in conjunction with universal precautions (**see appendix E**). Educators are also encouraged to impart HIV/AIDS related information and sexuality matters that are age appropriate in a sensitive manner (ibid). The training of educators, principals, SMTs, SGBs and learners is strictly conducted in accordance with the dictates of the HIV/AIDS Policy for South African Schools of 1996.

The spread of HIV to children under the age 15 has expanded the role of educators to being caregivers, mentors, pastors, counselors and community facilitators hence teachers need training and support to cope with increased numbers of vulnerable children and students with special needs. They should also encourage supportive attitudes among other students (Jackson, 2002:306).

Trained LO educators are able to play the above-mentioned roles in sensitizing and in supporting their colleagues and learners regarding sexuality education and reproductive health. Therefore skills gained from training assist in changing schools into centres of care and support. To ensure that orphaned and vulnerable learners are catered for in the curriculum and in the present system of education, the Department of Education has promulgated various policies to create enabling environments for learning for all children. Some of these policies are the South African Constitution, the South African Schools Act and the National Policy on HIV/AIDS, Inclusive Education and the Primary School Nutrition Programmes are some of the interventions the Department of Education is currently using to make sure that pastoral and educational needs of learners are met.

It is imperative that orphaned and vulnerable children are kept at school by improving access to education and through rendering necessary support to make sure that they attain basic education. I do not doubt that the introduction of School Nutrition programme has played an influential role in retaining primary school learners. However, I am concerned about secondary school learners who are not fed. I am further concerned about school referral system. According to Jackson (2002:305) schools should have structured referral systems in order to involve the expertise of stakeholders at opportune intervals. Such stakeholders are social workers, nurses, and NGOs to mention a few. Schools will never succeed in winning the battle against HIV/AIDS infections if they do not involve other stakeholders. Lastly the curriculum should be flexible enough to accommodate learners that have problems of attending schools during the day or regularly. Attaching preschool programmes to all junior primary schools and the introduction of platoon system can be an alternative strategy to accommodate learners who are caregivers during the day whilst parents are at work. Increased opportunities to learn, hopefully, will enable them to make well informed decisions regarding sexuality matters and career choices, improve their opportunities of attaining skills that are likely to open avenues for better future.

Attending to the educational and pastoral needs of all learners whether orphaned and vulnerable or not cannot be solely left to the Department of Education only. However this department has a major task to play in teaching basic knowledge and life skills to learners, to develop their potential, and to help them become responsible citizens. This research acknowledges that the existence and the sustenance of drop-in sites are dependent on the partnership among the Department of Health, Department of Social Welfare and Population Development and the Department of Education. Cooperation

between these departments and NGOs facilitates the reduction of barriers to learning and provides enabling school environment for the provision of pastoral and educational needs of all learners in schools.

The major aim of the Department of Education is to prevent the spread of HIV infection and to care for the infected and affected learners. It intends to achieve this aim by encouraging the following objectives amongst learners and educators; chastity (abstinence), fidelity (be faithful) and proper use of condoms or character building (Jackson, 2002:141). The emphasis is on abstinence and caring for the affected and infected learners. The Department of Education of the post apartheid era is aware of a multitude of barriers that exclude learners from attaining useful knowledge and skills hence the introduction of Education White Paper 6 (DoE, 2001), Primary School Nutrition Programme and Life Skill HIV/AIDS Based Education Programme. The introduction of Inclusive Education Policy of 2001 has helped managers and educators of all grades to identify barriers to learning and it also gives guidelines for educators to intervene at an opportune time. Inclusive Education Policy (DoE, 2001) spells out how educators will be trained in establishing Institutional Level Support Teams also known as School Based Support Teams which will be viable vehicles for identifying orphaned and vulnerable children in all schools. Institutional Level Support Teams will be given guidelines pertaining to referring and supporting vulnerable learners. This will ensure that the Department of Education is able to identify and proactively address barriers to learning and development.

It is the duty of the Department of Education to make youth aware of the dehumanizing consequences of HIV and therefore imbue youth with knowledge, skills, values and

attitudes that will assist learners to make healthy behaviour choices. The Department of Education has resources and the capacity to reach youth at their early age, when they are in their formative years. At this stage the Department of Education can gainfully teach young people life skills which will prevent the transmission and the spread of HIV and other diseases.

Poverty and underdevelopment are crucial factors placing learners at risk. These barriers manifest themselves when vulnerable learners do not have access to basic services. The Department of Education (DoE, 1997:12-15) cites these as major barriers responsible for the exclusion of orphaned and vulnerable children from benefiting from education, thus perpetuating the cycle of poverty. The post Apartheid Department of Education has developed a host of policies and programmes designed to identify and address learning barriers to learning.

Poverty and underdevelopment barriers have a sustained negative impact on learners. Such barriers are illnesses, absenteeism, depression, stunted growth and eventually withdrawal from school or drop out (DoE, 1997:12-13). The Department of Education's response to these barriers is by enforcing the provisioning of basic needs and rights of children as entrenched in the South African Constitution by not denying the infected or affected learner his or her right to be admitted in schools. The South African Schools Act of 1996 categorically states that learners whose parents cannot afford to pay school fees must not be expelled from school.

The introduction of the Life Skills HIV/AIDS component in the Department of Education was one of many positive responses to address the provisioning of educational and

pastoral needs of orphaned and vulnerable learners. These interventions respond to the barriers to learning like attitudes (stigma), factors which place learners at risk (substance abuse, emotional and sexual abuse, exposure to violence) and inflexible curriculum (DoE, 1997:12-15).

2.2.3 Addressing these barriers at community level

South Africa has orphans just like any other country. Halkett (1999: 10) argues that between 1990 and 2000, HIV infections increased by 75%. It is estimated that by the year 2010 there will be 25 million orphaned children globally and South Africa is likely to have about 10.3 million orphans by then (Uys & Cameron, 2003: 174). These figures suggest that there is a need for the state to intervene by providing resources (physical and human capital) with immediate effect. Mankahlana, the 2000 South Africa's presidential spokesperson, was quoted in the Electronic Mail and Guardian arguing that:

The mother is going to die and that HIV negative child will be an orphan. That child must be brought up, who is going to bring that child up. ... (Nattrass, 2004: 79).

Providing Nevirapine to pregnant mothers and the delivery of a baby through caesarian birth techniques save children born to HIV positive mothers, but the death of HIV positive mother who has delivered a child adds to the increasing number of orphans who will need government intervention to provide for their pastoral and educational needs.

In the absence of parents, it is the responsibility of the state to supply orphaned and vulnerable households with human resources to attend to socialization challenges and provide capital resources to take care of physical, spiritual, emotional, pastoral and

educational needs of orphans. There are currently five models of care operational in South Africa, namely, the traditional extended family, adoption, foster care, residential care, and the community based model of care. Not all five models of care are available to all communities. The existence of each model depends on the needs of a specific community. For example, the adoption, foster and residential models are not favoured as they often fail to keep siblings together.

These models will be discussed briefly, but the community based model of care will be discussed more in depth.

2.2.3.1 Traditional extended family care system

Uys and Cameron (2003: 176) assert that:

For generations, the extended family system has met most of the basic needs of children and provided an enabling social environment in which vulnerable children grew and developed. Kinship systems have dictated various social, economic, and religious obligations towards the family lineage as well as the social and material rights of the individual within the lineage.

Although this is the best place for a child who has been orphaned to grow up in, nowadays traditional extended family caring systems can no longer accommodate the ever-increasing number of orphaned children due to financial constraints and the stigma associated with HIV/AIDS (Harber, 1999:56). The willingness of the extended family members to extend assistance is hindered by stigma attributed to orphaned children and to their parents.

The impact of HIV/AIDS pandemic is dictating that various models of care and support tried and tested internationally should be geared towards reviving and building capacity

of local people in developing social developmental strategies of caring for their orphans in an environmentally friendly manner and encourage self-reliance.

2.2.3.2 Adoption model

Halkett (1999:34) argues that formal adoption intends to find a home for a child where the child will enjoy warmth, love and decent socialization for him or her for maximum development. It is the responsibilities of the adopting parents to pay school fees, feed, clothe and discipline the adopted child. An adopted child has inheritance right (DoWPD, 2001:21). Medical costs, stigma, poverty and the emotional pain of caring for an HIV positive child hinder prospects of adopting. The fact that the adoption process is costly and time consuming is another deterrent (Halkett, 1999:36). This model can only support few orphans and it is not common among South Africans.

2.2.3.3 Foster care model

Foster care provides family experience to an orphaned and vulnerable child (Halkett, 1999:39-41). Foster care is a short-term placement of an orphan in a well established family set up. There are two common forms of foster care; single parent and cluster parents sharing a dwelling with children. Foster care system seems to thrive where financial assistance is extended to family members (Richter et al. 2004:39). Foster parents qualify for R620 per month per child. Social workers visit families and correspond with schools to ensure that grant beneficiaries benefit from grants. Family related foster care seems to be an excellent form of support because siblings are not separated (Halkett, 1999:40).

2.2.3.4 Residential care model

A residential or orphanage care system, where orphans are kept is a foreign concept to Africans. It is expensive to run and it separates siblings hence disrupting families. Once children are in an orphanage they are likely to be labeled thus exacerbating stigma (Halkett, 1999:45). Uys and Cameron, (2003:182) state that:

Orphanages are not generally the most appropriate intervention for orphans and affected children as they can fail to meet children's developmental and emotional needs.

Guest (2001:34-36) argues that children growing up in orphanages have social adjustment problems, they have heritage and identity crisis, they demand attention extraordinarily, and they are not nurtured to share. In a nut shell, their emotional and social needs are not adequately developed in an orphanage.

Having noted some of the shortcomings of orphanages Halkett (1999:46) asserts that orphanages play an important role in the care and development of troubled or traumatized children and youth in the Republic of South Africa and other developed countries. Focused training of caregivers deployed in orphanages makes caregivers able to give care that is pertinent to the development of children growing up in orphanages. Thirdly orphanages are an alternative places for taking care of HIV/AIDS orphans.

2.2.3.5 Community based care

Community based care is a multifaceted approach where a community, individuals or groups are engaged in community work like caring and supporting vulnerable people voluntarily or receiving stipend. Community based initiatives come in various forms. The success of models of support operating in different regions is dependent on the socio-

cultural context of a given environment hence a model that proved to perform wonders elsewhere may fail dismally in the S. A.

The drop-in site is a model of care operational in S.A. where various state departments work collaboratively with communities to alleviate the plight of vulnerable households. This is a physical structure where comprehensive services focusing on orphaned and vulnerable children within the community are rendered. It provides community based care and support services to enable the beneficiaries to have access to sites nearest to home (within their community) and create enabling environments for vulnerable children to attend school. Drop-in site intervention provides pastoral, educational as well as physical needs to vulnerable children, thus making it possible for vulnerable children to concentrate on their education, without bothering about the sick status of their guardians. Earlier on it was indicated that departments involved in the NIP are the Department of Health (DoH), Department of Welfare and Population Development (DoWPD), Department of Education (DoE), Department of Agriculture and Environmental Affairs (DoAEA), Department of Home Affairs (DoHA) and the Department of Labour (DoL).

The establishment of a drop-in site is dependent on a number of fundamental principles as stipulated by the DoWPD (2000: 4-5) and Uys and Cameron (2003: 181-182). These include the fact that all decisions taken on behalf of the child should have the best interest of the child at heart that the centre should protect the child from maltreatment, neglect and abuse; that the site is duty bound to take care of the developmental needs of the child like providing nutritious food, healthcare, nurturance, education and social security. In addition, children should be encouraged to participate in all matters concerning their lives and that drop-in sites should be accessible to all who legally deserve its services without

any slightest degree of discrimination (DoPD, 2000: 4-5). Basically any drop-in site's basic functions are to provide pastoral, educational, emotional, medical, spiritual and physical needs to orphaned and vulnerable children. It also provides home-based care to adults living with HIV/AIDS and it also caters for the interests and the welfare of the volunteers and caregivers.

Community based care does not necessarily mean enlisting informal caregivers to carry out the roles of the professionals. In essence, care by the community is the transference of responsibility of care into the client's worlds (Skidmore, 1994:104). Community members can assist orphaned and vulnerable children by mobilizing community to offer ploughing, building resources and time to needy households. They also participate in agricultural activities to make sure that there is food production, to ascertain that affected families' basic needs are met. Local people identify needy families and actively take part in supporting them. Active participation by local residents facilitates the adoption of selection criteria which lessens the degree of jealousy and dependency on handouts. This is done in various ways for instance in a rural area concerned family can be given domestic animals in order to till land or get milk. Skilled people can also assist in teaching orphaned children skills like repairing and maintaining houses and in entrepreneurial skills to assist them to be self-reliant. NGOs, the private sector, Faith Based Organizations (FBOs), Community based Organizations (CBOs) can mobilize trainings and monies for running poverty alleviation programmes because they have inherent ability to identify vulnerable families, do referrals whilst volunteers offer counseling to children, discourage property grabbing, visit families and discourage child abuse (Guest, 2001:63; Richter et al. 2004:21).

Developing countries like S.A have a number of problems that hinder the provisioning of care to HIV/AIDS orphans. Such problems are: ever increasing number of orphans, insufficient grants, insufficient labour force, and lack of trust, lack of transport, jealousy and lack of sustenance of projects. Material assistance in the form of donations can create dependency, and in some cases, jealousy has been noted between those who receive assistance and those who do not. Jealousy was noticeable in an instance where an orphan had many pairs of shoes in a village where no one wore shoes (Harber, 1999:74). A classic example of dependency is in the statement made in Lusaka Workshop 1994 (Harber, 1999:74) which cites a woman who wept on discovering that she tested negative, which meant that her child would not qualify for assistance with school expenses.

According to Richter et al. (2004:18) community based models of care can support or work with various structures like elderly headed household with young children, large families with unrelated fostered /adopted children, child headed households, single parent households, formal or informal cluster foster care and itinerant or homeless families. These models of care are ideal centres for mobilizing communal land and communal labour for the production of crops for feeding orphans in schools, in their household, repairing school and organizing home visiting programmes for home-based care. This gives school going children relief to know that their sick parents are attended to. They also organize orphan registrations, food distribution, buying uniforms, raising funds for school fees and organizing individual or group income generating initiatives.

Community based care models are in favour of supporting adults on the assumption that they will provide basic needs for children like making certain that orphaned and

vulnerable children attend school. However sheer observations indicate that some surrogate caregivers are grandparents who have economic and health problems and lack modern parenting skills. Therefore, the drop-in site intervention will assist in supplementing where surrogate parents lack.

Drop-in sites are bound by the law to adhere as much as possible to the language and culture of the affected (DoWPD, 2000: 4-5; Uys & Cameron, 2003: 181-182). This principle is in line with Language Policy (DoE, 2001) as it is implemented in schools.

Ideally, drop-in sites should be erected next to schools. This would assist drop-in sites to respond swiftly to the needs of vulnerable children and it would encourage members of the local community to protect schools, because of their vital roles that they play in caring and supporting local vulnerable children (Richter et al, 2004:31).

The drop-in site concept is a combination of traditional and new alternatives of providing care and support to children of poverty stricken families. Drop-in sites have the capacity to provide vulnerable children with school fees, uniforms, three meals daily, early childhood development programmes, various kinds of income generation skills; like gardening, beadwork, pottery, basket weaving etc. Halkett, (1999:12) claims that a major shortcoming of a number of community based models is that they tend to focus on material support, and they are conceived on poverty alleviation stance. Richter et al. (2004:9) further state that some models of care address psychological needs only and neglect educational, health, material and physical needs. The drop-in site concept responds to various aspects of child development, for example each drop-in site is duty-bound to provide an Early Childhood Development Programme, provide life skills education, provide food security, counseling, a variety of games and to crown it all

siblings grow up together in their local environment encapsulating their cultural heritage and background.

Drop-in sites have capacity to attend to recreational, emotional and educational needs of children because different stakeholders offer relevant training to personnel. Cost, management and administrative skill, capacity building, networking, and coordination of activities are shared among all concerned partners, but grants are the sole responsibility of DoWPD. For an example DoWPD pays R8000.00 per month per child for the maximum number 100 children in a site. This figure is far less than R800.00 per child per month in an orphanage and R620.00 per child a month in a foster care. Administrative and maintenance costs are the core business of DoH. Capacity building is the domain of NGOs because of their vast experience in training and development projects and initiatives.

Children at the drop-in site are attended by skilled personnel but live with their original families (siblings are not separated) which is not the case with any other model developed so far. Drop-in sites cannot be established without the involvement of locally based CBOs and NGOs which must be accepted by the community (Guest, 2001:63).

This study acknowledged that the drop-in site concept is conceived on the developmental social welfare principle assuming that communities should be capacitated to take informed decisions in the implementation and evaluation of locally established initiatives that can be sustained at local level. Drop-in sites seem to play a major role in attending to pastoral and psychological needs of children hence compensating where most donor agency-based models are lacking.

2.4 Concepts

2.4.1 Pastoral needs of children

Power (1996:31) defines pastoral needs as a term not only embracing rural tranquility but also referring to an idealized community in which can be found security and belonging. This tells us that the provisioning and the receiving of pastoral and educational needs hinges on the creation of healthy environment accompanied by trust, love and selflessness. Campbell and Williams (1990:22-24) concur and further assert that pastoral care refers to taking care of feelings of helplessness, shame, guilt, alienation, bitterness, depression or fear of death. The presence of trained social workers, child minders in a drop-in site and the establishment of partnership between the Department of Education and the Department of Health as well as the Department of Welfare and Population Development is meant to assist learners who are vulnerable by providing counseling skills, issuing of documents that are essential for education and grant applications.

Richter et al. (2004:13) argue that pastoral needs are sine qua non or fundamental to the optimal development of a human being. Therefore the synergy forged between various state departments and NGOs make the Department of Education better able to identify barriers to learning and use the expertise of various stakeholders in providing orphaned and vulnerable children with pastoral and educational needs within the confines of a district. These basic needs can be enumerated as psychological, social, material, spiritual, love, belonging, security and the establishment and the sustenance of friendships to mention a few. Basically there is no clear cut line that separates pastoral/ psychological needs from educational needs; they are the flip side of the same coin. Some have argued

that attaining educational needs and failing to secure pastoral and material needs hinders development of a person as a whole (Power, 1996:36).

2.4.2 Educational needs of children

Educational needs are related to access to educational institutions, paying school fees, receiving tuition, receiving nutrition, receiving counseling, the right to be listened to, the right to protection and rights to participate in all matters concerning them (Uys & Cameron, 2003:178). Educational needs and rights go hand in hand with responsibilities. Uys and Cameron (2003:180) assert that AIDS orphans, like all children have general and special needs. These needs can be divided into three broad categories which are: basic, immediate practical and psychosocial.

2.4.3 Basic needs

These needs can be enumerated as housing, nutrition, medical, educational, clothing, nurturance, teaching of skills to earn a decent living, establishing and sustaining healthy relationships and participating in recreational activities. Children need love and protection against stigma, various forms of abuse, and deprivation of their inheritance and property rights.

2.4.4 Immediate practical needs

HIV positive people do not talk about their HIV status and when they die they leave family members with multitudes of problems, which would have been sorted out if they had disclosed their status. Counseling, death and grief become immediate problems for orphaned children and their guardians. Orphaned children need to know who will look after them once biological parents have died. Therefore it is important that sick parents

draw up a will before they die. This will help in reducing behaviour problems that may be displayed by an orphan that was not prepared to face reality of life after losing a parent (Halkett, 1999:16-17).

