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AN INVESTIGATION OF THE SERVICES PROVIDED BY THE BHAMBAYI DROP-IN CENTRE IN INANDA, KWAZULU-NATAL FOR ORPHANS AND VULNERABLE CHILDREN AFFECTED BY HIV AND AIDS

By

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at the

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FEBRUARY 2014

DECLARATION

I declare that **AN INVESIGATION OF SERVICES PROVIDED BY THE BHAMBAYI DROP-IN CENTRE INANDA, KWAZULU-NATAL FOR ORPHANS AND VUNERABLE CHILDREN AFFECTED BY HIV AND AIDS,** is my own workand that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution of higher learning.

Ntombifikile Sylvia Dunga

STUDENT NUMBER: 3396-543-9

27 February 2015

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Signature Date

DEDICATION

This work is dedicated to the Prince of Peace, Omnipresent, the Alpha and Omega, my Strong Tower who has granted me the opportunity to complete this study so that I can be a witness to those who have lost hope in life, by setting an example that all things are possible to Him, because His love is unconditional, regardless of our backgrounds, race and religion. His love enables us to make a positive contribution to the plight of orphans and vulnerable children in our communities. I also want to tell people how big my God is, not to tell them about how big the trials and tribulations are. God chose things the world considers foolish in order to shame those who think they are wise. God's main purpose is to crown our effort with success. In addition I wish to extend my gratitude to the Mabaso and Dunga for their support.

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SUMMARY

The purpose of the study was to investigate the services provided by the Bhambayi Drop-In Centre in Inanda, KwaZulu-Natal for orphans and vulnerable children (OVCs).

Qualitative research design and in-depth interviews with key informants and foster parents of the OVCs were conducted. The study found that the services which are provided by the Centre enabled the orphans and vulnerable children to enjoy life as normally as possible and to experience life meaningfully. As beneficiaries of the Bhambayi Drop-In Centre the children had access to education and two meals per day.

Beyond meeting such basic needs, the study also found that Centre instilled a sense of belonging and community in the children. Access to social grants enabled the children's basic needs to be met. In addition foster parents played a crucial role in taking care of orphans and vulnerable children.

KEYWORDS: Acquired Immune Deficiency Syndrome, Caregiver, Child-headed household, Community-based care, Drop-In Centre, Extended family, Human Immunodeficiency Virus, Households, Psychosocial support services, Orphans, Child, Vulnerable children, Social support services.

LIST OF ACRONYMS USED IN THE STUDY

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based Organisation
CRC	Convention on the Rights of the Child
DIC	Drop-In Centre
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
HBC	Home-based care
HIV	Human Immunodeficiency Virus
IGAs	Income generating activities
NAP	National Action Plan
NAPOCV	National Action Plan for Orphans and Vulnerable Children
NIP	National Integrated Plan
OVCs	Orphans and vulnerable children
PSPs	Psychosocial Support Programmes
STDs	Sexual transmitted diseases
SASSA	South African Social Security Agency
T.B.	Tuberculosis
UNAID	United Nations Programme for HIV/ AIDS
UNICEF	United Nations Children’s Fund

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CHAPTER 1: SITUATING THE RESEARCH PROBLEM

1.1 INTRODUCTION

This study explores types of social services that are provided by Bhambayi Drop-In Centre to orphans and vulnerable children. This chapter presents the background of this study and problem of the study. A qualitative explorative research design was used by conducting in-depth interviews with the key informants and foster parents. The following topics are outlined in this chapter: research problem, background of the study, problem statement, rationale of the study, purpose of study, objectives of the research, research questions, research setting and definitions of key concepts.

According to the South African Department of Social Development, the social protection of orphans and vulnerable children (OVCs) affected by Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS) is a priority (DSD 2009:204). The role of the South African Department of Social Development is to provide protection by means of developing and implementing policies and strategies that will build and strengthen government institutions, such as places of safety for children and welfare centres, family and community structures such as drop-in centres, non-governmental organisations and community-based care centres. This could facilitate a supportive environment for OVCs Development of Social Development National Strategic Framework for Children Infected and Affected by HIV and AIDS 2009 (DSD 2009:22).