2.4.5 Psycho-social needs

Orphaned children experience devastating trauma as a result of watching their sick parents deteriorate for a long time before death. Failure to offer counseling and grieving leads to emotional withdrawal (Chirambo & Ceasar, 2003:23). Orphaned children need to know their status and how their parents died. Hiding facts from them backfires later, they distrust adults, break away and end up in streets (Halkett, 1999: 16).

2.4.6 A child

Department of Justice (DoJ, 1996:5) defines a child as a person under the age of 18 years.

2.4.7 Orphaned and vulnerable

In the South African context an orphaned and vulnerable child is defined as one who has lost a parent (Halket, 1999:10; Gilks, Floyd, Haramn, Kemp, Squire and Wilkinson, 1998:83). This is based on the assumption that the surviving parent is also infected.

Orphaned children do not benefit from the experience of family life; therefore community interventions like drop-in sites provide socialization processes.

2.4.8 Foster parent

A foster parent is any person in whose custody a child has been placed in terms of the Child Care Act 74 of 1983 (DoWPD, 2000:23).

2.4.9 Social grant

This is a form of assistance that the government extends to children whose parents cannot afford to support them. Grants come in various forms like money, food parcels or clothes.

2.4.10 A learner

The South African Schools Act (DoE, 1996:3) defines a learner as:

A person receiving education or obliged to receive education.

For the purpose of this investigation a learner is a child receiving formal education from reception class to grade 12 (grades R -12) either in private or public school.

2.4.11 Drop-in sites

Drop-in sites are physical structures where comprehensive services focusing on orphaned and vulnerable children within the community are rendered. Drop-in sites provide community-based care and support services to enable the beneficiaries to have access to drop-in sites nearest to home (within their community) and create enabling environment for vulnerable children to attend school. Drop-in sites provide home based care to sick parents or guardians of vulnerable children, thus making it possible for vulnerable children to concentrate on their education, without the burden of looking after their sick parents or guardians.

Training of drop-in site personnel, management, administrative cots, networking, and coordination of activities is shared among all concerned partners; DoH, DoWPD, and various NGOs.

Basically any drop-in site's basic functions are to provide pastoral, educational, emotional, medical, spiritual and physical needs to orphaned and vulnerable children. It also provides home-based care to adults living with HIV/AIDS and it also caters for the interests and the welfare of the volunteers and caregivers. Drop-in sites provide Voluntary Counseling service (VCT) to local people.

Developmental social welfare principle encourages the drop-in personnel capacitate local people to engage in income generating initiatives, to provide of relevant skills and useful knowledge needed to take care of vulnerable children (White Paper for Social Welfare, DoWPD, 1997:8, 14-18).

2.5 Theoretical frameworks

HIV/AIDS forces millions of children out of school into the world of work. It kills teachers and generates a sense of helplessness and low morale (Mwase, 2000:23-24). HIV/AIDS and education are two sides of the same coin. Nowadays it is extremely difficult to talk about education in isolation from the devastating impacts of HIV/AIDS that is constantly undermining peoples' ability to fight for their human rights and it makes it extremely difficult for people to demand proper access to basic needs (livelihoods). One cannot authentically address issues of development without alluding to HIV/AIDS impact and the correlation of education to hygienic issues, liberation, human rights, participation, decision-making, gender transformation and equity on development in general (Scott-Goldman, 2001:3-8).

This chapter deals with conceptual framework and two theoretical frameworks (Systems and Social construction theories) that describe and explain how HIV/AIDS negatively impact on the development and the provisioning of pastoral educational needs of orphaned and vulnerable children.

2.5.1 Systems theoretical framework

The systems approach vividly shows how an individual or institution at different levels of the social context is linked in dynamic, interdependent and interacting relationships (Donald, Lazarus & Lolwana, 1997:34). Turker (2004:1) concurs and further asserts that individuals are contextually located; therefore, individuals should be studied within the context of all related relationships. It is not possible to change the patterns of behaviour and communication in one part of the system without affecting the entire family or community. Turker (2004:2) agrees that:

...people's behaviour and thought processes are seen in terms of the total context of relationship between people, actions, thoughts and external objects.

The systems perspective provides a framework for understanding various factors impacting on the total development of an individual within a given milieu. A family's failure to provide orphaned and vulnerable children with educational and pastoral care will have negative consequences. Such consequences will negatively impact on developmental aspects of the community at large. If vulnerable children's educational and pastoral needs are not met, they are likely to drop out of school, become street children and contribute to crime and ultimately undermine social cohesion (ibid). The drop-in site's intervention in the provisioning of educational and pastoral needs seeks to

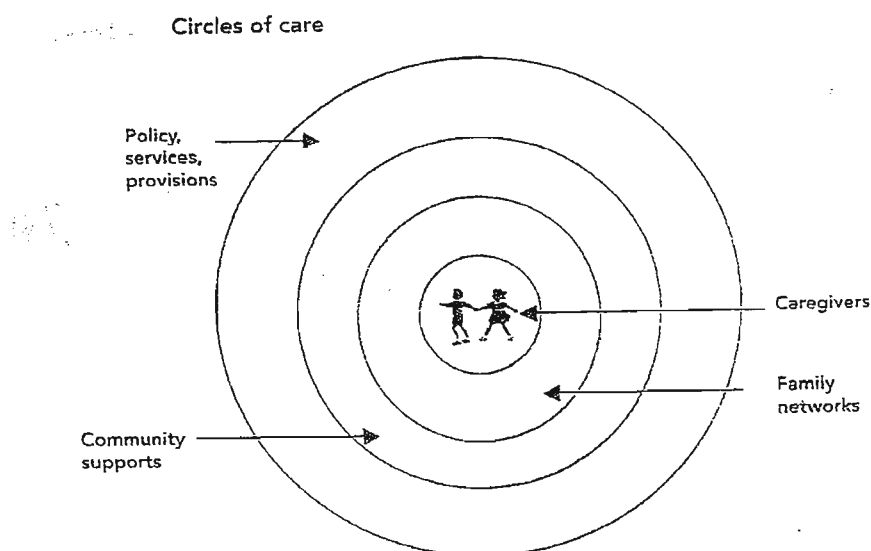
restore imbalances caused by HIV related setbacks in the development of vulnerable children.

Moore (2003:467) argues that an individual is seen as a subsystem within a hierarchy of large systems like the family, peer, school and church. Systems perspective is of a view that any phenomenon cannot be studied and understood in isolation. Donald et al.

(1997:39) further argue that what happens to an individual impacts on (a phenomenon being investigated), and is influenced by various contexts. Figure 2.1 illustrates that once educational and pastoral needs are not met, individual and the entire community will be negatively affected. Hence the entire system needs to be overhauled meaning that various department such as DoE, DoH, DoWPD and DoAEA need to work collaboratively to alleviate the plight of orphaned and vulnerable children. Donald, et al. (1997:34) argues that:

Anything that happens in any part of the spider's web is felt in all parts.

Figure2.1 Adapted from Richter, Foster and Sherr, (2006)



The ecosystem perspective takes into account the various situations in which the family is embedded, like culture and education to mention a few. This research study seeks to explore and describe the experiences of providing educational and pastoral needs to orphaned and vulnerable children at large rather looking at orphaned and vulnerable children as having problems peculiar to an isolated individual or groups.

HIV/AIDS pandemic is everybody's or every institution's concern, hence this research identifies all stakeholders that have a major role to play in alleviating the plight of vulnerable children. Working together of various social sectors is definitely bound to restore family and societal values in a given context. Tyler (1992:19) asserts that:

Ecosystem approach can be seen as a form of structural phenomenology in that it avoids mechanistic perspectives and focuses on beliefs, values and meanings of individuals within the system.

This quotation is relevant to this investigation because it clarifies that an individual's experiences, feelings and beliefs are embedded in a given social context and therefore they can be interpreted and understood within that social context like a family, school, and local community. Tyler (1992:19) argues that by eliminating complex interactions between various individuals and different institutions we are effectively eliminating the system; hence the promotion of effective interactions between different community structures and various departments is bound to come with viable solutions in alleviating the plight of orphaned and vulnerable children in a given society. Huitt (2004:3) states that:

...human beings do not develop in isolation they develop in a variety of contexts environments which surround the individual human being and in which he is in constant interaction that play a major role in development.

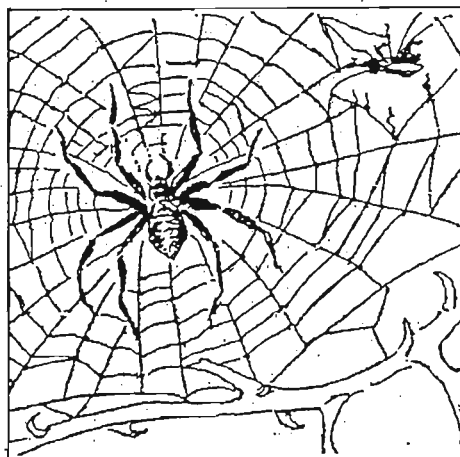
In this instance systems theoretical framework will be used to clarify the significance of focusing on HIV/AIDS as a virus threatening the community rather than confining its

impact on an isolated individual. Systems perspective intends to highlight the impact of HIV/AIDS on the provisioning of pastoral care and educational needs to orphaned and vulnerable children. Cooper and Upton, (1990:304) assert that interventions and treatment in this case should target the entire affected family rather than the individual. This investigation purports to clarify that the devastating impact of HIV/AIDS cannot be understood and treated in isolation.

To face HIV/AIDS squarely we need to understand the relationships between and among interacting entities in a given context. Figure 2.2 illustrates that anything that occurs in one part of the spider's web is felt in all parts (Donald and Lazarus and Lowlwane (1997). Therefore HIV positive parents or poor households may not be in a position to play a positive role in the development of a child, hence orphaned and vulnerable children's inability to meet educational and pastoral needs will have a negative impact in developing and maintaining healthy relationships with the family, peer, school and the wider community (Huitt 1990:1). Moore (1997:555) concurs by asserting that:

...all things in nature are related to one another in a complex but systematic way.

Figure 2.2 Adapted from Donald et al (1997:65)



Systems framework shows that HIV/AIDS is an epidemic that requires concerted efforts from all state departments, corporate sector and community structures to make sure those HIV/AIDS negative consequences are dealt with in an appropriate manner. Gilks et al. (1998:83) confirm the need for collaborative work as follows,

Orphans are a very good example of the multi-sectoral problem caused by the HIV pandemic, because many different government agencies need to be involved in coping with the problem.

The most significant departments to work in unison are Education, Social Services, Welfare and Agriculture. Lindegger (1999) in (Terre Blanche & Durrheim, 1999:257) asserts that:

Ecosystem methods ...are largely investigating whether particular phenomena might be understood in terms of the context within which they occur.

This approach is premised on the belief that you cannot separate the phenomenon from the effect and the context in which it actually unfolds. Hence this paper seeks to identify and describe various agents that are actively or should be purposefully engaged in taking care of pastoral and educational needs of orphaned and vulnerable children. An ecosystem approach intends to deal with various consequences of HIV/AIDS holistically. For instance, according to Whiteside (1998:20) there are social, economic and developmental impacts of HIV/AIDS which demand immediate attention in order to effectively address the plight of orphaned and vulnerable children in a given context.

2.5.2 Social constructivist perspective

All realities are regarded as valid and they may either be useful or not useful at all (Moore, 1997:560). The fact that individuals, institutions and communities acknowledge that HIV is a dehumanizing and a devastating virus, is not going to assist in curbing its

effects, but knowing and acquiring relevant life skills that will prevent it from spreading and mastering methods of working collaboratively with all relevant stakeholders in taking care of infected and affected is definitely a valid and useful reality. Moore (1997:556)

asserts that:

According to constructivism ‘reality’ is created by the observer, and there can thus be no question of one correct, objective reality. This view recognizes, instead, the existence of different parallel realities.

Vygotsky, (1978:123) agrees by asserting that environments are historically and culturally shifting contexts where children are born and bound to alter. Orphaned and vulnerable children see drop-in sites as centres that provide food, emotional, pastoral and educational security. Parents living with HIV/AIDS related sicknesses, their relatives, friends, and neighbours recognize the positive role played by drop-in sites in addressing stigma, educational matters, counseling, bereavement and myth associated with HIV/AIDS. Therefore their perception of drop-in centres will change the attitudes of those who had negative attitudes towards orphaned and vulnerable children and people living with HIV/AIDS before the introduction of drop-n sites. Robson, (2002:24) argues that:

‘Reality’ can be constructed only by means of a conceptual system and hence there can be no objective reality because different cultures and societies have different conceptual systems.

It is of no surprise that Black South Africans reject the idea of orphanages because it is a foreign concept to them (Guest, 2001:12). Moore (1997:559) further argues that:

...people create ‘realities’ through the meaning they link to what they observe.

People attribute meaning to everything they come into contact with, and the meaning assigned represents reality as perceived by those engaged in the interaction with one another or with the environment.

Robson (2002:27) states that:

The research participants are viewed as helping to construct ‘reality’ with the researcher.

Social constructivist approach emphasizes the establishment of good relationships and understanding between vulnerable children and drop-n site personnel. It stresses a better understanding and acceptance of an individual and emphasizes positive rather than negative, praise rather than punishment (<http://www.liv.ac.uk/education/inced/sen/bk6p.htm>).

Changing attitudes and working co-operatively with all concerned stakeholders will assist in utilizing scarce human and physical resources wisely in addressing educational and pastoral needs of orphaned and vulnerable children.

These theoretical frameworks guided the data collection process and analysis for this study. Each of the two theoretical frameworks used highlighted the interconnectedness of systems, in this case, the child, family and community in which they are located.

2.6 Conclusion

The models of care discussed in this chapter are not without shortcomings. For example, the adoption process is time consuming and is not a popular option as prospective households are often too poor to adopt. Foster care is expensive for the state to sustain (Halkett, 1999:34-35) and can be exploited by relatives or caregivers at the expense of

the child. Orphanages are prohibitively expensive to build and administer (Guest, 2001:11).

The death of a young adult and poverty associated with households where there is an HIV positive person renders extended family support systems ineffective to deal with the increasing number of orphaned and vulnerable children in S.A. Therefore, of all the models discussed in this dissertation, the drop-in site seems to be the most effective because vulnerable children and orphans are cared for in a local environment and are cared for by local people. Drop-in sites are erected adjacent to other state centres and siblings are not separated.

Finally, the social constructivist and systems theoretical frameworks illustrated that the process of rearing vulnerable children and orphans to become responsible adults is the responsibility of the entire community.

CHAPTER THREE

Research design and methodology

3.1 Introduction

Education White Paper 6 (DoE, 2001:16) and the South African Schools Act (DoE, 1996:4-5) guarantee all learners equal access to institutions of learning. The National Policy on HIV/AIDS (DoE, 1999:4-13) seeks to promote effective prevention and care programmes within the context of the public education system by ensuring that learners are not denied an opportunity to access education. It also protects children against unfair discrimination and it ensures that all children have equal access to basic education.

The World Education Forum of 2000 held in Dakar emphasized ‘Education for All’, thus urging countries to vigorously develop policies that promote inclusive education principles whereby all sections of the society have equal access to fruitful education (DoSD, 2000:27). “Education for All” implies deliberate extension of the provisioning of education and pastoral needs to the poor, marginalized, socially disadvantaged, oppressed, disabled infected and affected orphaned and vulnerable children. The implementation of the HIV/AIDS Policy (DoE, 1999), the South African Schools Act (DoE, 1996) and Education White Paper 6 (DoE, 2001) in particular, is central to the provisioning of pastoral and educational needs of orphaned and vulnerable children in South Africa.

3.2 Problem statement

The academic, social, emotional and physical development of all children depends on the proper provisioning of basic needs. Community's inability to cater for the basic needs of orphaned and vulnerable children has negative effects on the holistic development of orphaned and vulnerable children. Failing to cater for academic, social, emotional and physical development needs of children is likely to lead to high rate of school dropouts, street children, high crime rate and ultimately dent the economy and the image of the country. Hence this investigation's primary objective was to explore, describe and explain the experiences of the drop-in site staff in the provisioning and the receiving of pastoral and educational needs by orphaned and vulnerable children in the context of HIV prevalence in the two drop-in sites.

3.2.1 The research question

The study was designed to answer the following research questions:

- What are the experiences of the personnel in addressing the educational and pastoral needs of the children who come to the drop- in site?

3.3 Objectives of the study

The study had two research objectives:

3.3.1 Primary research objective

The primary objective of this investigation was to explore, describe and explain how drop-in site personnel and vulnerable learners that come to the centre experience their lives in terms of providing orphaned and vulnerable children with pastoral and

educational needs and to explore, describe and explain how orphaned and vulnerable children experience receiving pastoral and educational needs in the drop-in sites.

3.3.2 Secondary research objective

The second objective of the research was to gather relevant information and lessons learnt elsewhere to be brought to the fore for scrutiny and to be used as guidelines and recommendations that can be affected to facilitate a proper and civilized provisioning of pastoral and educational needs to orphaned and vulnerable children in the South Africa context.

3.4 Research design and methodology

3.4.1 Research design

A qualitative, explorative, descriptive and contextual research design was used (Strydom & Delport, 2000:339-342). This design was ideal for exploring and describing how drop-in personnel experienced their lives in providing pastoral and educational needs, and exploring and describing how orphaned and vulnerable children experienced their lives in receiving pastoral and educational needs. Sherman (1988:7) comments that: qualitative research implies:

...a direct concern with experience as it is 'lived' or 'felt' or 'undergone'.

The above quotation was relevant in exploring and describing the experiences of teaching and caring in HIV/AIDS environment, therefore qualitative methodology had to bring insight into the participants' experience of the world around them. Embarking on contextual research assisted in exploring the lived experiences and it also helped in understanding participants' daily practical actions. Qualitative research approach

afforded the researcher ample opportunity to enquire how the participants coped and made sense about their significant others (De Lange, 2004: class notes). To get a full understanding of lived experiences, the researcher could not escape using the 'phenomenological' approach. According to Fouche and Delport (2002:268) qualitative research implies the exploration, description and the understanding of 'lived' experiences.

Cohen and Morrison, (2000:45) assert that the aim of a qualitative design is to cast light so that we can have a better understanding of the processes of the unfolding reality in context of a given physical, social or cultural environment. Qualitative methodology is better suited to study phenomena on their natural settings in a given context in terms of time and space. A phenomenological research approach was selected because it was an ideal tool to explore, interact, describe, interpret and explain the experiences as lived and told by participants in their own spoken language (Terre Blanche & Durrheim, 1999:6). According to Robson (2002:27) qualitative methods are able to deal with multiple socially constructed realities, hence this study successfully puts the researcher in a better position to interpret the experiences of individual participants.

A qualitative case study design was used. A case study is defined by (Robson 2002:89; Welman & Kruger, 2001:182; Mouton, 2004:149-150) as a detailed, intensive research investigation confined to a single case in context or limited number of units, such as individuals, a group or institutions. The case study was preferred because it provided an in-depth description of a small number of participants in their context (Robson, 2002:89-

90). It proved to be an excellent tool for establishing rapport with participants (Mouton, 2001:108).