“Psychsocial well-being” is the term used to denote a positive age-and stage-appropriate outcome of children’s physical, social and psychological development; it is determined by a combination of the child's natural capacities, and his or her social and material environment (Foster 2006:19). The researcher believes that psychosocial care for OVCs implies living in an environment that promotes the emotional, physical, and social well-being. It must be acknowledged that the loss of one or both parents often compromises this psychosocial well-being. The loss of parents is the reason some orphans are taken to extended families and looked after by carers who are unskilled/ unwilling to assume the role (Davids et al 2006:19). Despite the loss experienced by OVCs, it is possible to live well, as long as the extended families, community, community-based organisations like Bhambayi Drop-In Centre and the government are playing their role in supporting the psychosocial well-being of OVCs.

1.2. RESEARCH PROBLEM

According to UNICEF (2008), children orphaned by the AIDS pandemic are at risk of being malnourished, under-educated and aged beyond their developmental years, with their rights to grow and develop fully, violated. The problems that confront these children manifest long before they die, and include living with sick relatives in households that are stressed by the drain on their resources. Children are left emotionally and physically vulnerable by the illness or death of one or both parents.

Orphan and vulnerable children (OVC) may suffer lingering emotional problems from attending to dying parents and watching them die. Subsequently, OVCs who have lost parents are more likely to be removed from school. The majority of children orphaned by HIV and AIDS are living with their extended families and communities. This is a serious problem because HIV and AIDS is undermining families' capacity to care for and protect the growing number of orphans and vulnerable children.

The AIDS pandemic is an enormous threat to South Africa; one that demands an effective and coordinated response from all sectors of society. This is a problem because it touches the lives of all the people in South Africa, particularly children, as they are more vulnerable after the death of their parents. The role of government should be to ensure the survival, protection and development of these children and provide psychosocial assistance in collaboration with community based organisations like the one in this study (DSD 2009:41).

1.3 BACKGROUND OF THE STUDY

The AIDS pandemic is the leading cause of deaths in sub-Saharan Africa, according to the World Bank (2004:341). By the end of 2007, nearly 30 million Africans were living with HIV. In 2006, 38.6% of sub-Saharan Africa children were orphaned and the number of orphans and vulnerable children (OVCs) is growing rapidly (Statistics South Africa 2007:45). By 2008 more than 34 million children in the region were without parents, 1.2 million of them due to AIDS-related deaths. Recent South African statistics indicate that at least 1 million children under the age of 15 years have been orphaned as a result of parental deaths due to HIV and AIDS-related illnesses. It is expected that by the year 2015 when the epidemic will have reached its peak, orphans will comprise 9-12% of the total population (UNICEF 2008:15).

Approximately 130 million children in sub-Saharan Africa (20% of the world population of children) are seriously vulnerable because of the socioeconomic impact of the AIDS pandemic. For most of these children, access to health care is poor. In fact, the mortality rate

of these children is very high, and children are dying from preventable diseases such as tuberculosis (TB) (UNAIDS 2006:59).

According to the South African Department of Social Development's National Action Plan for Orphans and Vulnerable Children (2009-2012), the negative impact of the AIDS pandemic in South Africa is witnessed by the increasing number of orphans and vulnerable children and child-headed households (DSD 2006:32).

Also according to this Department (DSD 2008:9), there has been an increase in the number of orphans and vulnerable children infected with HIV and affected by HIV and AIDS at the rate of 50 000 a year from 2003 to 2007 (McGreal 2005:25). The inability of the extended family system to meet the basic needs of OVCs with regard to shelter, food, medical care, education, love and protection has become a developmental challenge for the Department in terms of providing the necessary services to OVCs such as caregiving and disability grants. This crisis has led to a situation where the rights of OVCs, such as rights to basic needs, can no longer be guaranteed without governmental interventions (DSD 2005:79).

However, the number of OVCs resulting from the death of one or both parents due to AIDS-related illnesses in South Africa is predicted to rise to over five million by 2014, according to the South African National Department of Health (DoH 2005:204). This makes effective community responses by drop-In centres, among others, essential. For the purpose of this study, a drop-in centre is regarded as an important social organisation. It is a community care centre within the community where social learning takes place and it acts as a community-based organisation that is capable of providing social support services to OVCs. Drop-in centres enable OVCs to grow up in their own community and also promote family preservation by allowing family members to take care of OVCs within the family structure.

Millions of children have been orphaned by AIDS-related deaths of their parents and families and many more will lose one or both parents to the AIDS pandemic over the next ten years (UNAIDS 2006:45). Community care centres such as the Bhambayi Drop-In Centre have been at the heart of a social support system that was designed by the Department of Social Development to provide safe and supportive services to OVCs by allowing them to have easy access to services. The Department assists these children by providing counselling and debriefing sessions, statutory work for suitable placement and a support system to help them to deal with their traumatic experiences of losing their natural parents. The Department is also responsible for overseeing the implementation of social grants. Drop-in centres provide an environment where OVCs can obtain food, shelter and emotional support, as well as helpful information on how to access social grants from the South African Social Security

Agency (SASSA). This agency is administered by the Department which specialises in providing social grants to OVCs affected by HIV and AIDS.