Case study was ideal in understanding the uniqueness of a drop-in site in all its complexity (Welman & Kruger 2004:21). Neuman, (2004:34) concurs and asserts that many features of a phenomenon are examined over a given duration of time and data is more detailed, varied and extensive. Case studies are best tools for discovering new meaning concerning the experiences of participants hence confirming what was researched or in generating new hypothesis (Neuman, 2004:34).

Case studies were ideal because the areas visited were accessible, had manageable financial constraints and targeting these two sites assisted me in visiting them at convenient times. It assisted in the exploration of two cases independently of the influence/s of the other. It offered ample time to understand and explain a phenomenon being investigated and it gave an opportunity to observe and interview participants in their natural setting (De Vos et al, 2002:275-276). Using the case studies provided an in-depth description of a small number of participants and in establishing rapport with participants (Mouton, 2001:108). Neuman (2004:33) concurs, and asserts that case study data is more detailed, varied and extensive.

The primary objective of this case study was to offer a holistic exploration, description and explanation of the experiences of drop-in site personnel in providing educational needs of vulnerable children in HIV/AIDS ravaged context.

3.4.2 Methodology

3.4.2.1 Sampling procedure

The researcher used a non-probability or purposive sampling technique. Strydom and Delport (2002:334) assert that in qualitative research small samples are utilized to get consistency and in-depth information, therefore purposive sampling was deliberately used to elicit unique information from a small number of people involved in two specific drop-in sites. Schuller, Preston, Hammond, Brassnett-Grundy and Bynner, (2004:45) assert that:

Interviewing a large number of respondents does not in itself add much to a qualitative study.

Hence a purposive (judgmental) sampling research technique was used (De Vos et al. 2002:334). It was chosen for convenience since the two drop-in sites were accessible because they were within researcher's sphere of operation as a life skills coordinator at eThekweni Region. Durrheim and Painter, (1999:139) argue that purposive sampling is used to participants who show a willingness to participate. Strydom and Venter further assert that researchers prefer purposive sampling because it allows them to select participants that have the most characteristic, representative or typical of attributes of the population. In this study, purposive sampling was to elicit the experiences of drop-in personnel, a population that is providing pastoral and educational needs to orphans and vulnerable children in HIV/AIDS infested contexts. Participants' selection was not only based on their availability, but it was also based on their willingness to participate in the study. According to Strydom and Delport, (2002:334-335) qualitative researchers prefer purposive sampling because it is able to illustrate features of interest for a chosen study

and for its ability to rely on small samples. Lindegger (1999:279) asserts that small samples are neither expensive nor time consuming.

Sampling helped the researcher to concentrate his efforts in a small number of participants to produce a research of better quality (Strydom and Venter, 2002:197-202).

Terre Blanche and Durrheim, (1999:281) agree that judgmental sampling is used in exploratory investigations. This study used purposive sampling technique to explore, describe and contextualize how purposively selected 23 drop in site personnel experienced providing pastoral and educational needs to orphaned and vulnerable and how the four purposively identified learners explored, described and contextualized their experiences of frequenting the drop-in site where their pastoral and educational needs are catered for.

Participation in the study was voluntary. A total of 27 participants were interviewed. Eight participants were males and nineteen females. Participants' ages ranged from 11 years to 64. Four participants were learners; one boy and three girls. Two female project manageresses, two security guards, 4 lay counselors, 4 cooks, 4 child minders, 4 caregivers and one gardener, one administrator and one volunteer were included. Children were deliberately included in order to hear their views pertaining to their experiences of receiving pastoral and educational needs in their respective drop-in sites. Their views assisted in adding to the experiences of drop-in site personnel.

3.4.2.2 Research procedure

Before the gathering of data, the researcher had telephonically communicated with the manageresses of two drop-in sites making appointments for visiting sites. Both manageresses advised the researcher to write letters to different stakeholders. Letters seeking permission to do research were written to the Ethekeini Regional Welfare Chief Director, Provincial Health Chief Director, Provincial Health Coordinator and Managers of the two drop-in sites being investigated.

Both site manageresses advised the researcher to visit them early in the morning so that the researcher could see children enjoying breakfast before going to their respective schools and in the afternoons (after school) in order to see children engaging in various stimulating activities and to observe volunteers actively involved in care and support activities done in both sites.

Preliminary visits for orientation to both sites were done. Manageresses introduced me to participants. I then explained to the participants (personnel and children in separate settings) what the investigation was all about. All participants (Personnel) showed an interest in participating in the study. Their interests in the investigation were prompted by the fact both drop-in site personnel were already concerned about the role of education in assisting orphaned and vulnerable children.

In both instances children were not keen to talk. I then asked child minders to be present in the interview sessions. That made them to actively participate.

Second visits were undertaken to orientate myself (the researcher) with the drop-in site environment and to enquire more about the information pertinent to Policies governing their establishment and operational prescripts of drop-in sites.

Drop-in site Bakithi had five interview sessions. Two sessions were dedicated to the site manageress, one done with the child minder, one group session with all participants, one session with a learner, and one session with four participants on one on one basis. This session was done to clarify various issues.

Site Sizani had four interview sessions in all. The first interview session was done with the caretaker manageress and the administrator. The second was a group session with all participants. The third interview session was with three learner participants. The fourth interview session was a one on one basis with two to correct misconceptions.

All participants were given interview schedule to refer to the question and they were also requested to fill in their particulars. However participants were assured that their real identity would never be revealed.

3.4.2.3 The profile of both sites

This research was conducted in two drop-in sites; one was located at Hlomula rural settlement. The other drop-in site was found in an urban settlement called KwaShwi Village. Site Bakithi is located at KwaShwi urban fringe whilst site Sizani is in a Hlomula rural area. Both sites service black African children.

Drop-in site Bakithi is located in an informal settlement previously reserved for Indians. At present the settlement is presently resided by poor, unemployed black people. Initially the piece of land where the centre is located was privately owned by Mr. G. who used the land for rice plantation and for printing a predominantly Indian newspaper. He later built a clinic which is presently used as the drop-in site in discussion.

Table A depicts job description and actual numbers of personnel and children in both drop-in sites

| BAKITHI | JOB DESCRIPTION | GENDER | RACE | GENDER | RACE | SIZANI |
|---------|------------------------------------|--------------------------|----------|-----------------------|---------|--------|
| 1 | Project Manager | Female | Africans | Female | African | 1 |
| 2 | Lay counselor | Females & Males | Africans | Female & Male | | 2 |
| 2 | Child minder | Females | Africans | Females | | 2 |
| 2 | Caregiver | Females | Africans | Females | | 2 |
| 1 | Security officer | Male | African | Male | African | 1 |
| 0 | Gardner | Male | African | Nil | | |
| 17 | Volunteers | Females | Africans | Females | | 10 |
| 2 | Cooks | Females & Male | Africans | Females | | 2 |
| 2 | Social worker (on temporary basis) | Female & Male | Africans | Females | | 2 |
| 3 | Administrators | Females & Male | Africans | Female | | 1 |
| 32 | Total personnel | 47 Females 8 Males | Africans | | | 23 |
| | Grand total = 57 | | | | | |
| 102 | Orphaned and vulnerable children | 88 Females & 14 Males | Africans | 41 Females & 25 Males | Females | 66 |

| | | | | | | |
|-----|------------------------------------|-------------------------|----------|--|--|----|
| | Grand total= 168 | 129 Females 39 Males | | | | |
| 134 | Total number of people in a site | | Africans | | | 89 |
| | Total number of people interviewed | | | | | |

Total number of female personnel in both sites =47

Total number of male personnel in both sites =8

Grand total number of personnel in both sites=55

Total number of males orphans in both sites=39

Total number of females orphans in both sites =129

Grand total number of orphaned and vulnerable children in both sites =168

Grand total number of people (personnel and children) in both sites =223

Table B shows the actual number of interviewed participants

| Description | Bakithi | Gender | | Sizani | Gender | | Race | Total |
|---------------|---------|---------|------|--------|---------|------|----------|-------|
| | | FEMALE | MALE | | Female | Male | | |
| Site manager | 1 | Female | | 1 | Female | | Africans | 2 |
| Child minders | 2 | Females | | 2 | Females | | Africans | 4 |
| Caregivers | 2 | Females | | 2 | Females | | Africans | 4 |
| Lay | 2 | Female | Male | 2 | Female | Male | Africans | 4 |

| | | | | | | | | |
|----------------|-----------|--------|------|-----------|---------|------|----------|-----------|
| Counselors | | | | | | | | |
| Cooks | 2 | Female | Male | 2 | Female | Male | Africans | 4 |
| Administrators | Nil | | | 1 | | | Africans | 1 |
| Security | 1 | | Male | 1 | | Male | Africans | 2 |
| GARDNER | Nil | | | 1 | Male | | Africans | 1 |
| Volunteer | Nil | | | 1 | Female | | Africans | 1 |
| CHILDREN | 1 | Male | | 3 | Females | | Africans | 4 |
| Total | 11 | | | 16 | | | | 27 |

Each drop-in site is mandated to register a maximum of 100 orphaned and vulnerable children. Each child is expected to leave the site after three months. It was hoped that three months would give the DoWPD adequate time to issue social grants to deserving orphaned and vulnerable children frequenting drop-in sites. However the discussion of findings will show that due to numerous problems surrounding the identification of deserving vulnerable children, distance, high death rates of parents, and corruption in particular has made it difficult for the DoWPD to issue grants as per government mandate. It was noted with deepest concern that people claimed grants for fictitious orphans, and it is highlighted that some young mothers claimed grants for children being cared for by grand parents, relatives or neighbours. These problems impact on time and number of months each vulnerable child needs to spend in a drop-in site.

Site Sizani had a total of 66 children, 2 child minders, 2 caregivers, 2 lay counselors, 2 cooks, a gardener, a security officer, and two social workers on temporary basis, a project manageress and an administrator. Site Bakithi had 102 children, 2 child minders, 2 caregivers, 2 lay counselors, 2 cooks, a security officer, 2 temporal social workers, a project manageress, 17 volunteers; 10 volunteers are concerned with daily routine of the site whilst 7 volunteers are particularly concerned with home-based care of the known drug dependant patients and parents of children frequenting the site. These volunteers administer medication, distribute food and also feed patients. They are also responsible for doing household chores on behalf of the patient.

Table C describes the nature and facilities available in both sites.

| Facility description | | Facility description |
|---|---------------------------------------|---|
| Bakithi | | Sizani |
| Big & Fortified. Two additional containers | Store rooms | Big and well secured |
| Small and neat | Kitchen | Big & neat |
| No | Garden | Big & well manned |
| Two: one for staff development and other activities. One is for feeding children and one for relaxation | Hall | Specious & echo free. Used for various developmental activities |
| 5 Offices | Offices | 5 Offices |
| 1 | Sick bays | 1 |
| | Sleeping rooms | Yes, needs furniture |
| Limited space. Dusty and stony ground. Surrounded by informal settlements | Playgrounds | Ample space with neat lawn Beautiful flower gardens |
| Short distance to preschool, primary and secondary schools, to Police station, Clinic and main road | Proximity to other essential services | Schools, clinic and Police station facilities are 30 minutes drive away from the site. It is located along the main road. |
| 3 | Toilets | 3 |
| Yes | Electricity/ gas | Yes |

| | | |
|-----|------------|-----|
| Yes | VCT Office | Yes |
|-----|------------|-----|

Project manageresses and the personnel of both drop-in sites stressed the significant role played by their communities in ensuring that the activities of the site benefit deserving beneficiaries. Site Sizani works closely with the local church leadership in particular and derives its strength from local volunteers. Site Bakithi is working like hand in glove with various local political structures in spearheading the project. However the massive support Bakithi site gets from the community is evident from a number of volunteers working in the site. Discussion of the findings will identify the role of communities in supporting both drop-in sites.

3.4.2.4 Data collection

The data collection instruments employed were the unstructured one to one interviews focus group interviews, observations and interview schedule (Welman & Kruger, 2004:276). Greeff, (2002: 292) state that interviews are story-telling processes where the involved parties actively engage in a meaning making process.

The researcher asked one open-ended question, which gave the participants an opportunity to respond to the question in the best possible ways. Greeff, (2002:302-303) assert that an open-ended question allows participants to express themselves freely. The rationale was to explore and describe the experiences of the drop in site personnel and children in coping with the educational and the pastoral care.

All interviews were conducted in the afternoon. First preliminary interviews with manageresses lasted approximately 35 minutes each. The second interviews for the

managerness of Bakithi site and one child participant lasted approximately 45 minutes each.

Question was asked in English, but respondents were given the freedom to choose to respond in isiZulu.

An interview schedule was designed in order to give participants something concrete to refer to when responding to questions. Participants were requested to fill in their particulars, which were not published (see ethics on paragraph 3.5. The questionnaire consisted of two questions. Project manageresses were asked specific questions intended to elicit leadership and administrative matters (**see appendix F**).

An interview schedule is defined as a collection of written questions on a form which is completed by selected participants (Kanjee, 1999:293). The objective of interview schedule was to assist participants to refer to the question when responding. It helped to obtain facts and opinions about a phenomenon from participants who have an understanding of an issue being investigated (Delpont, 2002:172).

Each participant was given a structured form for filling in biographical information. Participants were not expected to fill in questionnaires but they were a source of reference (**see appendix G**).

Conversations were audio taped, video taped and transcribed from isiZulu into English. Kvale (1996) in De Lange, Geldenhuys, Poggenpoel and Myburgh (1999:18) defines interviews as

...attempts to understand the worlds from the participant's point of view, to unfold the meaning of people's experiences...

Interviews were preferred for their ability to encapsulate and express feelings in a form of a lived experience as told by participants. Interview schedule gave a researcher an opportunity to probe, observe and gather supporting data about the lives of participants.

Gerson and Horowitz, (2003:221) assert that:

Interviews offer a systematic way to uncover people's experiences over time... perceptions, motives and accounts of these experiences and actions.

Interviews facilitate two way conversations thus assisting the researcher in exploring and describing the experiences of participants and also helped the researcher to reflect on the description (Greeff, 2002:292).

3.4.2.5 Data analysis

The audio-taped interviews were transcribed. Interviews conducted in IsiZulu were translated into English and then analyzed. Tesch's descriptive data analysis technique (Creswell, 1994:154-155) was used. Mouton (2001:108) asserts that: textual data is rich in meaning compared to numerical data used in quantitative studies. Terre Blanche and Durrheim (1999: 46-47) assert that qualitative data analysis commences by identifying themes and the establishment of relationships between various elements of data. Open coding and colour-coding analysis techniques were applied to identify the richest data (Greeff, 2002: 340-348). This assisted in the breaking up of the complex data into manageable themes, patterns and relationships. Units of meaning were identified and categorized; central themes that emerged were logically isolated (Mouton, 2001:108).

3.4.2.6 Trustworthiness

Reliability refers to the degree to which research results are repeatable in quantitative research (Terre Blanche et al. 1999:63). Hence Babbie (1989:124) asserts that:

...total reliability does not ensure that our measures measure what we think they measure.

Therefore to ensure the reliability I preferred to resort to trustworthiness as propounded by Guba's model (Lincoln & Guba, 1985:331). According to Guba's model of ensuring trustworthiness of qualitative data (Poggenpoel, 1998:348) highlights 4 criteria to be applied to ensure trustworthiness of data. These criteria are; true value, applicability, consistency and neutrality.

Poggenpoel (1998:349) asserts that **true value** implies the degree of confidence the researcher has established in the truth of the findings of the participants and the context in which the study was conducted. To ensure credibility participants (drop-in site personnel) were carefully chosen to respond to unstructured question (interview schedule) that was carefully designed to elicit information about what they knew, actually did and felt in the process of providing children with educational and pastoral needs in the drop-in sites. Children participants had to respond to what was actually happening to them in terms of receiving educational and pastoral needs as orphaned and vulnerable children (Babbie, 1989:124). Participant's responses were audio taped and quoted verbatim, that enhanced credibility because it produced detailed and rich descriptions of their feelings in a given contexts and therefore giving detailed accounts of the structures of meaning developed in a specific context (Terreblanche & Durrheim, 1999:63).

Applicability as described by Poggenpoel (1998:349) refers to the degree by which findings can be transferred to other settings and contexts. According to Strydom and Delport (2002:351) generalizing is problematic in qualitative research. Poggenpoel (1998:349) concurs and further argue that as long as the descriptive data presented by the researcher allow comparison, applicability would be ensured in qualitative research. In this investigation I explored the experiences of unique participants (drop-in personnel and orphaned and vulnerable children) with their peculiar feelings and points of views pertaining to the provisioning of pastoral and educational needs in two drop-in sites.

According to Poggenpoel (1998:350) **consistency** refers to the consistency, stability and equivalence of research findings if the research investigation were replicated with the same participants in a similar context. In such a scenario Poggenpoel (1998:350) further argues that findings will not change if the researcher does not change the instruments and the participants are consistent with their lived experiences.

Neutrality implies the freedom from bias in the research procedure and results Poggenpoel (1998:350). The participants and both drop-in sites as well as the conception, the establishment and the functions of drop-in site were previously unknown to me (the researcher), this eliminated or minimized the possibility of influencing the participants. Secondly, using unstructured question and interview schedule gave participants freedom to reflect, describe and express their feelings and experiences as lived in the context of HIV context. Thirdly, pseudo names were used; therefore, the researcher could link responses to the particular participant.

3.5 Ethical considerations

Robson (2002:65) asserts that:

Ethics refers to rule of conduct; typically, to conformity to a code or set of principles.

Strydom (2002:63) describes ethics as a set of widely accepted code of conduct (principles) guiding the behavioural expectations about the conduct of a researcher towards participants and institutions. Participants were informed about their rights and were requested to sign a consent form with regards to the following ethical principles; no deception, the absence of psychological or physical harm, guaranteed privacy, concealing their identity, confidentiality and anonymity at all times. According to Robson, (2002:66) under-aged children may not be in a position to appreciate what is involved, hence their parents and their guardians were requested to give consent. Staff was also requested to sign consent forms because they had to narrate stories related to their duties during working hours. Participants were assured that they had a right to withdraw from participating should they feel a need to do so.

This strengthened the trustworthy relationships between the researcher and the participants. In this instance people's rights of freedom of association and freedom of speech were respected. This made the gathered data to be more accurate and reliable (Strydom, 2002:283).

3.6 Conclusion

In this chapter I have discussed the research design and methodology used in this investigation. Qualitative research was explained and discussed. Definition of a case

study and purposive sampling were discussed, and justification for their selection provided. The research procedure, data collection and analysis, interviews, questionnaire, ethical issues, reliability and validity were discussed. The next chapter tables and discusses findings.

CHAPTER FOUR

Results and discussion of Findings

4.1 Introduction

AIDS is turning back the clock on development. In too many countries the gains in life expectancy won are being wiped out. In too many countries more teachers are dying each week than can be trained. We will mainstream AIDS in all World Bank work (James D. Wolfenson, president of the World Bank, 2002)

HIV/AIDS is the greatest threat to life, liberty and the pursuit of happiness and prosperity in many African countries (De Coke et al, 2002:360-361). It also has a huge negative impact on the lives of children who survive their parents. Interventions therefore, must be quantitatively and qualitatively commensurate with the magnitude of the threat posed by the disease. Nattrass (2004:24) argues that:

...if the AIDS pandemic did not happen in South Africa, 'life expectancy would be 64 by 2010-15. Instead it will have regressed to 47 reversing the gains of the past 30 years.