The National Action Plan for Orphans and Vulnerable Children Affected by HIV and AIDS 2009-2012 (NAPOVC) was developed by the Department of Social Development in 2009. The route of a national action plan was taken because of the Department's commitment to engage with stakeholders who have a direct impact on the implementation process of the above policy (DSD 2009:26) .The rationale for developing this plan was to clearly define the unique value-adding role of various stakeholders, such as drop-in centres, in addressing the psychosocial needs of OVCs.

The process of developing the plan was broad and inclusive and did not only commence with sessions of input by various stakeholder groups but also with various consultative forums and initial inputs that informed the development of the Contextual Framework on Orphans and other Children Made Vulnerable by HIV and AIDS 2005. This document is based on the view that no single sector can successfully address the impact of the AIDS pandemic on individuals, families and communities (DSD 2008:213). The South African Department of Social Development (DSD 2005:97) outlines a guiding structure for the protection and provision of comprehensive and integrated developmental services for OVCs. This involves six key strategies and interventions.

The following six strategies were identified as priorities in service delivery to OVCs:

- *"To strengthen and support the capacity of families in order to protect and care for OVCs.*
- *To mobilise and strengthen community-based responses for the care, support and protection of OVCs.*
- *To ensure that legislation, policies, strategies and programmes are in place to protect the most vulnerable children.*
- *To facilitate awareness campaigns and advocate for the creation of a supportive environment for OVCs.*
- *To ensure access of OVCs to essential services at all centres.*
- *To ensure the involvement of all stakeholders in participating and playing an active role in the support of OVCs". (DSD* 2006:37*)*

The National Integrated Plan for Children and Youth Infected and Affected by HIV and AIDS which was developed in 2004 (DSD 2009:26) identified three main pillars for drop-in centres, giving them guidelines for providing effective social support services to OVCs. These main pillars are life skills, education, and community care and support.

Life skills education is co-ordinated by the Department of Basic Education. The focus is on providing information about HIV prevention, promoting attitude and behavioural change amongst school-going OVCs to prevent exposure to HIV infection, and to promote better coping mechanisms where infection has already occurred.

Community care and support, which is led by the Department of Social Development and the Department of Health, focuses on providing care, counselling and support services to OVCs. The Department's National Integrated Plan for Children and Youth infected by HIV and AIDS (2006:139) outlined the following as the main psychosocial impacts that are mostly experienced by OVCs: "*(1) the struggle to meet basic needs with regard to food, shelter, health care and alternative care; (2) psychosocial distress; (3) the need for protection in terms of children's rights; (4) trauma and assumption of parental roles; (5) OVCs dropping out of school due to poverty; (6) vulnerability to sexual exploitation and all forms of abuse."*

Community care centres' main focus is on the second pillar which was led by these two Departments (2006:184): to provide care, counselling and support services to orphans and vulnerable children affected by HIV and AIDS.

1.4 PROBLEM STATEMENT

As stated above, in South Africa orphans and vulnerable children are among those who are mostly affected by HIV and AIDS. The vulnerability of these children becomes a huge challenge when there is minimum social support that can lessen their vulnerability (Smart 2007:55).

The Department of Social Development's current concerns are linked to the large number of OVCs who will require social support, assistance and intervention from community-based services delivery agencies. Already the problems of these children in local communities are enormous, ranging from widespread abuse to poverty and neglect (UNAIDS 2006:38). HIV and AIDS add greatly to the burden of OVCs since they in all likelihood will be orphaned or abandoned. This will lead to a lack of income, have no homelessness, and the assumption of adult roles earlier than expected. In addition they will become traumatised and emotionally impoverished. (Urrassa 2005:107).

Community care centres, also referred to as drop-in centres, are important to OVCs because they are able to provide essential social support services that can play a positive role in the lives of OVCs. Drop-in centres like the Bhambayi Drop-In Centre are important in rendering social support to OVCs because these kinds of services can assist and empower OVCs to

take control of their lives and become future leaders (UNAIDS 2006:38). According to Van Rensburg (2006:241), it is estimated that by 2015, about 1.97 million children in South Africa will have lost both parents, while 3.5 million will be categorised as maternal orphans.