This study primarily investigated the experiences of drop-in site personnel in providing pastoral and educational needs to vulnerable and orphans. The Department of Education is embarking on meeting pastoral and educational needs of children who are orphaned and vulnerable in order to reduce, ultimately curb the impact of HIV/AIDS in our schools. Providing these children with pastoral and educational needs hinges on the co-existence and functioning of various stakeholders: DoE, DoH, DoWPD, DoA and NGOs. These stakeholders collaborate in providing human and capital resources for the erection and maintenance of drop-in sites. Drop-in sites provide, among other things, shelter, nourishment, school materials, home work supervision, counseling, home-based care basic hygiene, and teaching of life skills to parents and guardians of orphaned and

vulnerable children. The success rate of providing for the needs referred to above is dependant on training, skills acquisition and professional development of concerned personnel as well as support offered by various arms of the state and the private sector. All this is intended to break the cycle of illiteracy, poverty, and underdevelopment.

The objective of this study was to explore, describe and explain the experiences of drop-in site staff in the addressing pastoral and educational needs of children who are orphaned and vulnerable in the context of HIV prevalence. It revolved around the following two research questions:

- What are the experiences of the personnel in addressing the educational and pastoral needs of the children who come to the drop- in site?

In seeking to address these research questions, the study used a qualitative case study approach which focused on two drop-in sites, Bakithi and KwaShwi. Data was collected using unstructured one to one interviews, focus-group interviews, questionnaire and observations. The unit of analysis comprised these two sites. Three themes emerged from analyzing the collected data. These are discussed below.

4.2 Theme 1: Supports, services and community involvement

The theme on supports, services and community involvement is based on the assumptions about a collection of ideas relating to care offered by an individual or groups of organizations to the larger community. Basically care and support concepts are firmly based on the notion that communities have various structures designed to render different

forms of care and support initiatives like the drop-in sites whose mandates are to render pastoral and educational support to orphaned and vulnerable children for a specific time.

Community structures of care are either formal or informal. Drop-in sites are friendly, warm and formal structures of care and support. S'phe, a child from Bakithi site confirmed the friendliness and warmth prevailing in the drop-in site as follows:

I was welcomed by kind social workers who treated me like my parents. I'm well taken care of, my needs are met, but there are other things that I need...which the site has not met...

It is common knowledge that each community has different structures that are created to take care of various needs. Such structures among others are churches and organizations for women, men, and youth. Each structure is not in a position to provide a wide range of services to their clients. Each specializes in providing a particular service. According to Skidmore (1994: vi) community is being noticed and romanticized as a relevant 'concept' central to the needs of clients, hence care and support rendered by the community is regarded as client centred care. In reality community care seems to be the product of professionals who always express their genuine concern for the clients. Skidmore (1994: vi) argues that:

This places professionals firmly in the parent role and the client in the role of child – a relationship antagonistic to the ethos of community care.

Professionals with caring attitudes and experience have a tendency of creating channels for dialogue, for instance, the following was highlighted with regards to providing needs and communication between the schools and parents:

Let's suppose that a person who applied for a social grant has no known work or residential address. It becomes a problem for us to get hold of her immediately, in

such circumstances we simply contact the school and get permission to interview the child to ascertain the status of the child. If we notice that child in question is too young to respond to the questions, we summon the parent to come to the school. (Siso from Sizani site).

The role of the community in caring and supporting the less fortunate members is analyzed by Skidmore (1994:69) as follows:

...in the ideal community people will watch out for each other. There will be a special place of succour for the less advantaged ...for those needing help. Generally it is everybody's right to receive care. Those out of work will receive financial help from the state; the elderly will receive material support in the form of meals on wheels and periodic visits from health care staff. Children receive equal educational opportunities, regardless of their background.

Buhle a child from site Sizani articulated the reasons for orphaned and vulnerable children to be cared for at the drop-in site as follows:

We are orphans, others who do not come here have their mothers and fathers they lead a happy family life. In our cases we do not have both parents for instance you find that you sleep without a meal whereas others who have parents get all meals. As an orphan you sleep without having a meal, sometimes you wish to have things and you end up not getting them.

Thobile from Sizani concurred with Buhle and further said that:

Some who come here do have parents but who do not take care of them. Their parents do not care for them sometimes they sleep without getting a meal. Children who are abused by their parents are brought by social workers to the site.

Services rendered to vulnerable members of the community by the state were confirmed by Lulu from Bakithi in the following manner:

Once the site has given them uniforms you can hardly notice that they have financial problems. When they are here you cannot tell whether this one is from a well to do family or from the poorest family.

The major role of the drop-in site is to offer support to the orphaned and the vulnerable children hence one of the participants, Soni, the Project Manageress of drop-in site Bakithi was enthusiastic in saying the following statement:

We are still looking for the vulnerable children because their parents are still dying. Dying parents leave their children with their grandmothers who cannot support them. In African countries where there are many orphans extended families continue to absorb them. However unemployment and death of parents render affected families fail to feed and care for vulnerable children. Drop-in site intervene by providing pastoral and educational needs to affected and vulnerable children.

Harber (1999:56) and Richter et al. (2004:19) concur with Soni's experience and further state that caring and support extended to orphans in the South African families has been the responsibility of extended families. However Nattrass (2004:80) claims that:

As the burden imposed by AIDS gets ever greater for households, it is likely that more children will be abandoned as extended families reach a point at which they can no longer support the children.

Hence drop-in sites are alternative safe models for caring for the vulnerable children in areas where HIV/AIDS infections are rife. Orphans are kept together in a known friendly environment. Halkett (1999:13) concurs and further argues that more than 61% of South Africa's children live in abject poverty and 53% of orphans live in under-resourced areas. These statistics highlight the plight of children who are orphaned and /or vulnerable. Indirectly, they highlight the value of drop-in sites in providing these children with ample opportunities to grow and develop into productive adults, be they in urban or rural localities.

Referring to the actual support the centre is offering to orphaned and vulnerable children the centre manageress Soni, of drop-in site Bakithi, had the following comment:

My responsibility in this site is to make sure that our children get breakfast and put on their uniform before going to school in the morning. Children are also fed and taught basic life skills. Thereafter they go back to their grand parents. We call this place a drop-in site because these children come in to be taken care of during the day. In the afternoon they go to their respective dwellings.

Since time immemorial, a family has been a unique entity specializing in socializing, nurturing and caring for children in the society. Family is the first socializing agent for the offspring; it exists for those members who belong together and thus provides necessary care and support. Therefore, if a single family unit becomes dysfunctional, it is the duty of the larger community to offer support in order to preserve human civilization and imbue youth with relevant values and skills (Skidmore, 1994:79). Participant Soni of drop-in site Bakithi confirmed community commitment in caring for children who are orphaned and vulnerable, as stated below:

The community is at the centre stage of everything taking place in the centre for an example, it is the community that identifies and informs the centre about the vulnerable children, it informs us about the sick and the late parents, it is the duty and the responsibility of the community to let us know the number of the vulnerable children that the late parent left destitute. Without the involvement of the community at large, volunteers cannot be able to reach every corner of our squatter settlement to do the sterling job they have done so far.

Skidmore (1994:82) concurs, asserting that family is critical to the wellbeing of its members because it normally provides an environment that is secure, creating an emotional base which protects members against the stresses encountered when participating in society. It is clear that a dysfunctional family is a threat to the survival and the stability of the community; therefore, communities need to create caring and supportive structures that will ensure the survival and the sustenance of mankind.

The reciprocal relationship that exists between the family and the community as well as between the community and the drop-in sites was clearly elaborated by participant Lulu of site Bakithi:

Community works cooperatively with our volunteers in the identification of children who deserve to be admitted in the site. The community also acts as the security and gives us reports about what happened after hours. On the other hand the community also gives us report about the lives of the vulnerable children that

attend the centre. They brief us as to how our children are looked after and cared for by the guardians and foster parents at their respective homes.

In this instance, drop-in sites are playing a crucial role in providing pastoral and educational support to vulnerable and orphaned children in a locally recognized structure without disrupting the traditional family set-up. Participant Soni of drop-in site Bakithi had the following statement with regards to the provisioning of educational needs:

They eat nutritious food. Nutritious food is meant to assist them to concentrate in the classroom. Welfare also buys two sets of uniforms and two pairs of shoes per child enrolled in the drop-in site.

The presence of a drop-in site is by no means a quick fix or a permanent solution to members of dysfunctional families, but it is only some means tailor-made to offer deserved support for a given time in order to assist an affected family member to stand on their own. The assumption is that an orphaned or vulnerable child will be assisted to learn to be self-reliant. Immediately after receiving the grant, the concerned family is expected to make ends meet with the state grant.

Drop-in site accommodates those who are in need of assistance. Participant Nxele explained the position of the drop-in site once the grant has been accessed as follows:

There isn't much that we do after they have received the grant because the grant assists the family to look after the needs of a child. The site takes care of them while they are waiting for a grant. As soon as the family has received a grant, the child is taken off from our system. Once the family receives the grant we are no longer play a significant role. However together with the Social Welfare we monitor whether the grant is still used for buying food and uniform for a concerned child. Guardians who have problems are attended on site. When they come, we listen to their problems and offer relevant assistance. But it is not a common occurrence.

Nxele further explained that the relationship the drop-in site has established with concerned families is difficult to cut off. For an example, she alluded to a case of child who had been assisted to access a grant in the following manner:

Maybe like one of our orphans who came to the site, as soon as the family received grant, the family is off our system. Children stay with their families, but you see them coming to the centre maybe for food, maybe be for some little things maybe for transport fare to go to school just for a day or maybe for something to wear. We just question what happens to the grant. Some times we note that the grants is not adequate to give them the support they deserve, so we look at that problem, screen it and try to solve it together with the Social workers.

In fact drop-in sites are merely mending the fabric of society to pass its values and civilization to the next generations. For instance, activities performed in the drop-in sites are connecting orphaned and vulnerable children to the activities performed in each family in a given community, for an example, praying, playing, doing home chores, and writing a family tree.

The roles of the child minders were well stated by Mgoza from Sizani, encapsulating how they care and support children:

Our major work is to cook for the orphaned and vulnerable children from Monday to Friday. We work alternative shifts because there is more staff than before. The morning shift team prepares breakfast (porridge, Milo, Nespray) and prepares sandwiches that children carry to school. They then accompany young children to school. From there both teams work together in preparing lunch. Children coming from school arrive at different times and therefore are fed as they come in dribs and drabs. From 14H30 Child Minders take over, they engage children in various activities; like doing home works, playing and teaching them respect and prayers.

The presence of the drop-in site plays a cushioning role in minimizing levels of vulnerability of the orphaned children. World Bank (2002: 15) argues that many of the orphans who are alive today may themselves die of AIDS, but many will live and demand

urgent attention. Drop-in sites are specifically taking care of educational and emotional needs of orphans. This intervention mitigates the negative impact of poverty, neglect and the indelible devastating blow of HIV to orphaned and vulnerable children. This is evident from the responses stated by participant Lulu as follows:

...due to the death of parents, some orphaned and vulnerable children find themselves being used in drug trafficking, and that seriously destroys youth and thus becoming prostitutes in the nearby Ntozami Township and Phiona industrial area.

The above utterance is confirmed by the study done in Tanzania, which found that:

...a quarter of primary school girls reported having sex with adult men. Twenty-two percent of primary school girls in Uganda and fifty percent in Kenya received gifts or money in exchange for sex (World Bank, 2005:15).

Without education and material provisions, girl children are at risk of prostituting themselves as they struggle for survival. The ultimate price young girls pay for engaging in sexual intercourse with adult males is greater risk of contracting HIV, for instance, Leclerc-Madlala (2002:28) concludes that some young Zulu women engage in sexual relationship out of sheer desperation. Further, she argues that:

...sex is conceptualized as a resource that can be drawn upon for material or economic advantage. For example sex can be used to secure a job or to acquire material benefits of various kinds from men. The sex economy operates on a continuum or 'scale of benefits'. This ranges from the trading by women of sexual favours in order to secure basic needs, i.e. food, school fees and rent to the use of sex for obtaining expensive fashion accessories e.g. clothes, prestigious outings, invitations to dine in restaurants, attend cinemas and the opportunity to ride in luxury cars or sleep in hotels (Leclerc-Madlala, 2002:28).

Nattrass (2004:28) concurs with this statement, adding that:

Unfortunately, the price for participating in this sexual economy is greater vulnerability to HIV infection, especially for young women.

Lulu of site Bakithi confirmed the above-mentioned argument as follows:

Due to poverty, you find that most of the time girls are sexually abused. These people give youth some money. Usually this offer starts from R10.00. It starts from little money, then the child begins to engage in prostitution in order to receive some money; the child wants to live a normal life just like her peers. When youth looks at her situation she realizes that there is nobody to turn to for support or for somebody to buy a pair of shoes or to provide food. Some people promise to look after them but in return they abuse them sexually.

The support given by the centre is multi-fold. For instance the participant stated that the voluntary counseling and testing (VCT) done on the sites helps a lot. Kibel and Wagstaff (1991:137) argue that health care services rendered by the state to orphaned and vulnerable children is a preventative measure, incorporating immunization as well as counseling related to smoking, drugs, sexuality and general life-style.

According to all the participants, the VCT site plays a significant role in providing health care to vulnerable children as Lulu further elaborated,

...find that a child is stressed by the death of a parent or is in abject poverty as a result of the death of a parent or a caregiver. The site provides bereavement and counseling to affected children. We are able to assess the situation and then refer traumatized children to Social Worker for further professional investigation.

The HIV/AIDS epidemic is a global crisis which demands urgent attention, commitment and sustained action by alliances of individuals, organizations and sectors (www.und.za/und/heard, 2005). The researcher fully agrees with the above argument because of the supportive role each drop-in site plays in fulfilling the objectives of the National Integrated (Plan NIP) in bringing together different departments and various community structures in working in unison against the scourge of HIV/ADS in South Africa (S.A).

This was correctly and vehemently voiced as follows:

Yes, the local councilor is playing a significant role; the councilor refers some children to us. I am of an opinion that the councilor can negotiate with the Local Municipality to support children. Municipality can establish a fund or put aside some money to sponsor children who have already formed some sorts of youth groups. Municipalities sponsor groups that are promoting handworks, musical groups etc. I think that our councilor can involve Municipality in working with the site in addressing the plight of the vulnerable children (Lulu of site Bakithi).

Uys and Cameron, (2003:181) assert that local community members are aware of what is happening in their neighbourhoods, they know the most severely affected households and they also have appropriate and workable solutions as participant Lulu of site Bakithi commented below:

The community can also support these children by cooperating with the centre in teaching them skills like bead work rather than looking down upon them and label them as a bunch of children belonging to the drop-in centre. It must be the local community that becomes the market for the things produced by the youth and also looks for the potential markets for selling the products. I think the DoE can be involved in the provision of bursaries so that the vulnerable children do not pay school fees. The DoE must not chase away those who can't afford to pay.

According to the guideline for the establishment of drop-in site (DoWPD, 2000:2); each site should have a number of staff members performing various activities. Among the drop-in personnel there are child-minders whose work is to do the following:

A child minder ensures that the child has arrived in the site in the morning, feeds children before they go to school, sees to it that the child has put on uniform, check whether school requirements are in place. Child minders also take care of children when they come back from school in the afternoon by making sure that children are fed before going to their respective homes, has to assess and know the place of residence of the child, and assess the relationships that exist between the child and the guardian. If child minders notice that the relationship between the child and the guardian is not good, the child minder arranges counseling to assist the granny in terms of parenting and caring skills needed these days. Child minders intervene if the guardian abuses the child; in this instance the child minder seeks social worker's assistance. As child minders we help children to do home works.

These duties were confirmed by participant Mcwa, a child minder of site Sizani, and further clarified that child minders also engage in early childhood development initiatives (ECD) and Life Skills Programmes.

Church involvement in the support of orphaned and vulnerable children is evident in the statement uttered by participant Gugu of site Sizani as follows:

I started here as a volunteer dealing with voluntary counseling and testing. Upon my arrival I soon realized that the centre wasn't for VCT only but for the multitudes of activities like taking care of emotional, spiritual and socio-economic needs of people at large.

The involvement of all concerned members of the community, dedicated paid drop-in personnel, trained volunteers receiving a stipend, retired nurses and retired educators facilitate the provisioning of professional care and support to children. Care and support can be classified into two: natural care where a caregiver is not bound by any form of formalities like a fixed timetable and obligations, whereas in the case of mechanical support; a caregiver is punctuated by formal procedures, protocol and specific timetable restricting the caregiver. Participant Gugu of Sizani commented that the site where she volunteered to work was not responsible for VCT activities only but that there were other activities that demanded volunteers to go an extra mile. This is also confirmed by participant Mncwa of site Sizani:

The occurrence book is a testimony of our extra mile that we walk to meet the needs of the children in our custody. I work Saturdays and Sundays and expect nothing in return, when people demand my services during odd hours, my compliance is based on the belief that I am not doing it for the client concerned but I tell myself that I 'm serving the Almighty God.

Providing care and support to orphaned and vulnerable children is the responsibility of all professionals concerned with the well being of children. Participants of both drop-in sites seem to share a common view and similar challenges in fulfilling their roles.

4.3 Theme 2: Policy issues

With regards to the policies governing the establishment and the functioning of drop-in sites, Soni of site Bakithi showed clear understanding of the operational parameters of drop-in sites as alluded to below:

The guideline for the establishment of the drop-in site categorically states that drop-in site must be established as closely as possible to various government resources, among others are police stations, clinics and schools. The basic reason for establishing drop-in sites next to other government structures is to facilitate easy communication between the drop-in site and other vital government centres in order to effectively and efficiently assist vulnerable children to enjoy their basic human rights.

According to guidelines for the establishment of the drop-in site (DoWPD, 2000:4) there are six principles guiding the establishment and the daily function of any drop-in site.

These principles have to be observed by all personnel in the site, in whatever they do ensuring that their actions are in the best interest of a child. The protection of a child from various forms of abuse, ensuring development of a child in terms of the provision of healthy foods, health care, educational, social security, ensuring participation in matters concerning the child and lastly there should be no discrimination in the site at all times.

These principles were expressed by Soni of site Bakithi in the below paragraph:

Child Minders are responsible for Early Childhood Development Programme in the site. There are three caregivers, who go out to the public, to look after the patients that need to be cared for at their places of domicile. I have 10 volunteers two Lay Counselors who man the Voluntary Counseling Site and lastly I have two cooks. Recently the DoWPD has offered some money to be used to assist the terminally ill patients. We cook and dish food then the seven volunteers deliver food and feed the terminally ill patients in their homes. This is a vital service because some of these patients are on certain drugs. They cannot take prescribed drugs without anything in the stomach.

Patnam of site Sizani also alluded to the principles of equal treatment and non-discrimination as follows:

Children in the centre tell others how they are handled in the site. Those who are not vulnerable also want to experience life led in the site. You can see that they are eager to eat food prepared from the site; they want to participate in activities performed in the site. They also want to experience the tender care received by orphaned and vulnerable children in the site. Children are interested in being loved and cared for.