The traditional absorption of OVCs into their extended families is no longer a possible solution as already strained families and communities struggle to cope with the increasing burden of HIV and AIDS. This burden is made worse by the stigma attached to the epidemic (Modiba 2005:36).

According to the Department of Social Development (DSD 2006:77) it was indicated that, initially, the social support system quickly absorbs orphans as a natural occurrence. The numbers increase and knowledge of the AIDS factor becomes widespread, and the social support system tends to crumble in the face of pervading poverty. Therefore, as the number of OVCs increased, communitiestend to rely more and more on formal institutions to solve the problem of children who have lost their parents. Particularly in urban areas, due to economic constraints, poverty, domestic violence, and family breakdown as a result of HIV and AIDS, children take refuge on the streets and engage in prostitution.

1.5 THE RATIONALE OF THE STUDY

The aim of this study is to explore types of services that the Bhambayi Drop-In Centre is providing to OVCs affected by HIV and AIDS. Based on the researcher's experience and several months of involvement at the Centre, a further in-depth study that will look at how OVCs survive after the death of their parents will also be undertaken. There was no previous research done on this organisation and their services to OVCs. Further research will have to establish what improvement can be done in terms of services delivery to OVCs from Bhambayi Drop-In Centre. This study further aims to describe how the households with the greatest needs are identified by the Centre. OVCs do not often only experiencing the death of their parents, but are also confronted with domestic violence in their foster family and are therefore in need of psychosocial care and support (Foster 2006:22).

The knowledge gaps that were identified by this study through the researcher's personal experience was whether OVCs are benefiting from various types of psychosocial support services rendered by these centres and DSD (Department of Social Development 2009:12). The researcher's aim is to address these knowledge gaps as part of this study. The role of the Centre in assisting OVCs access different types of social grants after the death of their parents was also part of the investigation.

1.6 PURPOSE OF THE STUDY

The main purpose of the study was to explore and describe types of psychosocial services provided by the Bhambayi Drop-In Centre to orphans and vulnerable children (OVCs) affected by HIV and AIDS. Furthermore, the study aimed to gain insights into these types of services and how they affects households with OVCs in the Bhambayi community.

1.6 1 OBJECTIVES OF THE STUDY

The specific objectives are formulated as follows:

- To describe how households with OVCs in the greatest need are identified by the Bhambayi Drop-In Centre.
- To describe the types of services offered by the Bhambayi Drop-In Centre to orphans and vulnerable children affected by HIV and AIDS.
- To explore the challenges which are faced by the Bhambayi Drop-In Centre in rendering these services to these children and families.
- To explore the Bhambayi Drop-In Centre's future plans for improving its service delivery and support to these children and families.
- To investigate possible lessons learned to improve the existing psychosocial service delivery by the Centre.

1.6.2 RESEARCH QUESTIONS

The following research questions guided this study:

- How are households with OVCs in the greatest need identified by the Bhambayi Drop-In Centre?
- What types of services are offered by Bhambayi Drop-In Centre to orphans and vulnerable children affected by HIV and AIDS?
- What are the challenges that are faced by the Bhambayi Drop-In Centre in rendering these services to them and their families?
- What are the Bhambayi Drop-In Centre's future plans for improving its services delivery to OVCs affected by HIV and AIDS?
- What are the possible lessons learned to improve psychosocial service delivery by the Bhambayi Drop-In Centre?

1.7 RESEARCH PROCESS

The research design outlines the systematic processes involved in the investigation of the problem presented by the researcher (Babbie & Mouton 2009:77). A qualitative, explorative research design was selected for this study as the emphasis was on describing and understanding the social support services provided to OVCs by the Bhambayi Drop-In Centre. The data collection methods entailed participant observation with regard to the services delivered by the centre to these children; in- depth interviews with the research participants were conducted and a review of the important documents of the Bhambayi Drop-In Centre. Field undertaken notes were also kept by the researcher to record some of her own perceptions and observations.

See Chapter 3 for a detailed discussion of the research design and the steps followed to conduct the data gathering.

1.8 DEFINITION OF KEY CONCEPTS

For the purpose of this study the following working definitions were used:

1.8.1 Caregiver

A “caregiver” can be defined as any person other than a parent or guardian who is taking care of a child, including a person who is a foster parent (the person who cares for the child whilst the child is in temporary safe care), or the manager of a child and youth care centre/shelter, or a child /youth care worker who cares for the child within the community (DSD 2009:7).

1.8.2 Child

A “child” can be defined as any person who is under the age of 18 years (Children’s Act 38 of 38).