According to policy, every child in the site should be respected, listened to, treated with dignity offered equal treatment and opportunity to participate. The implementation of these policy matters were adhered to as expressed by Mdli of site Sizani as follows:

The site is prepared to accommodate all orphaned and vulnerable children. The problem is that some of orphaned and vulnerable children who deserve to be accommodated in the site stay far away from the site. Some parents do not know that this drop-in site takes care of orphaned and vulnerable children in this vicinity. Some parents are careless and some are ignorant. Every orphaned and vulnerable child within the parameters of our site has freedom of access and freedom of association given to all children. Orphaned and vulnerable children receive equal treatment irrespective of their family status. All orphaned and vulnerable children registered in our site are taught children's rights, human rights and responsibilities.

Phindile, a child from site Sizani felt that the majority of local people needed to be informed about the role of their drop-in site as follows:

I wish that the local council can organize a meeting for the community so that the staff can inform the public about the role of the site. Some people are not aware that the site caters for the needs of orphaned and vulnerable children.

In reality, every member of the community should be aware of the existence of the site because, it is the community that identifies the risks, threat and poverty engulfing vulnerable children and orphans. The drop-in site is the best solution that adequately addresses absenteeism and school dropouts by providing pastoral and educational needs to vulnerable children and orphans. Children frequenting drop-in sites are assured three

meals a day, early childhood development programmes, life skills, counseling, safety and security:

Drop-in site personnel give us almost everything we need. They help us in many ways, if you ask for something they give it to you provided it is in stock. To crown it all, they feed us well.

Warmth, acceptance and equal treatment of all children as dictated in the policy governing the establishment of sites was adhered to. This sentiment was evident in the following response:

I have no problem, going to the site before and after school. It does not bother me because that is where I get food. They (other children) go to their homes where they get food and I go to the site where I get almost anything that I need.

Phindile of site Sizani responded as follows:

It (coming here) does not bother me, because I know that I get all I want at the site.

The above stated experiences of children and personnel are a testimony that drop-in sites play a major role in providing necessary services to orphaned and vulnerable children. If these services are not met children would be deprived of their rights to access education, which would have negative consequences to their development to positive adulthood. However Buhle observed that the policy governing the establishment of drop-in sites was silent about organizing excursions for children and orphans coming to the site. Her wish for participating in music competitions and visiting areas of interest was captured as follows:

What we do not get is going out on excursions. Other children at school who afford to pay for excursion visit places like Durban. We are always left behind because we cannot afford to pay for excursions. We would like the site to organize an excursion for us.

Vulnerable children and orphans highly appreciated the provision of educational, pastoral, material needs as propounded in the guidelines, but they felt that certain games should be provided. Thobeka a child from site Sizani had the following comment pertaining to things that the site can provide to make it user friendly to orphaned and vulnerable children:

We would be happy if site management can organize a trip so that we can see our favourite singers. We would be happy if there would be playing amenities so that we can play games like: netball, shibilika, merry go round...We could be happy if there can be a place where we can practice in preparation for music competitions, modern dance or traditional dance.

Drop-in sites should provide security and secure environment for all children. On the whole, drop-in site's atmosphere is loving, informal and tolerant (<http://www.liv.ac.uk/education/inced/sen/bk6p2.htm>). Personnel manning the drop-in site have clear mandates concerning what to do. There are clearly stated role functions for each and every employee. Soni of site Bakithi had no illusion pertaining to policy implementation in terms of carrying out the mandates of the drop-in site. She eloquently responded as follows with regards to the forms of care and support services rendered to children and other less advantaged members of the community:

Initially I was employed to go out to the community and search for the vulnerable children and take care of their basic needs. I was mandated to market myself and the site to the community, schools and clinics. That is why this site is flanked by; a high school and primary schools left and right, a clinic and a Police Station in this vicinity. Guidelines for the establishment of the drop-in site categorically states that it must be established in the areas where there are these government facilities.

Nxele of site Sizani shared the same understanding of policy implementation with Soni of site Bakithi. Difficulties with policy implementation were also confirmed by Gugu of site Sizani as follows:

Orphan statistics is something far beyond imagination. We talk massive numbers that we can't afford to accommodate in our site. Currently we haven't reached the government quota of 100 because of distance traveled by orphaned and the vulnerable children from their respective homes to the site. For 100 children the government subsidy is R8000, 00 of which I'm not sure whether it is enough or not for the services that the site is expected to render to these needy children without failure.

The above statement relating to policy implementation is in line with the fifteen activities laid down on the Guidelines for the Establishment of Community Based Multi Purpose Centre (Drop-in Site). This document contains the do's and the don'ts of drop-in sites in South Africa. It contains fifteen activities (a – o activities) - for the children and fourteen activities for adult people receiving assistance from the drop-in site. For instance the above quotation addresses activity (a) stated as "Identification of orphans and other children made vulnerable by HIV/AIDS" (DoWPD 2000: 6-7). On the other hand the document clearly states the roles of the management.

According to Bo of site Bakithi, the site is rendering services to vulnerable children as well as to the vulnerable parents. He further explained how the site takes care of children and vulnerable adults during weekends as follows:

Every month the site distributes food parcels to guardians of the children who come to the site so that parents will prepare all meals during weekends because the site is closed during weekends. The site has a total of 16 volunteers. 7 of them deliver food to the sickly. These volunteers deal with food emergency programme (soup kitchen). All volunteers get a stipend.

Nxele of site Sizani mentioned that the management is bound by policy to submit monthly reports pertaining to the daily activities of the site. According to policy guideline the Project Manager in consultation with the Management Committee is expected to compile and submit reports to the DoH, the DoWPD and relevant donors. The

Management Committee plays a major role in monitoring and evaluating the performance of the Project Manager that was captured in the following paragraph by consultant Nxele of site Sizani:

The Board of Management and the District Coordinators evaluate me on monthly basis. At present I do monthly reports and attend quarterly regional meetings. I have not been evaluated on a formal hearing...and I really do not know whether my contract is going to be renewed.

In terms of feedback from the Board of Management participant Nxele of site Sizani gave a satisfactory explanation that, the only feedback they get after submitting reports is bank deposits provided the submitted reports are satisfactory. If not, they are asked to produce the missing information.

Soni of site Bakithi did not hesitate to outline that the drop-in personnel monitors home circumstances and provide material assistance as it is stated in the guidelines for the establishment of drop-in sites (DoWPD, 2000 :4). Guideline (g) demands the site to monitor home circumstances, school work and attendance. Guideline (b) is concerned with the provision of material assistance, e.g. a cooked nutritious meal at least once a day, or providing snacks for children to take to school, food parcels and clothes, (DoWPD, 2000:6-7). These guidelines were stated in the following words:

Most unfortunately some of the children stay far from the centre. According to the guideline for the establishment of a drop-in site, the site child minders must assist children with their home works. However some of the high school vulnerable children do not come back to the centre after school, but those who come do get assistance, however the primary school ones are compelled to come to the centre after school.

Responding to guideline (c) which compels the site to provide Early Childhood Development Programme (DoSPD, 2000:6-7), Soni of site Bakithi said:

My trained child minders are responsible for assisting learners with their home works. They are also responsible for stimulating those who are below seven years of age. By stimulation I meant that there are booklets with pictures which children use for drawing, Child minders also involve children in a variety of activities like singing to keep them busy so that they are not be bored whilst they are at the site.

Guideline (I) states that after school recreation activities such as watching videos and the teaching of life skills like domestic works etc (DoWPD, 2000:6-7) is an important aspect of growing up. Patnam of site Sizani further emphasized the significance of engaging children in house chores as follows:

Every child enjoys the right of access and freedom of association given to all. They receive equal treatment irrespective of their family status and they are all taught human right and responsibilities. For an example they are taught that after eating they are duty bound to wash utensils that they have been using, because they have to learn to be responsible and become independent adults. In a nutshell they like to come to the centre because they are taught life skills: communication skills, interpersonal skills and table manners among other skills.

The above sentiment was also expressed by Sipho of site Bakithi in the paragraph below:

When we participate in group practice arranged by social workers, I reach home at 17h00. I enjoy these activities because they make me feel free and relaxed. I don't have toys, not even a soccer ball...I don't have something to play with at home...

Bo of site Bakithi expressed her experience in imbuing children with variety of skills essential for the holistic development of a child as stated below:

We do not only feed and look after children. We also teach them more about health issues. Teenagers are also taught about the effects of drugs. I think we will be through with the programme towards the end of the year and we are planning to have a closing celebration. Last year we started a group consisting of high school pupils. We change these groups yearly. This year's group preferred to call itself 'ADILA.' We target 16 to 22 year olds. We do various activities together. Some of them no longer qualify to be part of this site since they are above 18 years of age. The intention of including them in the group is to imbue them with skills to cope with daily life challenges.

The engagement of vulnerable children in various skills and activities taught at the site are in line with guideline (i) which state that the drop-in site has to implement youth programmes (DoWPD, 2000: 6-7). With regards to the actual number of children to be accommodated in a site participant Gugu of site Sizani had reservations with regards to the above policy guidelines, on the other hand she stated that drop-in site personnel is duty-bound to adhere to guidelines because they are policy:

The rule is 'every child has a right to education'.

Section 29 (1) of the South African Constitution commits all institutions to this fundamental right which says:

Everyone has the right to basic education....

In reconciling policy issues governing drop-in sites and reality Gugu of site Sizani further commented as follows:

The needs of the school, puts pressure on school administrators hence teachers demand school fees from children. That is somehow abusive towards orphaned and vulnerable children. I suppose there are many orphaned and vulnerable children who should be receiving assistance from this site but the DoWPD has actually stipulated that each site must accommodate 100 orphaned and vulnerable children. I am sure that others can't afford to reach the site because they live afar.

In terms of guideline (d) assisting with applications for social grant (DoWPD, 2000:6-7)

Mncwa of site Sizani stated that:

Parents and guardians come to us for assistance. After discussions, we help them fill in forms for acquiring social grants. Whist the Department of Welfare and Population Development (DoWPD) are assessing their application forms children are accommodated in the site.

With regards to guideline (k) providing counseling to address the psychological needs of children and their families (DoWPD, 2000:6-7), participant Gugu was eloquent in stating that there is a need to established and strengthen relationship between drop-in sites, the DoE, DoH, DoWPD and NGOs in order to address the above-stated guideline as captured in the following paragraph:

I think the DoH is obliged to train us in counseling skills, the DoWPD can also assist by providing us with youth development training. The DoH and DoWPD are already involved in training youth in the afternoons. The Department of Labour (DoL) can also come to our rescue by providing job related training and job opportunities for the above 18-21 youth that have been part of the drop-in sites. Once they are above twenty-one [21] they no longer qualify to be accommodated in the site.

According to Lulu, some teachers do not adhere or implement South African Schools Act (SASA) and Inclusive White Paper 6. This unfortunate practice of chasing away learners who cannot afford to pay school fees is illegal but continues nonetheless:

Another thorny issue is that of chasing children from school on the ground that the child has no uniform. Teachers refuse to admit children who do not have birth certificates. There are instances where a parent dies without sorting these legal documents. I am of an opinion that teaching and learning can take place without these documents. We would like teachers to accept them unconditionally whilst we are organizing these documents.

The above-stated breach of policy stipulation by educators was also bothering children.

Hence Sipho of site Bakithi had the following to say:

I have no problems with my educators. I would be happy if they can stop demanding school fees from my grand mother.

Sipho's plea was echoed by Buhle of site Sizani:

I wish teachers could know this place (drop-in site). Teachers should know that we go to the site before going to school. That would make them aware why we are sometimes late.

The South African Schools Act (DoE, 1996:29-32) addresses the issue of inability to pay school fees, it further elucidates the role of the School governing Body (SGB) in resolving school fees problems. On the other hand the Inclusive White Paper 6 (DoE, 2001: 4) declares that there are about 280 000 learners who are out of school as a result of various reasons among others are; poverty, disability and the impact of HIVAIDS on affected households. Referring to the above-mentioned number of children excluded from school Inclusive White Paper 6 (DoE, 2001:4) asserts that:

...the place of these children is not one of isolation in darkrooms and sheds. It is in schools, on the playground, on the streets and in places of worship where they can become part of the local community and cultural life and part of the reconstruction and development of our country. For, it is only when these ones among us are a natural and ordinary part of us that we can truly lay claim to the status of cherishing all our children equally.

South African Schools Act (DoE, 1996:4) emphasizes compulsory school attendance for children enrolled in General Education Band (GET) that is grade one to grade 9. In Zambia compulsory school fees have been abolished to reduce school cost. In Uganda community based organizations negotiate school fees in exchange for surrogate parents providing labour and materials for upgrading schools (Harber, 1999:80). The S.A. School Act (DoE, 1996:29-31) presently under review gives provision for compulsory education from grade one to grade nine and it also provides alternative means of paying school fees. Parents who cannot afford to pay school fees are bound to apply for remission or provide labour to concerned schools.

Every institution or organization's survival and success is dependent on its constitution, budget, management and adherence to its basic objectives, hence participant Gugu of site Sizani showed insight with regards to the management of funds in the site in the following statement:

The government funding given to drop-in sites is ring fenced. Specific amount is allocated for income generation projects, personnel salaries, equipment and the daily functioning of the site.

According to the guidelines for the establishment of drop-in sites it is clear that each drop-in centre is not concerned with the plight of children only, but its activities are extended to vulnerable adults as well as to those living with the virus.

4.4 Theme 3: Barriers to learning and development

The third theme, barriers to learning and development, highlights the role of drop-in sites in alleviating stressful situations that exclude vulnerable children from participating gainfully in learning and development processes in institutions of learning. Ramphal and Ramphal (2002:246) define barriers to learning and development as:

Those factors which prevent the system from accommodating diversity, thus causing learning breakdown or preventing learners from accessing education provision.

The presence of drop-in sites plays a crucial role in helping orphaned children in accessing Early Childhood Development Programmes (ECD) on sites or nearby pre-schools and crèches. Children growing up where there are no drop-in sites, do not get an opportunity to participate in Early Childhood Development Programme, thus are automatically excluded. It is therefore worse for child-headed households and children

growing up in HIV/AIDS infested areas. The above sentiment was evident in the statement said by Thoko of site Bakithi that:

The youngest child in the site, for now is two years old. Child minders are responsible for teaching them various basic life skills. In terms of safety, their guardians always accompany them to site where they are received by child minders in the morning. After eating breakfast, child minders pack their sandwiches and take them to the nearby crèche. Some guardians do not send their children to the site because it is not fenced. Child Minders fetch children from crèche after 12H00. They feed them and look after them until they are fetched by their guardians in the afternoon.

The above quotation is evidence of exclusion. I observed that site Bakithi was not fenced and that site Sizani was adjacent to a busy high way. These two factors compromised the safety and security of vulnerable children and orphans attending the centres, therefore excluding them from participating in drop-in site services, because according to Lulu guardians do not send children to the site due to lack of proper security measures.

Another barrier highlighted was that the family that donated the building to the site does not want meat to be included in the menu of Bakithi drop-in site. The reasons given were that the concerned family belongs to a particular religion and that this family is intolerant of African traditions. This was eloquently stated as follows:

If I can be precise this building belongs to a particular religion. It belongs to Gandhi family. This family or cultural group of people is totally opposed to meat consumption.

Children are not allowed to carry sandwiches made up of cheese and stuff like that because such fillings are made up of meat. To me this practice causes the numbers of children to drop drastically, because children like to eat a variety of dishes. Upon noticing the numbers of vulnerable children dropping, we gave them meat and prepared cheese sandwiches to carry to school, the Ghandi family complained and we had to stop with immediate effect because the building belongs to them. Eating one kind of foodstuff bores children as a result the numbers of children attending the centre dropped. Fish is something common something children eat at home and so they are not interested in eating fish. I think that the centre management must get another building or the Ghandi family

understands that these children are not part and parcel of the Ghandi religion therefore they must be allowed to eat meat at the centre.

It was clear that the exclusion of meat from the menu on religious ground needs to be addressed, because vegetarian menu is acceptable and nutritious. I simply observed that the thorny issue was religious convictions of the Ghandi family that was seen by a predominantly black Christian personnel as blatant religious indoctrination or imposition of specific cultural values to vulnerable social group. Hence, guardians who perceived that their religious convictions and cultural values were threatened by foreign religion preferred to withdraw their vulnerable children from site Bakithi, thus depriving them of early childhood development programmes and various programmes rendered at the site. The fact remains, a child excluded from Early Childhood Development will be disadvantaged.

Schools serviced by Sizani drop-in site are \pm 5 kilometers away. Secondly there is no public transportation system like buses or trains. The vastness of the District makes it extremely difficult for us to do work diligently. The centre does not have its own transport for ferrying personnel to do door to door visit. Transport can be used to transport orphaned and vulnerable children staying far away from the centre at this point we are aware that a large number of children are suffering as a result of the lack of transport. With regards to transport as a factor excluding vulnerable children, Siso commented as follows:

The District is vast, that makes it extremely difficult for us to do work diligently. We do not cover the whole area. There are people that do not know that the site renders service to vulnerable children and orphans. The centre does not have its own transport for ferrying personnel to do door to door visit. Transport can be used to transport orphaned and vulnerable children staying far away from the

centre at this point we are aware that a large number of children cannot come to the site due to lack of transport.

This was also confirmed by a comment made by Bo:

We have voiced the transport issue as our concern; it hinders our service delivery, because we do not reach out to all needing our services.

I observed that the only means of transport operational in the area was taxis. It is known that taxis do not have scheduled timetable and they do not offer coupons. We cannot lose sight of the fact that vulnerable children and orphans that frequent the site are from poor households, therefore they cannot afford to pay exorbitant taxi fares.

Sipho a child from site Bakithi also enumerated transport as another barrier that is causing a number of vulnerable children not to access care and support from the drop-in site:

There should be more children in the site. Granny (referring to the project manager Soni of site Bakithi) must transport children from home to the site. They should improve this place because it helped me a lot.

Drop-in site Bakithi is flanked by squatter settlement, therefore it is cramped, and children do not have ample playing space. Any system or institution that does not accommodate the needs of vulnerable and orphaned children is exclusive and thus prevents a child from effectively engaging on ideal process of education. Sipho of site Bakithi had already noticed that his drop-in site needs some improvements in order to accommodate their needs in the site. Participant Sipho identified various obstacles ranging from buildings, money, food and sporting facilities that need to be improved to make a drop-in site more user friendly and more accommodative as follows:

They must build more houses...improve conditions of the building. Donate some money... to be used to take care of the orphaned children. Money should be used to; employ many social workers, buy more food for children, building dormitories

so that orphaned children can stay in the site. That will make orphaned children grow up in a safe place and also take social workers as their parents. There should be teachers on site to assist children who did not understand what was taught at school. ...I wish that we could get a playground with poles, swings.... We need a multi-purpose playground. I mean swings, swimming pools and athletics field so that children can play a variety of activities.

Site Bakithi is a well built modern structure, but it is not an ideal place for learning and development, because it is small and cramped. Foyer and passages are narrow thus containing noise and have terrible echo. The hall where children are fed has neither chairs nor tables. There is no space for relaxing and playing. Kitchen and offices are small, however well furnished and in spick and span condition. Immediately after eating children leave the site because the area is not bright, not colourful, and not attractive and does not offer exciting games like videos, soccer or netball. In both sites participants were concerned that high school children did not frequent sites after school, attributed to the lack of stimulating environments and the lack of interesting games in the two sites.