1.8.3 Child-headed household

A “child-headed household” is a household where siblings who have been orphaned live together with no adult supervision. Usually this situation is due to the fact that there are no extended family members who can assist or in cases where such family members cannot cope with the demands of care and the only alternative for these children is to stay alone (Swart 2005:72).

1.8.4 Community-based care

"Community-based care" and support enables the individual, family and community to have access to services nearest to home, which encourages participation by people, responds to the needs of people, encourages traditional community life and strengthens mutual aid opportunities and social responsibilities (DSD 2009:33).

Community-based care refers to ideal communities where the relationship is built upon shared common objectives and where members work together for the well-being of one another, supporting vulnerable members of the community.

1.8.5 Drop-in centre

A "Drop-in centre" is a physical structure where comprehensive services focusing on children within the community are rendered. It serves to meet the needs of the children for survival, protection and development. A multi-disciplinary team, performing complementary roles, offers services (Smart 2005:105).

1.8.6 Extended family

For the purpose of this study, an "extended family" is regarded as individuals or family members who are related by birth, adoption, marriage, share deep personal connections and are mutually entitled to receive and obligated to provide support of various kinds to the greatest extent possible, especially in times of need (DSD 2009:77).

1.8.7 Household

A "household" in this study, is defined as one or more persons who usually live and eat together, whether or not they are related by blood, marriage or adoption. The individuals recognise each other as members of the same household (Barnes 2005:14).

1.8.8 Orphan

An "orphan", for the purpose of this study, refers to a child who has lost one or both parents due to HIV and AIDS. An orphan, in the context of the HIV and AIDS pandemic in South Africa, is defined as a child under the age of 18 years whose primary caregiver has died (UNAIDS 2008:9).

1.8.9 Social support services

"Social support services" is defined as a process of service delivery which a community-based organisation and government departments such as the Department of Social

Development render to orphans and vulnerable children affected by HIV and AIDS in order to address their psychosocial and physical needs (DSD 2009:9).

1.8.10 Psycho-social support

Phillip Namibia, cited in Van Den Berg (2006:17), defines "psychosocial support" as "an-going process of meeting physical, emotional, social, mental, [and] spiritual needs of a child", all of which are essential elements for meaningful and positive human development.

1.8.11 Vulnerable children

World Vision (2007:92) defines "vulnerable children" as children who live in households in which one person or more is ill, dying or deceased; they live in households alone ; they are also often caregivers are too ill to continue to look after them and children living with a very old and frail caregiver.

1.9 CONCLUSION

This chapter introduced the research, has described the problem under study and its main, objectives, as well as discussed the research questions, focus of the study, problem statement, research setting, operational definitions and will subsequently conclude with an outline of the study. The next chapter is a presentation of the literature review.

CHAPTER OUTLINE

This dissertation consists of the following five chapters.

Chapter 2: **Literature Review -** A summary of the literature is presented to guide the researcher to conceptualise and demonstrate the need to conduct the study.

Chapter 3: **Research Design and Methodology** - This chapter outlines the research design and methodology employed in this study. The research processes that were followed in addressing the objectives of the study are presented.

Chapter 4: **Presentation of Research Findings -** Chapter 4 details the findings of the research and how it relates to the purpose and objectives of the study.

Chapter 5: **Conclusions, Limitations and Recommendations -** In this chapter the main findings of the study are summarised as well as recommendations made based on these findings.

CHAPTER 2: LITERATURE REVIEW

2. 1 INTRODUCTION

A literature review gives the researcher an opportunity to conduct a systematic review of the existing body of knowledge and theories to gain a conceptual understanding of the research topic and its context (Babbie 2010:506-507). The researcher's aim of reviewing the literature was to use it as a guiding principle in terms of conducting this study. This also includes the review of a theory applicable to this study, *Wheel Model,* to provide an exploratory context for the need for psychosocial care and support to OVCs as well as the different types of psychosocial support services that is offered to OVCs within the South African and African contexts.

The literature review is divided into two sections, namely, the first section focus on the broader framework of care and support to OVCs, while the last section gives an overview of the specific psychosocial needs which these children have and how the Bhambayi Drop-In Centre plays a key role in providing psychosocial services to them. Different sources were used including legalisation, other research and relevant reports by different role-players on the subject matter.

2.2 THE STATUTORY CONTEXT OF CARE PROVISION OVCs IN SOUTH AFRICA

In this section the legal or statutory context of OVCs in South Africa will be discussed. The goal of this discussion is to demonstrate the importance of the statutory welfare system in the provision of psychosocial support services to OVCs.