Project manageress of site Bakithi was happy that the drop-in site was optimally operational irrespective of a host of hindrances like indifference displayed by donors of the building and lack of space. That indifference hindered her endeavours of seeking external donations. If the building and land ownership can be totally transferred to the DoH, the existing building can be renovated to meet basic condition for learning and development. However, she has already secured sponsorship of two containers, one is utilized for storing records and the other one is used for storing food supplies for home-based service. In a nutshell the project manageress of site Bakithi had vision for a better drop-in site, but her vision was frustrated by the fact that the land and the building belongs to a particular individual who forces his traditions and religious convictions to

vulnerable children and orphans of Africans traditions and Christian religious backgrounds.

These factors affect the project manageress's plan for improving the site to truly reflect aspirations of teaching and learning. Ntombela, (2006:48) concurs and further articulates that conditions of some schools in the under-developed communities are sometimes not suitable for teaching and learning purposes. If site Bakithi building structure remains unimproved and safety and security of both sites are not receiving the attention it deserves many vulnerable children and orphans deserving to be accommodated will be excluded. For site Bakithi in particular, the lack of chairs and tables in the dining hall, lack of space for playing and for doing home work, the exclusion of red meat in the menu will ensure that vulnerable children and orphans will be exclusion.

Ntombela (2006: 49-50) concurs and further states that there are numerous factors that place many children at risk and ultimately excluding them from accessing education, among others are abuse, traditional practices and rituals, poverty and under-development. For instance schools in rural areas lack user-friendly infrastructure and there is a shortage of essential basic service like transport and health care facilities. Site Sizani falls under institutions of learning that need serious intervention in order to successfully ensure that factors placing children at risk of dropouts are addressed.

According to DoWPD (2001:2) a drop-in site should be erected where there are various government structures like Home Affairs Offices, Police stations, school and clinics. Site Bakithi met almost all the criteria of proximity to other state services. It is adjacent to a

crèche, clinic, library, Police station and schools except the Home Affairs offices that are located in Durban a distance of approximately 41 kilometers away. The presence of two Social Workers doing internship and the availability of 17 volunteers assisted in the identification of vulnerable children and orphans. Sheer numbers of extra personnel and the proximity of various state institutions facilitated the process of admitting deserving children, no wonder site Bakithi had 102 children under her custody.

Site Sizani is far away from the above-services. Accessing these services is extremely expensive because these services are in the nearby town which is 28 kilometer from the site. Lack of public transport makes it difficult for site Sizani to access various state services, there is no wonder site Sizani had 66 instead of 100 vulnerable children and orphans in their care. Inclusive education initiatives maintain that any education system or any institution that does not respond to diverse needs of children leads to massive numbers of dropouts, push-outs and failures (White Paper 6, DoE, 2001:5). Soni of site Bakithi also said that:

Distance traveled to and from drop-in site, and peer pressure contribute in reducing access to her drop-in site. For instance, secondary school orphaned and vulnerable children do not frequent the site. One suspects that peer pressure causes them to shy away from the site, thus they are excluded.

Poverty, stigmatization, labeling, school fees, uniforms, stationery, starvation, sexual abuse of girls and child labour contribute to the exclusion of vulnerable children from accessing education (Moletsane 2003:9; Mwasa 2000:24). Effective teaching and learning process cannot take place if the child is hungry and emotionally unstable. For instance orphaned and vulnerable children leave home with an empty stomach in the morning and are deeply hurt by labeling. Sometimes they leave behind their siblings or parents in sick beds. This sentiment was well narrated by Soni of site Bakithi:

You know we feed these children and give them almost everything but when they are at school they are likely to...lose concentration because they are thinking about their sick parents on the verge of death, wondering whether they are going to see them after school. These situations demand that teachers are fully aware of the needs of the vulnerable children and be in position to provide counseling.

The fact that a vulnerable learner who is subjected to the above-stated situation is likely to drop out due to the fact that teachers may not be aware and sympathetic to their plight because guardians may have not made teachers aware that the child frequents the drop-in site. On the other hand classrooms are full to capacity in the under-developed communities. Individualization is probably lacking in an environment where teacher pupil ratio is 1:38. However, in reality some classrooms have more than forty learners in one classroom. To make matters worse, schools in the vicinity of targeted sites have one or not a single teacher trained as Lay Counselor. This is a recipe for poor academic performance, dislike of school and ultimately drop-out and exclusion.

Drop-in sites come into picture to provide vulnerable children with pastoral and educational needs so that they can gain their self-esteem and face life challenges in an affirming way. Personnel of any learning institution can perpetuate exclusion if they are not upgrade their level of education to be abreast relevant matter.

Drop-in site's role in ensuring that vulnerable children are not expelled from school for not paying school fees was narrated by participant Mncwa of site Sizani as follows:

Early this year we wrote letters to schools explaining that the bearer of the letter is a bonafide child who gets assistance from the site, whose social grant application is being attended to by the DoWPD. We pleaded for the child to be accepted and we made an assurance that once the grant is finalized the site will pay the due school fees. We are all aware that the government stresses that every body has a right to education.

Drop-in sites interventions are in line with Inclusive Policy Document on National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS (DoE, 2001:5) which asserts that:

...the education and training system should promote education for all and foster the development of inclusive education. It also supports institutions of learning that would enable learners to participate actively in the education process so that they could develop and extend their potential and participate as equal members of the society.

It is also worth noting that the NIP initiatives are beginning to bear fruits where there are drop-in sites. The Department of Education must try as much as it possibly can to practice inclusive education. According to White Paper 6 (DoE, 2001:8) the DoE is committed in taking action to reduce the incidence and the impact of the spread of HIV/AIDS pandemic and other infectious diseases. These interventions are intended to address issues related to absenteeism and ultimately dropouts. Absenteeism and poor academic performance can be due to numerous reasons compelling orphaned and vulnerable children to under-perform or leave school prematurely.

Access to drop-in sites is further hindered by ignorance, negative attitude and perceived safety and security threat to children. For instance walking long distances in an area covered with different forms of vegetation and crossing a busy main road. These observations were shared by participant Mdli of site Sizani:

Children don't have equal chances, others stay far. Other children are too young to cross the busy high ways on their own. Other children live with people who have no interest in the drop-in site.... probably it is the lack of interest or carelessness on the part of the guardians. Stigma is not that bad, instead some parents go to an extent of telling a lie, declaring that their children are orphans. At times you get that an orphaned or vulnerable child that has been coming to the site is suddenly not coming because the grant is finalized but the guardian does

not take care of the needs of concerned child, in that case the child that should be taken care by the site is unlawfully left destitute.

4.5 Conclusion

This investigation was deliberately undertaken to explore and describe the experiences of drop-in site's personnel in providing pastoral and educational needs to vulnerable children and orphans. The findings obtained from both sites brought forth valuable information that can be used by institutions of education, various arms of the state like DoH, DoSPD, DoA, DoAE, NGOs, FBOs, CBOs, the family, and individual in providing quality pastoral and educational needs to vulnerable children and orphans. It was clear that drop-in sites are playing a crucial role in mitigating stressful situations where vulnerable children find themselves in and it noted that drop-in sites play a vital role in the alleviation of the plight of vulnerable children and orphans from the scourge of HIV/AIDS.

It was evident that the HIV/AIDS is embedded in the ecosystem, thus the lasting solution should be found in the entire ecosystem. For instance, drop-in site personnel were categorically clear that their success is basically dependent on working collaboratively with different arms of the state and local community structures. It was also noted with interest that drop-in personnel emphasized the establishment and the strengthening of healthy working relationships between sites and clinics to prevent the spread of communicable diseases. Moreover, they highlighted the need for the extension of this relationship to schools to ensure that vulnerable children and orphans have school necessities like healthy diets, uniforms, schools fees and stationery.

From observations and interviews, it was evident that drop-in sites are a user friendly alternative model of care that can be used to effectively take care of educational and pastoral needs of orphaned and vulnerable children in the context of HIV/AIDS.

The existence of drop-in sites is an inclusive community response to the plight of orphaned and vulnerable children. Drop-in sites and schools temporarily take over the burden of parents and guardians giving orphaned and vulnerable children ample opportunity to attend to school work and allow them to do what ordinary children do, which is to play. In the absence of drop-in sites, children from child-headed households shoulder responsibilities of earning a living, doing house chores and looking after their siblings. Most of the poverty stricken, vulnerable, HIV infected and affected children would be excluded from attaining basic education if drop-in personnel and educators do not intervene.

CHAPTER FIVE

Conclusions and recommendations

5.1 Conclusions

As argued previously in this dissertation, there are many children who do not derive maximum benefit from the school system as a result of barriers to their learning and development. Barriers can be permanent or transient; can be situated within learners or within schools. The biggest challenge for the education system is to remove or minimize the impact of these barriers to ensure that children derive maximum benefit from their schooling (Ntombela, 2006). Education cannot provide for these children's needs alone, co-operation and collaboration with other state agencies is critical for the success of this undertaking.

This chapter deals with findings recommendations, guidelines to be used by drop-in site personnel in providing pastoral and basic needs to orphaned and vulnerable children.

The objective of the study was to explore and describe how drop-in personnel experience their lives in providing pastoral and educational needs. Second, it explored and described how orphaned children experience receiving pastoral and educational needs.

5.2 Theme 1: Supports, services and community involvement

5.2.1 Excursions (Peer jamborees)

Children attending drop-in sites do not get an opportunity to take part in the excursions organized by their respective schools because they could not afford to pay excursion fees.

Children have a right to leisure, play and to participate in cultural and artistic activities (Uys & Cameron, 2003:179-180). Institutions of learning, community and youth structures have to organize youth activities and involve orphaned children. This would lessen stigma and marginalization of infected and affected children.

5.2.2 Involvement of various sectors to improvements scholastic achievements

Children who had sick relatives displayed inattentiveness, struggled in attaining appropriate scholastic achievements and it also emerged those children who are orphaned and vulnerable lack skills of establishing and maintaining social relationships. It is therefore imperative that NGOs, officials of the DoE, business sector and various stakeholders should ensure that their services are extended to Drop-in sites to intervene at opportune time.

Orphaned and vulnerable children who were at secondary schools sometimes did not come to the site after school. Drop-in site personnel assumed or had a general feeling that secondary school children wanted to bond with their peers, thus causing site personnel to wonder where they get meals after school. Drop-in site personnel were also worried about their home work. Secondary school teachers need to be informed and educated about the presence of drop-in sites and be made aware of their role of encouraging concerned learners to see the value of frequenting the drop-in site after school. The involvement of teachers and various community members can play a vital role in bringing various skills and services to drop-in sites.

5.3 Theme 2: Policy issue

5.31 Technical and Intensive Life skills and Counseling training:

Training of the drop-in centre personnel on the Life Skills Based HIV/AIDS Programme.

Participants were of an opinion that their involvement in the Life Skills HIV/AIDS

School Based programmes would create channels of communication between the drop-in site personnel and the DoE's Life skills coordinators. The researcher believed that such an initiative would develop and strengthen trusting relationships between educators and children attending drop-in sites since the drop-in personnel would be freely communicating with educators of the affected children.

Drop-in site personnel were eager to get intensive training of Life Skills HIV/AIDS and Counseling training. They were of an opinion that getting intensive training would enhance their confidence and self-esteem in dealing with abused, abandoned and grieving children.

Training of all teachers on counseling and humanistic psychology with emphasis on empathy (<http://www.liv.ac.uk/education/inced/sen/bk6p2.htm>2004-03-01:2) would equip educators and drop-in site personnel with basic skills and knowledge of attending to vulnerable children with confidence.

Drop-in site personnel (lay counselors, child minders and caregivers in particular) were eager to get intensive training of Life Skills HIV/AIDS and Counseling training. They were of an opinion that getting intensive training would enhance their confidence and self-esteem in dealing with abused, abandoned and grieving children.

5.3.2 Technical training

Drop-in sites have a leverage of seeking sponsors. Both manageresses pointed out that the need for drop-in sites is huge and the execution of essential drop-in site responsibilities hinges on fund raising. Their concern was that as managers they were not adequately trained on fund raising proposal skills and project management. There was a concern that the administrative staff was not well versed with advanced computer literacy skills.

Auditing is done by independent consultants; however managers felt that basic auditing skills would help them to avoid unnecessary omissions and mistakes. Proposed recommendation would be that managers and administrative staff should be offered in-service training to improve their skills and performance. This in-service training can be coordinated and organized by the Provincial Skills Department.

5.3.3 Awareness campaign

Furthermore local communities need to be informed about the presence and the functions of the drop-in sites. The DoE especially the Governance component find means and strategies of engaging in awareness campaign in schools through School Governing Body segment. DSWPD on the other hand should utilize pension pay out points to inform the potential nest of guardians, because that is where one is likely to get elderly many people are found especially in the rural areas. The state must assist in designing locally based mechanisms of mobilizing locally based volunteers that can supplement where the government falls short of both capital and human resources and in securing external donor and international support tailor-made for the felt needs of vulnerable children and orphans.

5.3.4 Decentralization of Home Affairs Offices:

It was noted with concern that essential offices required to issue basic document like birth certificates, death certificates and identity documents were located far away from the affected communities. It was therefore recommended that the decentralization of essential services to the local municipalities, would facilitate easy access and to expedite the process of issuing of grants to the deserving children.

5.4 Theme 3: Barriers to learning and development

5.4.1 Grant delays and corruption

The delays, corruption and a fixed number of orphaned and vulnerable children to be accommodated in the drop-in site and a series of challenges associated with accessing social support grants for orphaned and vulnerable children were highlighted as major stumbling blocks hindering drop-in sites from honouring one of their foremost core responsibility; to recruit more orphans and vulnerable children. It was highly recommended that local councilors should inform local traditional leaders about the value of drop-in sites. It was felt that the filtering of genuine information pertaining to the functions of the drop-in site to through local structures of leadership would minimize or curb corruption associated with soliciting social grants fraudulently. It was felt that transparency with regards to utilization of funds in the drop-in site would ensure that informed community members would expose culprits that get social grants illegally. .

5.4.2 School fees

A major finding responsible for exclusion was the fact that, orphaned and vulnerable children were expelled from school for failing to pay school fees. It was felt that drop-in

site personnel should be made aware of the content of South African School Act. That knowledge would help drop-in personnel to inform guardians of the affected learners, so that they themselves can confront schools with confidence in ensuring that the right of children to basic education is not violated.

5.4.3 School Nutrition Programme:

The researcher had to propose that the primary School Nutrition Programme should be extended up to grade 12 so that vulnerable children who want to participate in after school programme and bond with their peer could do so, knowing that they would not starve themselves.

5.4.4 School platoon system and flexible curriculum

Inflexible school curriculum, school post provisioning norm and fixed schooling days and hours proves to be problematic to accommodate children of school attending ages heading families or looking after their siblings while a parent or a guardian is sick or in hospital. This is particularly affecting girls more than boys. It is highly recommended that the DoE introduces school platoon systems, reconsider school post provisioning norms, improve school security and ensures that the curriculum accommodates the interests of all learners.

Government should device a strategy to ensure that orphaned and vulnerable children are exempted from paying school fees as it is put in the South African Schools Act. South African School Act was enacted in 1996. It was surprising to note that, certain schools were demanding payments from parents of orphaned and vulnerable children. During the

time of conducting this study, the government had already identified some school as no fee school.

5.5 Research conclusion

Every child out of school as a result of HIV/AIDS impact or any other compelling reason represents the loss of prosperity, democracy and human development attained so far in the Republic of South Africa.

The purpose of this investigation was to explore, describe and explain the experiences of drop-in site's personnel in the provisioning of pastoral and educational needs of vulnerable children and orphans.

To achieve the above-mentioned objectives I used various research tools such as one to one interviews, focus interviews, observation and interview schedule.

Findings emanating from the investigation were elicited and the recommendations that emerged from the findings were logically stated. South African Schools Act propagates that children from poor households must be exempted from paying school fees. However much needs to be done in seeing to it that the act is implemented to accommodate the needy children.

The introduction of school platoon system and flexible curriculum that will accommodate infected and affected learners, officials need to focus on the effectiveness of the buddy and peer tutoring systems of learning, speeding up the establishment of School Based

Support Teams (SBS) and School Health Advisory Boards. These initiatives need to be extended to drop-in personnel more especially to child minders. Such a move will cut down factors exacerbating exclusion in centres of education. Training programmes intending to capacitate drop-in site personnel in providing relevant care and support by the state and the communities have to adhere to the guidelines for the establishment of drop-in sites and universal precautions.

I was disappointed that the literature review consulted has neither emphasized nor alluded to the significance of universal precautions in curbing the spread of HIV/AIDS. The National Policy on HIV/AIDS (DoE, 1999:5) defines universal precautions as the concept used worldwide in the context of HIV/AIDS to indicate standard infection control procedures or precautionary measures aimed at the prevention of HIV transmission from one person to another and includes procedures concerning basic hygiene and the wearing of protective clothing such as latex or rubber gloves or plastic bags when there is a risk of exposure to blood, blood borne pathogens or blood-stained fluids.

The reality is that HIV/ AIDS pandemic is affecting almost every person, each institution of learning and almost all arms of the state. My observation and occlusion is that, models of care and support as well as lessons tried and practiced elsewhere can be modified and replicated to other areas to mitigate the devastating effects of HIV/AIDS to vulnerable children and orphans.

REFERENCES

- Babbie, E. (1989). *The practice of social research*. Oxford: Oxford University Press.
- Buthelezi, T.M. (2003). *Dealing with HIV/AIDS in a Multicultural Context: Presentation to B Ed (Hons.) Science Students in the Faculty of Education*. Durban: University of Natal.
- Campell, D. & Williams, G. (1990). *AIDS Management: An Integrated Approach*. London: Action AIDS.
- Chirambo, K. & Ceasar, M. (2003). *AIDS Governance in Southern Africa: Emerging Theories and Perspectives*. Pretoria: IDASA.
- Cohen, L., Manion, L. & Morrison, K. (2000). *Research Methods in Education*. London: Routledge Falmer.
- Cooper, P. & Upton, G. (1990). An Ecosystemic Approach to Emotional Behavioural Difficulties in schools. *Educational Psychology*, 301-321.
- Creswell, J.W. (1994). *Research design: qualitative and quantitative approaches*. Thousands Oaks: Sage.
- De Cock, K., Mbori-Ngacha, D. & Marum, E. (2002). *Shadow on the continent*. Washington D.C.: Public Health and HIV/ AIDS in Africa.
- De Lange, N. (2004). *Class notes*. Durban: University of KwaZulu Natal.
- Delport, C.S.L. (2002). Qualitative data collection method. In De Vos, A.S. (Ed). *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik.
- Department of Education (1996). *South African Schools Act*. Pretoria: Department of Education.
- Department of Education (1997). *Quality Education for all: Overcoming barriers to learning and development. Report of the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCSS)*. Pretoria: Department of Education.
- Department of Education (1999). *National Policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institutions*. Pretoria: Department of Education.
- Department of Education (2001). *Language Policy*. Pretoria: Department of Education.
- Department of Education (2001). *White Paper 6 - Special Needs Education: Building an inclusive education and training system*. Pretoria: Department of Education.

Department of Education (2002). Guidance for Educators: The HIV/AIDS Emergency. Pretoria: Department of Education.

Department of International Development (2001). HIV Strategy. London: Stairways Communications.

Department of Justice (1996). These are your rights: The United Convention on the rights of the child. Pretoria: SIDA.

Department of Social Welfare and Population Development (1997). White Paper for Social Welfare. In www.welfare.gov.za/Document/1997/wp.htm (accessed 2002/11/01)

Department of Social Welfare and Population Development (2000). Guidelines for the Establishment of Community Based Multi Purpose Centres (Drop-in Centres). Pretoria: Government Printers.

Department of Social Welfare and Population Development (2001). National Guidelines for social services to children infected and affected by HIV/AIDS. Pretoria: Government Printers.

De Vos, A.S. (2002). Qualitative data analysis and interpretation. In De Vos, A.S. (Ed). *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik.

Donald, D., Lazarus, S., & Lolwane, P. (1997). Educational Psychology in social context. Oxford: Oxford University Press.

Durrheim, K. and Painter, D. (1999). Collecting qualitative data: sampling and measuring. In: Terre Blanche, M. and Durrheim, K. (Ed). *Research in practice: applied methods for the social research*. Cape Town: Cape Town Press.

Fouche, C.B. & Delport, S.L. (2002). The place of theory and literature in the qualitative approach to research. In De Vos, A.S. Ed). *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik.

Gilks, C., Katherine, F., Haram, D., Kemp, J., Squire, B. & Wilkinson, D. (1998). Health and Population Occasional Paper: Sexual Health and Health Care: Care and Support for People with HIV/AIDS in Resource-Poor Settings. London: Department for International Development.

Gerson, K. & Horowitz, R. (2003). Observation and interviewing: Opinions and choices. In May, T. (Ed). *Qualitative research in action*. London: Sage.

Greeff, M. (2002). Information collecting: interview. In De Vos, A.S. (Ed). *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik.

Guest, E. (2001). Children of AIDS: Africa's orphan Crisis. London. Pluto Press.

Halkett, R. (1999). HIV/AIDS and the Care of the Children. Braamfontein: South African Council for Child and Family Welfare.

Harber, M. (1999). Who will care for the children? Social policy implications for care and welfare of children affected by HIV/AIDS in KwaZulu Natal. Pietermaritzburg: Research Report.

<http://www.liv.ac.uk/education/inced/sen/bk6p2.htm> 2004-03-01

<http://www.und.ac.za/und/heard> 2004-03-03

Huitt, W. (2004). Systems model of Human Behaviour. In <http://valdosta.edu/whuitt/materiala/sysmdlo.html> 2004-03-01

Isaac, S. & Michael, W. (1990). Handbook in Research and Evaluation for Education and the Behavioral Science (2nd Edition). San Diego: Edits.

Jackson, H. (2002). AIDS Africa: Continent in crisis. Avondale: SAFAIDS.

Kanjee, A. (1999). Assessment Research. In Terre Blanche, M. and Durrhein, K. (Ed). *Research in practice.applied methods for the social sciences*. Cape Town: University of Cape Town Press.

Kibel, M.A & Wagstaff, L.A. (1991): Child Health for All. Cape Town: Oxford University Press.

Kvale, S. (1996). Interviews: An introduction to qualitative research interviewing. London: Sage.

Labuschagne, T. (1998). A guide for the Effective Management of Child Sexual Abuse. Hands off- Say No to Child Abuse-Alliance. Johannesburg: Community Chest.

Leclerc-Madlala, S. (2002). "Youth, HIV/AIDS and the importance of sexual culture." Social Dynamics, 28.

Louw, N., Edwards, D. & Orr, J. (2000). HIV and AIDS: Care and Support of Infected and affected learners. A Guide for Educators. Pretoria: Department of Health.

Mandela, N. (1994). Youth at risk: The challenges facing HIV/AIDS education in South Africa. Pretoria: Reproductive Health Research.

Meyer, W. Moore, C. & Viljoen, H. (2003). The psychoanalytical theory of Sigmund Freud. In Meyer, W., Moore, C. and Viljoen, H. (Ed). *Personology. From individual to ecosystems*. Cape Town: Heinemann.

Moletsane, R. (2003). Another lost Generation? The impact of HIV/AIDS on schooling in South Africa. *The International Journal on School Disaffection*, 7-13.

- Moore, C. (1997). The ecosystem approach. In Meyer, K., Moore, C. and Viljoen, H. (Ed). *Personology. From individual to ecosystem*. Cape Town. Heinemann.
- Mouton, J. (2001). How to succeed in your Master's and Doctoral studies: A South African Guide and Research Book. Pretoria: Van Schaik.
- Mwase, C. (2000). Schooling cannot be sacrificed. *Children First*, June/July 2000.
- Natrass, N. (2004). The moral Economy of AIDS in South Africa. Cambridge: Cambridge University Press.
- Neuman, W. L. (2003). Social research method: Qualitative and quantitative approach. London: Ally and Bacon.
- Ntombela, S. (2006). The complexity of Educational Policy Dissemination in the South African Context: A Case study of Teachers' Experiences of Inclusive Education Policy in Selected Schools in Greater Durban. Durban: University of KwaZulu-Natal.
- Poggenpoel, M. (1998). Data analysis in qualitative research. In De Vos, A.S. (Ed). *Research at grass roots. A primer for the professions*. Pretoria: J.L. van Schaik.
- Power, S. (1996). The Pastoral and the academic. Conflicts and Contradictions in the Curriculum. London: Cassell.
- Ramphal, A & Ramphal R. (2002). Psychology for teaching and learning. In Kruger, N. and Adams, H. (Ed). *Including learners with barriers to teaching and development*. Cape Town: Heinemann.
- Richter, L., Manegold, J. & Pather, R. (2004). Family and community interventions for children affected by AIDS. Cape Town: HSRC.
- Richter, L. Foster, G. & Sherr, L. (2006). Where the heart is: Meeting the psychological needs of young children in the context of HIV/AIDS. The Hague: The Bernard van Leer Foundation.
- Robson, C. (2002). Real World Research: A resource for social scientists and practitioner-researchers. Berlin: Blackwell Publishers.
- Rose, R. (2000). The Curriculum: A vehicle for inclusion or a lever for exclusion. In Tilstone, C., Florian, L. and Rose, R. (Ed). *Promoting Inclusive Practice*. London: Routledge Falmer.
- Santrock, J.W. (2007). Child Development. Boston: Macgraw-Hill.
- Schoteich, M. (2000). Age and AIDS: A lethal mix for South Africa's crime rate. Occasional paper: HIV/AIDS a treat to the African resistance. Johannesburg: Adenauer Foundation.

Schuller, T., Preston, J., Hammond, C., Brassett-Crundy, A. & Bynner, J. (2004). The benefits of learning: the impact of education on health, family life and social capital. London: Routledge Falmer.

Scott-Goldman, J. (2001). Literacy as an asset and a means to reducing vulnerability. *Learning programmes and sustainable Livelihoods*, 1-8.

Sherman, R.R. (1988). Qualitative research in education: focus and method. London: Falmer Press.

Skidmore, D. (1994). The ideology of Community Care. London: Chapman & Hall.

Strydom, H. (2002). Ethical aspects of research in the social sciences and human services professions. In De Vos, A.S. (Ed.) *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik.

Strydom, H. (2002). Information collection: participant observation. In De Vos, A.S. (Ed.) *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik.

Strydom, H & Delport, C.S.L. (2002). Sampling and pilot study in qualitative research. In De Vos, A.S. (Ed.) *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik.

Strydom, H & Venter L. (2002). Sampling and sampling methods. In De Vos, A.S. (Ed.) *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik.

Terre Blanche, M. (1999). Histories of the present. In Terre Blanche, M. and Durrheim, K. (Ed.) *Research in Practice: applied methods for the social science*. Cape Town: University of Cape Town Press.

Turker, K. (2004). The Milan Approach to family therapy: A Critique. In <http://www.priory.com/psch/milan.htm> (accessed 2004-03-01)

Tyler, K. (1992). The Development of Ecosystem Approach as a Humanistic Educational psychology. *Educational Psychology*, 15-24.

Urassa, M. W.G. & Boema, T. (1997). Consequences of the AIDS epidemic for children in Prevention and AIDS Care in Africa. Cape Town: Douglas Philip.

Uys, L. & Cameron, S. (2003). Home based HIV/AIDS care. Oxford: Oxford University Press.

Velody, I. & Williams, R. (1998). The politics of constructionism. London: Sage.

Vygotsky, L.S. (1978). Mind in society: The development of higher mental processes. Cambridge: Harvard University Press.

Welman, J.C. & Kruger, S.J. (2004). Research methodology. Oxford: Oxford University Press.

Whiteside, A. (1998). Implications of AIDS for demography and policy in South Africa. Pietermaritzburg: University of Natal Press.

World Bank, (2002). Education and HIV/AIDS: A Window of Hope. Washington DC: The International Bank for Reconstruction and Development.

APPENDIX A: 1

7 Louis Walter
New Germany
3610
19- May- 2005

The Chief Director
Department of Health

Dear Madam/Sir

A REQUEST FOR DOING RESEACRH

I, Zabalaza R. Mahlase a Masters student at KwaZulu Natal University would like to visit your drop-in centres to do research. My research is about personnel's experiences of coping with the provision of the pastoral and educational needs of vulnerable children in your centre.

I hereby request to interview three pupils that are taken care for and supported in your drop-in centres and eleven staff members working in the Bhambayi drop-in centre next to Phoenix and in the eNduduzweni drop-in centre in Groutville.

Objectives of the study are as follows:

1. It is to get the experiences of the drop-in centre personnel in coping with pastoral and educational of vulnerable children
2. It is to identify an alternative care and support system that will be ideal in the provision of pastoral and educational needs of vulnerable children
3. It is to conscientize and alert all stakeholders of the National Integrated Plan (NIP) about the role of the drop-in centres in taking care of the needs of vulnerable children.

Values of the study:

- ❖ The study hopes to conscientise all the stakeholders in education to be aware of the pastoral, emotional, developmental and educational needs of vulnerable children.
- ❖ It seeks to forge channels of communication between teachers and drop-in centre personnel in particular.

Primarily, the study seeks to answer the following research question:

- ❖ What are the experiences of the personnel in coping with pastoral and the educational needs of the children who come to the drop- in site?

Consent forms and interview schedule are attached.

I sincerely hope that my humble request will receive your favourable considerations.

Yours faithfully

Zabalaza R. Mahlase.

Student registration no. 202524600

APPENDIX A: 2

7 Louis Walter
New Germany
3610
19- May- 2005

The Coordinator
Ms.
Department of Health
PIETERMARITZBURG

Dear Madam/Sir

A REQUEST FOR DOING RESEACRH

I, Zabalaza R. Mahlase a Masters student at KwaZulu Natal University would like to visit your drop-in centres to do research. My research is about personnel's experiences of coping with the provision of the pastoral and educational needs of vulnerable children in your centre.

I hereby request to interview three pupils that are taken care for and supported in your drop-in centres and eleven staff members working in the Bhambayi drop-in centre next to Phoenix and in the eNduduzweni drop-in centre in Groutville.

Objectives of the study are as follows:

1. It is to get the experiences of the drop-in centre personnel in coping with pastoral and educational of vulnerable children
2. It is to identify an alternative care and support system that will be ideal in the provision of pastoral and educational needs of vulnerable children
3. It is to conscientize and alert all stakeholders of the National Integrated Plan (NIP) about the role of the drop-in centres in taking care of the needs of vulnerable children.

Values of the study:

- ❖ The study hopes to conscientise all the stakeholders in education to be aware of the pastoral, emotional, developmental and educational needs of vulnerable children.
- ❖ It seeks to forge channels of communication between teachers and drop-in centre personnel in particular.

Primarily, the study seeks to answer the following research question:

- ❖ What are the experiences of the personnel in coping with pastoral and the educational needs of the children who come to the drop- in site?

Consent forms and interview schedule are attached.

I sincerely hope that my humble request will receive your favourable considerations.

Yours faithfully

Zabalaza R. Mahlase.

Student registration no. 202524600

7 Louis Walter Road
New Germany
3610
Durban
10 April 2005

The Project Manager

Ms .

Orphan Care centre /Home-based care Centre

A LETTER REQUESTING TO CONDUCT RESEARCH

I Zabalaza R. Mahlase a Masters student at KwaZulu Natal University would like to visit your centre to do research. My research is about personnel's' experiences of coping with the provision of the pastoral and educational needs of vulnerable children in your centre.

I would also like to interview some members of your staff and three orphaned children.

I sincerely hope that my request would receive your favourable considerations.

For further information and clarity, please feel free to contact me on cell phone
No.082 766 2007

Yours faithfully

Zabalaza R. Mahlase

APPENDIX B:1

RESEARCH CONSENT FORM FOR THE MINOR

1. NAME OF INSTITUTION: UNIVERSITY OF KWAZULU NATAL
2. I, _____ (full names and surname) hereby give my consent to him/her to participate in interview to be conducted by Mr. Zabalaza Mahlase a Masters student of the KZN University.
3. **The nature and purpose of the research:**
The study will explore the experiences of drop-in personnel's experience of coping with the pastoral and the educational needs of vulnerable children.
4. **The identity, anonymity and contact details**
The identity of all the participants will be anonymous; the following three sets of codes will be used to hide the identify participants to the potential readers: A1 and A2; 1, 2, 3, 4, 5, 6, 7, 8 and A, B, and C and the center's codes will be X and Y.
5. **Confidentiality**
All interviews done between the researcher and (the child participant, staff and the project manager) will be treated confidentially. Contents of the interviews will not be discussed with other centre personnel.
6. **The fact that participation is voluntary**
Participation is on voluntary capacity; therefore the participant has a right to withdraw at any stage from participating if he or she feels uncomfortable.
7. **Benefits of participation**
I wish to inform you that there will be no material benefits given to any participants. Participation will be voluntary, but I will forward findings to relevant authorities, hoping that some of the recommendations will be used to improve services provided in the centre.
8. **Health status**
Participants' will not be asked questions pertaining to their health status or the health of their parents or guardians.

Iallow my child to be interviewed.
Capacity: Parent / guardian

SIGNATURE OF PARENT / GUARDIAN

DATE

APPENDIX B: 2

RESEARCH CONSENT FORM FOR THE DROP-IN CENTRE STAFF

NAME OF INSTITUTION: UNIVERSITY OF KWAZULU NATAL

I, _____ (full names and surname) voluntarily participate in interview conducted by Mr. Zabalaza Mahlase a Masters student of the KZN University.

The nature and purpose of the research:

The study will explore the experiences of drop-in personnel's experience of coping with the pastoral and the educational needs of vulnerable children.

The identity, anonymity and contact details

The identity of all the participants will be anonymous; the following three sets of codes will be used to hide the identify participants to the potential readers: A1 and A2; 1, 2, 3, 4, 5, 6, 7, 8 and A, B, and C and the centre's codes will be X and Y.

Confidentiality

All interviews done between the researcher and (the child participant, staff and the project manager) will be treated confidentially. Contents of the interviews will not be discussed with other centre personnel.

The fact that participation is voluntary

Participation is on voluntary capacity; therefore the participant has a right to withdraw at any stage from participating if he or she feels uncomfortable.

Benefits of participation

I wish to inform you that there will be no material benefits given to any participants. Participation will be voluntary, but I will forward findings to relevant authorities, hoping that some of the recommendations will be used to improve services provided in the centre.

Health status

Participants' will not be asked questions pertaining to their health status or the health of their parents or guardians.

SIGNATURE OF PARTICIPANT

DATE

APPENDIX C



RESEARCH OFFICE (GOVAN MBEKI CENTRE)
WESTVILLE CAMPUS
TELEPHONE NO.: 031 – 2603587
EMAIL: ximbap@ukzn.ac.za

19 SEPTEMBER 2005

MR. ZR MAHLASE (202524600)
EDUCATION

Dear Mr. Mahiase

ETHICAL CLEARANCE: "ADDRESSING THE PASTORAL AND THE EDUCATIONAL NEEDS OF LEARNERS WHO COME TO THE DROP-IN SITES (X AND Y)"

I wish to confirm that ethical clearance has been granted for the above project subject to capacity of the person granting consent for the child to participate being included on the informed consent form:

This approval is granted provisionally and the final clearance for this project will be given once the conditions have been met. Your Provisional Ethical Clearance Number is HSS/05107

Kindly forward your response to the undersigned as soon as possible

Yours faithfully


.....
MS. PHUMELELE XIMBA
RESEARCH OFFICE

PS: The following general condition is applicable to all projects that have been granted ethical clearance:

THE RELEVANT AUTHORITIES SHOULD BE CONTACTED IN ORDER TO OBTAIN THE NECESSARY APPROVAL SHOULD THE RESEARCH INVOLVE UTILIZATION OF SPACE AND/OR FACILITIES AT OTHER INSTITUTIONS/ORGANISATIONS. WHERE QUESTIONNAIRES ARE USED IN THE PROJECT, THE RESEARCHER SHOULD ENSURE THAT THE QUESTIONNAIRE INCLUDES A SECTION AT THE END WHICH SHOULD BE COMPLETED BY THE PARTICIPANT (PRIOR TO THE COMPLETION OF THE QUESTIONNAIRE) INDICATING THAT HE/SHE WAS INFORMED OF THE NATURE AND PURPOSE OF THE PROJECT AND THAT THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.

cc. Faculty Officer
cc. Supervisor (Ms. T Ntombela)



A Manual and Resource Guide for Youth and Peer Educators



in this manual

This manual is for young people who have been recruited as Peer Educators to facilitate workshops with young adolescents. The workshops address issues that affect the daily life of an adolescent. The workshops aim to help participants develop skills to cope with the many emotional and physical changes that happen in adolescence. The manual includes background information for the facilitator on topics such as adolescence, reproductive health, HIV/AIDS and drug abuse, as well as workshop activities and advice on planning and facilitating workshops.

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Talking about sexuality

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Skills for Peer Educators/facilitators

LIFE SKILLS AND HIV/AIDS EDUCATION PROGRAMME

TEACHER'S RESOURCE GUIDE

GRADE 1-7

DIFD

Department for
International
Development

British Development Co-operation



DEPARTMENT OF HEALTH



DEPARTMENT OF EDUCATION

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TALKING ABOUT LIFE

HIV / AIDS and Life Skills Training Manual

for Secondary Schools...



...and Primary Schools



DEPARTMENTS OF HEALTH
AND EDUCATION

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module 4
Sexuality & adolescence

MID ADOLESCENCE (14 - 17 years)

"WHO AM I?"

- Restless, changeable, quickly bored
- Unco-ordinated, uneven growth
- Wants freedom to develop in his or her own way – loosen ties
- Family being replaced by peer group
- Need to be accepted by peers
- Rebellious – testing parents / authority
- Critical, argumentative, shows bravado and experimentation
- Contact with opposite sex – mostly in groups
- Aware of sexual feelings – need to deal with them.

LATE ADOLESCENCE (17 - 20 years)

"THIS IS ME!"

- Challenging parents and separating from them
- Crystallising own values – social, religious, political, altruistic issues
- Seeking companionship of peers and sharing interests
- Forming one-to-one relationships
- Growing intimacy with friends of choice
- More adult role-taking – e.g. career choices
- Integration of learning and experiences into own unique personality

Master trainers should understand and facilitate to teachers the perceived needs of adolescents, e.g.:

- Family acceptance
- Permission to move between dependence/support
- Contact with others, new experiences and stimulation
- Experience of belonging to a peer group – for affirmation / belonging
- Intimacy – closeness to another person
- Exposure to family, cultural and social values – to help own formation.