Through the statutory welfare system and structures in South Africa, an attempt is made to find the "best possible" alternative care for OVCs through placement in children's homes, with foster parents and in places of safety by professional social workers at drop-in centres like the Bhambayi Drop-In Centre. One of the main functions of the welfare system is to promote legal adoption/foster care and a supportive fostering structure for OVCs affected by HIV and AIDS. In this context these children and those in need of care are assisted through social grants and by being placed under the supervision of social workers (Foster 2008:32). On the other hand, the Department of Social Development (DSD 2008:34) encourages organisations such as the Bhambayi Drop-In Centre to take into consideration special measures when providing psychosocial services to OVCs affected with HIV and AIDS in

order to protect them from any violence that may negatively affect their well-being.These drop-in centres ensure that OVCs who are affected by HIV and AIDS or infected with HIV have access to integrated social support services which address their basic needs for food, shelter, education, health care, family or alternative care and protection from abuse and maltreatment.

The role of the Bhambayi Drop-In Centre in this study is to identify the households with the greatest needs and address these needs, especially those related to survival, protection and psychosocial development, according to the South African Department of Social Development (DSD 2005:137). Foster (2008:25) also indicated that "*there is a vast difference in terms of providing welfare provision to OVCs, however, the use of different existing social welfare provision for orphans and vulnerable children affected by HIV and AIDS in different parts of Africa*". He mentioned that while a few countries such as Namibia have fairly sophisticated social grant systems and have procedures and supervisory practices backed by legal instruments in place and that their social welfare departments are relatively well staffed, most developing or African countries' welfare systems are underdeveloped as in the case of South Africa.

According to Foster (2008:43) it is clear that most of the legislation and systems which are in place in countries like South Africa, Botswana and Namibia are based on western models of alternative care, established during the colonial era. Legally endorsed child welfare models are thus designed to protect the child being taken into care through strict assessment procedures for prospective foster or adoptive parents. The potential caregivers must meet eligibility criteria based on education level, marital status, employment, income, accommodation, age, medical information and motivation.

Critically reviewing these documents it is evident that some of the statutory work that is in place in South Africa assisting these children through the foster care system by giving them some kind of family structure. This suggests that our country still needs to improve the welfare system in order to be able to cater for OVCs by implementing strict assessment procedures for prospective foster parents. The other point made by Foster is that adoption is another option that can be used to take care of them. It is also stated in Children's Act (No.38 of 2005) that adoption is one of the provisions that can be provided to these children. Looking at the South African statistics it is evident that there are a higher number of OVCs who are placed under the guidance of foster care placement than those who are placed under adoption.

2.2.1 Exploring alternatives forms of support for OVCs

Research has indicated that the likelihood of caregivers who are more than willing to care for these children increases when some form of support such as social grants is offered to the prospective caretaker family (McKerrow 2007:62). This is the case both in South Africa and other Southern African Developing Countries (SADC) and is obviously linked to the economic circumstances of the caretaker family. According to the Children's Act (No. 38 of 2005), subsidisation or social grants for foster care grant will certainly assist in terms of encouraging fostering of OVCs who are in need of care.

Reviewing this Act the researcher was able to identify gaps in terms of ensuring that OVCs are placed under the guidance of foster parents who prioritise the interests of the child and who are also not fostering the child concerned solely for the sake of financial incentives. It also emphasises the importance of screening of the prospective foster parent by the organisation before placing the OVC in order to make sure that the best interest of the child is maintained at all times. This is why drop-in centres such as the one which is the focus of this study encourage community members and relatives to foster OVCs in order to promote family preservation.

Other countries, such as Namibia, have seemingly accepted the child welfare systems of developed countries as a model of care as part of the solution to the problem of OVCs and in terms of providing social support services to OVCs (Institute for Youth Development 2007:112).

In the South African context the Children's Act (No 38 of 2005) is a guiding legislation which promotes and provides alternative support for OVCs affected by HIV and AIDS. The Act also makes provision for the support for these children in terms of providing social grants such as child support and foster care. An alternative form of psychosocial care and support is adoption but it is not commonly practiced when compared to foster care in South Africa.

2.2.2 National Social Welfare Plan for OVCs in South Africa

The South African National Department of Social Development (DSD 2009:66) commits itself on a national and provincial level to assessing, monitoring and enhancing the capacity of existing mechanisms to meet the needs of children whose parents have AIDS-related illnesses and children who have been orphaned. Existing social safety mechanisms were identified as the extended family, foster care and adoption, institutional care and the appointment of guardians to take care of OVCs within their parental homes. Reviewing the National Social Welfare Plan for OVCs (DSD 2009:16), the researcher became aware that

although it is theoretically sound, it is not practical. Due to the increasing number of OVCs who are in need of care it is not possible to place them with their extended families because some of them are left without any relatives. The other challenge that was revealed here was the issue of placing OVCs in institutional care as there are few institutions that are able to accommodate the large numbers. In keeping with this, the then 2009 South African National Department of Social Welfare (now Department of Social Development) (DSD 2009:37) unveiled its National Action Plan in 2007. According to them the following goals of the Department of Social Development were aimed at promoting children's rights, as set out in Section 28 (1) of the Constitution of the Republic of South Africa (Act No. 108 of 1996):

- *"To prevent the transmission of HIV and sexually transmitted diseases (STDs).*
- *To reduce the personal and social impact of HIV infection on OVCs and their families.*
- *To mobilise and unify international, national, provincial and local resources in order to provide the same level of standards of social support services to OVCs".*

When viewing both the National Action Plans for OVCs 2009-2012 (DSD 2012:66) and the South African Constitution there is a specific connection as they both emphasise the importance of protecting children's rights in terms of protecting OVCs from exploitation, maltreatment, neglect, abuse and degradation. These documents are both instrumental in promoting and protecting the rights of the children.

2.2.3. National State Policy on OVCs affected by HIV and AIDS in South Africa

This policy advocates that OVCs who are in difficult circumstances should remain in their communities of origin and that social support services should be provided for them. The main aim of this policy is to strengthen the existing competencies of families and communities to better meet the needs of OVCs (Webb 2008:35). The majority of Drop-In Centres, places of safety and orphanages provide temporary homes for OVCs up to the age of 3 years. Some of these Centres do provide accommodation for a period of forty eight hours for OVCs who are abandoned by family members and placed in a Place of Safety by the Children Court. Thereafter they are returned to their extended families, fostered, adopted or transferred to one of the state orphanage or places of safety which caters for older children.

National State Policy on OVCs affected by HIV and AIDS by the Department of Social Development (DSD 2012:56) in South Africa act as a guideline for drop-in centres that offer psychosocial support services to OVCs to standardise these services in these organisations. There are gaps in terms of this policy because not all of these centres provide

accommodation or temporary homes for OVCs. This puts great burden on the Department of Social Development to ensure that there is monitoring and supervision of these centres so that weaknesses or challenges can be identified early. OVCs in Drop-In Centres, places of safety or orphanages should have access to social support services, including shelter, food, clothing, schools and pre-school, health care and recreation. The OVCs who are affected by HIV and AIDS must have access to integrated services, which address their basic needs for food, education, health care, family or alternative care and protection from abuse and maltreatment as required by the South African Amendment Bill of Rights (2006:90).

This Bill also provides evidence that government implemented this policy to address the basic needs of OVCs in our country. By critically comparing the above policy with the services that are offered by the Bhambayi Drop-In Centre it is clear that there is a limitation in terms of service delivery. The Centre does not provide accommodation to OVCs who are in need of this particular service. There is also a huge difference between the place of safety and the Drop-In Centre. The place of safety is able to provide services for 48 hours whereas most of these Centres operate only during office hours. This can cause a contradiction in the sense that the policy states clearly that OVCs who are affected by HIV and AIDS must have integrated psychosocial services but in reality this does not always happen.

The Department of Social Development's Strategic Framework (DSD 2009:29) was established in 1999 with the objective of developing a comprehensive strategy for children affected by HIV and AIDS. The ultimate aim of this is to support, strengthen and mobilise children and families, and to reduce the impacts of the AIDS epidemic on communities and children. It also serves as a support system for organisations such as community-based centres and other organisations that provide services to OVCs. It also assists these organisations with relevant information relating to service delivery and other options available to meet the needs of these children.

This Strategic Framework seeks to provide overall guidance or guidelines to all stakeholders about the types of services that need to be provided to OVCs (DSD 2009:6). An multi-sector, integrated and decentralised approach to both HIV and AIDS and specific aspects related to children is critical (DSD 2009:24). South Africa requires this co-ordinated and comprehensive national strategic framework to ensure that sufficient and effective care, protection and development measures are urgently implemented for orphans and abandoned children. An integrated approach makes provision for the effective and efficient utilisation of resources by various sectors and, in particular, targets areas or communities which are impacted by HIV and AIDS (DSD 2009:66).