It is important for all learners to understand and have knowledge about the physical and emotional development of both sexes in order to be able to generate empathy with and understanding of the opposite sex

Life Skills
making choices

Sexuality Education

for Intermediate Phase
(Grades 4-6) Teachers



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DEPARTMENT OF EDUCATION



HIV AND AIDS LIFE SKILLS RESOURCE GUIDE FOR EDUCATION

DEVELOPED BY DEPARTMENT OF EDUCATION

2003



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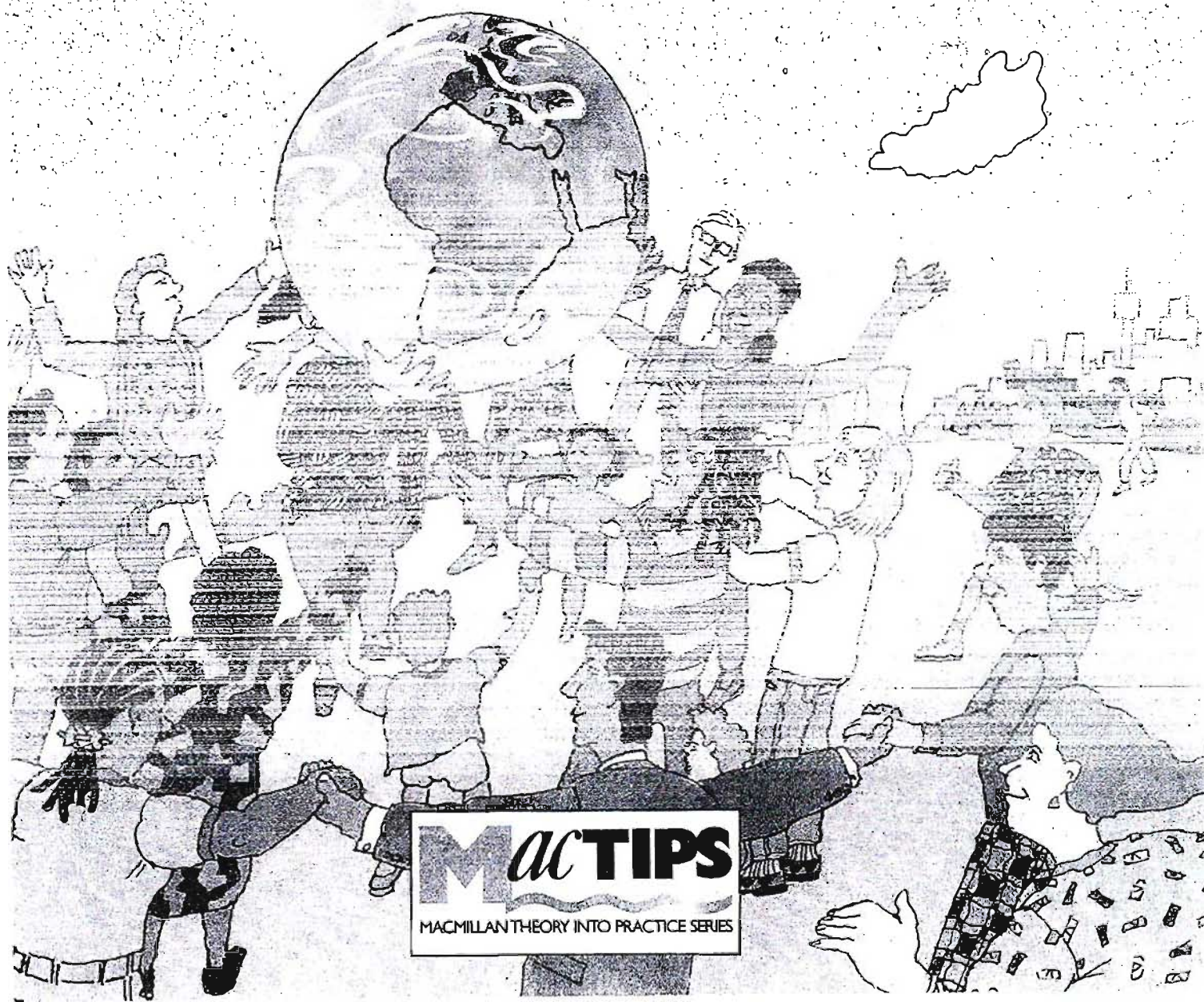


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LIFESKILLS

A RESOURCE BOOK FOR FACILITATORS

Edna Rooth



MacTIPS
MACMILLAN THEORY INTO PRACTICE SERIES

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School Health Education to Prevent AIDS and STD

A RESOURCE PACKAGE FOR CURRICULUM PLANNERS



Sponsored by the
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World Health
Organization

UNESCO

STUDENTS' ACTIVITIES

School Health Education to Prevent AIDS and STD

A resource package for curriculum planners

Students' Activities

World Health Organization
and
United Nations Educational, Scientific and Cultural Organization

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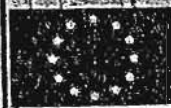
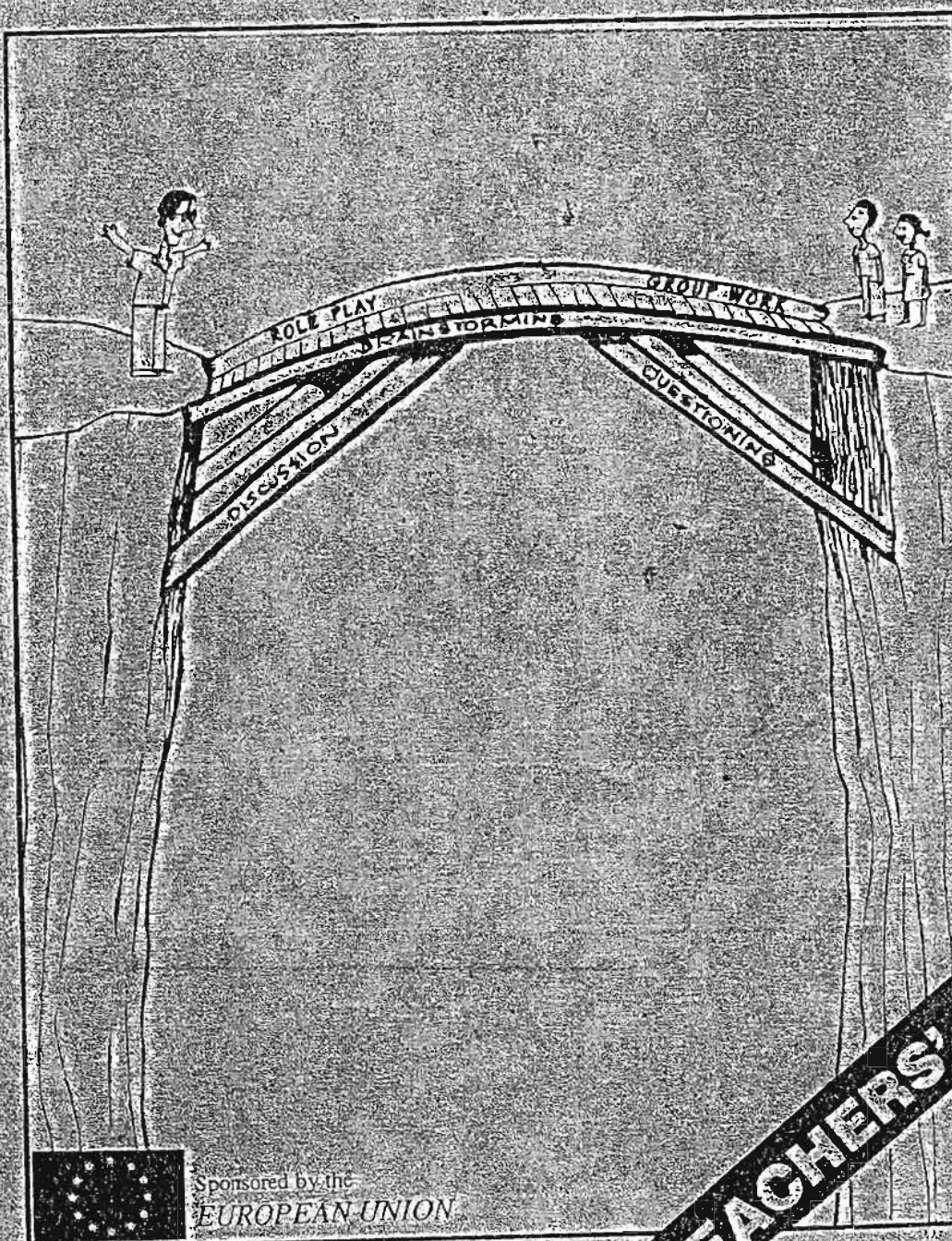
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This document is part of a package that includes:

- Handbook for Curriculum Planners
- Students' Activities
- Teachers' Guide

School Health Education to Prevent AIDS and STD

A RESOURCE PACKAGE FOR CURRICULUM PLANNERS



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TEACHERS' GUIDE



World Health
Organisation



UNESCO

School Health Education to Prevent AIDS and STD

A resource package for curriculum planners

Teachers' Guide

World Health Organization
and
United Nations Educational, Scientific and Cultural Organization

1994

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This document is part of a package that includes:

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- Teachers' Guide

APPENDIX E

UNIVERSAL PRECAUTIONS

The basis for advocating the consistent application of universal precautions lies in the assumption that in situations of potential exposure to HIV, all persons are potentially infected and all blood and body fluids should be treated as such. All blood, open wounds, sores, breaks in skin, grazes and open skin lesions, as well as all body fluids and excretions which could be stained or contaminated with blood (tears, saliva, urine, vomit, etc.) should therefore be treated as potentially infectious.

Universal precautions includes the following:

- ❖ All open wounds must be covered securely with a non-porous or waterproof dressing or plaster.
- ❖ Cleansing and washing should always be done with running water. If running water is not available, use containers to pour water over the area to be cleansed.
- ❖ All persons attending to blood spills, open wounds, etc. should wear protective latex gloves. If no gloves is available, plastic bags can be used as gloves,

or the bleeding can be managed by compression with material that will absorb the blood, for example a towel. If blood has contaminated a surface, the surface should be cleaned with a fresh, clean bleach solution and the person responsible for this should wear latex gloves.

Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm.

If instruments (for example scissors) become contaminated with blood or other body fluids, they should be washed and placed in a strong bleach for at least one hour before drying and re-use.

Remember:

- Blood, especially in large spills such as nosebleeds, should be handled with extreme caution.
- Skin exposed accidentally to blood should be cleaned promptly with water and disinfectant.
- All bleeding wounds, sores, etc. should be cleaned immediately with a suitable antiseptic such as
 - hypochlorite (bleach or Milton), or
 - 2% gluteraldehyde, or
 - organic iodines, or
 - 70% alcohol (ethyl alcohol or isopropyl alcohol)
- If the skin is broken in a biting or scratching incident, the wound should be washed thoroughly with running water and disinfectant.
- Blood splashes to the face (mucous membranes of the eyes, nose or mouth), the area should be flushed with running water for at least three minutes.

APPENDIX F: 1

RESEARCH QUESTION (FOR PERSONNEL)

Primarily, the study seeks to answer the following research question:

- ❖ What are the experiences of the personnel in providing the educational and the pastoral needs of the children who come to the drop-in site?

PROBILG QUESTIONS

1. Do you think that all the vulnerable children have equal access to the drop-n site?
2. Do you feel that you are adequately equipped to deal with the vulnerable children?
3. How can teachers be involved?
4. Tell me about barriers that you think hinder you from meeting the needs of vulnerable children.
5. Briefly explain what active role can the community based structures take?
6. How would you involve the DoE?

APPENDIX F: 2

RESEACH QUESTION (FOR CHILDREN)

Tell me more about your experiences in this centre, how did you come to the centre, how are you coping with you educational and pastoral care?

PROBING QUESTIONS

1. Do you think that all vulnerable children have equal access to the site?
2. Is the centre taking care of you pastoral and educational needs?
3. What role would you like your teacher to play?
4. Tell me about barriers that you think hinder you from meeting your pastoral and educational needs
5. Briefly explain what active role can the community-based structures take?
6. How would you involve the DoE?

APPENDIX F: 3

UMBUZO WOCWANINGO

Ngamafuphi ucwaningo ludinga izimpendulo mayelana :

Nolwazi lwakho olunzulu(ispiliyoni) njengesisebenzi sesikhungo ekukwazini ukufeza izidingo zobuntu nezemfundo zezingane eziza esikhungweni.

IMIBUZO YOKUCACISA/ YOKULANDELELA

1. Ucabanga ukuthi zonke izingane ezihlwempu zinamathuba alinganayo okwamukelwa esikhungweni?
2. Iluphi ulwazi oludingayo ukuze ukwazi ukwenza lomsebenzi? Imiphi iminyago ocabanga ukuthi ingakusiza?
3. Qhaza lini elingabanjwa othisha abafundisa lezingane ezisikala kulendawo?
4. Ake ungixoxele ngezithiyo ezenza ungakwazi ukufeza izidingo zezingane ezihlwempu ezisesikhungweni?
5. Chaza iqhaza obona lingadlalwa umphakathi nezakhiwo zawo?
6. Umyango wezeMfundo wona iliphi iqhaza ongalibamba ekwenzeni lesikhungo sithuthuke?

APPENDIX F: 4

UMBUZO WOCWANINGO OQONDENE NABANTWANA

Ucwanong ludinga izimpendulo mayelana:

Nolwazi lwakho (isipiliyoni) mayelana nokufezeka kweziding zakho zemfundo kanye nazozonke iziingo zakho zempilo.

IMIBUZO YOKUCACIS/ YOKULANDELELA KUBANTWANA

- 1. Ucabanga ukuthi zonke izingane ezihlwempu zinamathuba alinganayo okwamukelwa esikhungweni?**
- 2. Uphatheke kanjani esikhungweni mayelana nomsebenzi wesikole?**
- 3. Qhaza lini ofisa libanjwe othisha?**
- 4. Ake ungixoxele ngezithiyo ezenza ungakwazi ukufeza izidingo zemfundo esikhungweni?**
- 5. Chaza iqhaza obona lingadlalwa umphakathi nezakhiwo zawo?**
- 6. Umyango wezeMfundo wona iliphi iqhaza ongalibamba ekwenzeni lesisikhungo sithuthuke?**

APPENDIX F 5

IMIBUZO EQONDILE NGQO NOMPHEKATHI SIKHUNGO

1. Ubani othola ifoster grant? Ingabe umgadi wengane noma isikhungo?
2. Ubani othola ichild support grant? Ingabe umgadi wengane noma isikhungo?
3. Sixhaswe kanjani isikhungo?
4. Ingabe uxhaso lwabiwa ngengane? Chaza?
5. Umsebenzi kabani ukubheka ukuthi ingane ehlwempu enempilo ebuthakatha iyanoklotwa?

IMIBUZO YOKUCACISA/YOKULANDELA

1. Uchabanga ukuthi zonke izingane ezihlwempu zinamthumba alinganayo okwamukelwa esikhungweni?
2. Iluphi ulwazi oludingayo ukuze ukwazi ukwenza lomsebenzi?
3. Wena uzibona unaloyini lolulwazi othiluyadingeka kulendawo? Ngicela uchaze ukuthi ushongani?
4. Uma ungenalo olwanele, imiphi iminyango engakusiza ukuze ufike ezingeni elifanele lomsebenzi?
5. Qhaza lini elingabanjwa othisha abafundisa lezingane ezisizakala kulendawo?
6. Akewungixoxele ngezithiyo ezenza ungakwazi ukufeza izidingo zezingane ezihlwempu ezisikhungweni.
7. Qagula iqhaza okumele lidlalwe umphakathi nezakhiwo zawo?
8. Ungawumbandakanyo kanjani umnyango wezemfundo?

APPENDIX G

PARTICIPANT'S PROFILE

| PROJECT MANAGER | | PAYMENT | | | |
|-----------------|---|---------|-----|------|---|
| TRAINED | N | STIPEND | DoH | DoSD | N |
| | Y | SALARY | DoH | DoSD | |

| SOCIAL WORKER | | PAYMENT | | | |
|---------------|---|---------|-----|------|---|
| TRAINED | Y | SALARY | DoH | DoSD | N |
| | N | STIPEND | DoH | DoSD | |

| CHILD MINDER | | PAYMENT | | | |
|--------------|---|---------|-----|------|---|
| TRAINED | Y | SALARY | DoH | DoSD | N |
| | N | STIPEND | DoH | DoSD | |

| SECURITY | | PAYMENT | | | |
|----------|---|---------|-----|------|---|
| TRAINED | Y | SALARY | DoH | DoSD | N |
| | N | STIPEND | DoH | DoSD | |

| NURSE | | PAYMENT | | | |
|---------|---|---------|------|------|---|
| TRAINED | Y | STIPEND | DoH | DoSD | N |
| | N | SALARY | DoSD | DoSD | |

| COOK | | PAYMENT | | | |
|---------|---|---------|-----|------|---|
| TRAINED | Y | SALARY | DoH | DoSD | N |
| | N | STIPEND | DoH | DoSD | |

APPENDIX G

| VOLUNTEER | RETIRED | | PAYMENT | | | |
|--------------------|---------|---|-------------------|-----|------|---|
| TEACHER | Y | N | STIPEND SALARY | DoH | DoSD | N |
| | | | | DoH | DoSD | |
| NURSE | Y | N | STIPEND | DoH | DoSD | N |
| | | | SALARY | DoH | DoSD | |
| SOCIAL WORKER | Y | N | STIPEND | DoH | DoSD | N |
| | | | SALARY | DoH | DoSD | |
| OTHER : SPECIFY | Y | N | STIPEND | DoH | DoSD | N |
| | | | SALARY | DoH | DoSD | |

| COMMUNITY HEALTH WORKER | | PAYMENT | | | |
|----------------------------|---|---------|-----|------|---|
| TRAIND | Y | SALARY | DoH | DoSD | N |
| | N | STIPEND | DoH | DoSD | |

2.AGES IN YEARS

| | | | | | |
|---------------|--|---------------|--|---------------|--|
| 16---20 YAERS | | 21---25 YEARS | | 26---30 YEARS | |
| 31---35YEARS | | 36---40 YEARS | | 41---45 YEARS | |
| 46---50 YEARS | | 51---55 YEARS | | 56---60 YEARS | |

3.QUALIFICATIONS

| NONE | STD 10 | DIPLOMA | DEGREE/S | POST GRAD. | OTHER SPECIFY |
|------|--------|-------------|-------------------|------------|---------------|
| | | STAFF NURSE | B.PAED | | |
| | | SISTER | B.A SOC. B.Cur | | |

| | |
|--------------|--|
| LEARNER No.1 | |
| AGE | |
| SCHOOL | |
| GRADE | |

| | |
|--------------|--|
| LEARNER No.2 | |
| AGE | |
| SCHOOL | |
| GRADE | |

| | |
|--------------|--|
| LEARNER No.3 | |
| AGE | |
| SCHOOL | |
| GRADE | |

| | |
|---------------|--|
| LEARNER No. 4 | |
| AGE | |
| SCHOOL | |
| GRADE | |