The National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS (NAP) 2006-2008 (DSD 2009) is intended to articulate a set of strategies which provide for programmatic interventions to reduce the impact of HIV and AIDS on OVCs. "*The desired impact arising from the implementation of the NAP was to reduce vulnerability and to ensure adequate protection and provision of a minimum package of services to OVCs. The NAP underwent a process of review by key stakeholders working in the HIV and AIDS sector, in particular those working with children*". An assessment of the implementation of this plan was useful in defining both achievements and challenges as it relates to the implementation of various programmes for children who have been made vulnerable and who are orphaned because of HIV and AIDS. For this study this assessment tool will assist the researcher in terms of exploring the achievement of the Centre in providing services to OVCs and the challenges they face in providing these services.

The aim of the revised National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS (DSD 2012:39) is to align with global and national agencies such UNICEF and other child-directed organisations and to reflect on strategic interventions that would address the challenge of OVCs. This revised NAP was reviewed to establish whether the comprehensive plan is aligned to the Policy Framework for Orphans and Other Children made Vulnerable by HIV and AIDS. It also updated the technical quality of the previous National Action Plan, with regard to, for example, clarity, measurability, comprehensiveness and other elements. The previous NAP reviewed the progress achieved in implementing the objectives and activities and identified gaps, weaknesses and challenges that were highlighted during implementation. A set of recommendations that would enhance the quality of the second phase of the NAP implementation and suggest solutions to the identified implementation as well as challenges and weaknesses of the NAP (DSD 2012:19) was also identified.

2.3 FOSTERAGE PATTERNS OF OVCs AFFECTED BY HIV AND AIDS

Table 1 below indicates the patterns of placement of OVCs in alternative care after the death of their natural parents. It consists of ten (10) UNAIDS (2007:32) countries in sub-Saharan Africa.

Table 1: Sub-Saharan Africa Impacts of HIV and AIDS on OVCs

Country	Number of children (0-14)	Total orphans as a % of all children	Number of orphans due to AIDS	Orphans (0-14) as a % of total of orphans
Angola	6526	10.7	104	14.9
Botswana	650	15.1	69	70.5
Cameroon	6507	0.9	210	29.6
Kenya	13428	12.4	892	53.8
Namibia	780	12.4	47	48.5
Senegal	4262	9.4	15	3.7
South Africa	14773	10.3	662	43.3
Uganda	11852	14.6	884	51.1
Zambia	4961	17.6	572	65.4
Zimbabwe	5779	17. 6	782	76.8

(Source: Joint Report by UNAIDS, UNICEF, USAID, & US Bureau of Census 2007)

According to this table there is an increase in the numbers of OVCs due to the increase of AIDS related deaths and it is therefore not only a social issue for South Africa but also affects sub-Saharan countries. For this study it was also another element that motivated the researcher to conduct this study. It is also evident that South Africa is faced with a number of OVCs who are orphaned due to the AIDS epidemic.

Furthermore, Table 1 demonstrates the number of OVCs who have been placed in foster care in sub-Saharan countries. This is also an indication that there are a number of OVCs who receive psychosocial support services from government departments and NGOs like the Drop-In Centre focused on in this study.

2. 4 THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

In 1990 the United Nations adopted the United Convention on the Rights of the Child (UNAIDS 2007:25), which sets out the social, economic, cultural, civil and political rights of

children, especially of OVCs. This is a legal document that sets minimal acceptable standards for the rights of all children including OVCs (DSD 2009:12).

"*It is the most universally ratified human rights instrument and the most powerful legal instrument for the protection of children's rights. It is a comprehensive expression of what the world community wants for children and is the standard against which we measure our successes and failures in serving the best interests of children. It outlines the basic human rights for all children universally, and safeguards these rights by setting standards in health care, education, legal, civil and social services*". By ratifying the UNCRC in June 1995, South Africa embraced its responsibilities towards all children and, in so doing, pledged the government's commitment to "Putting Children First" (DSD 2009:16).

The South African government entered into partnership with the United Nations regarding this convention by agreeing to uphold its values which means that the country is legally bound to follow these guidelines that were set out by the convention. According to Kluckow (2007:117), the rights of the OVCs as listed in the convention, can be grouped into four main categories, namely survival, protection, development and participation.

The principles and values under the convention are in agreement with those of the Bhambayi Drop-In Centre in terms of the crucial importance of the psychosocial impacts of the AIDS pandemic on children, especially OVCs. They both responded to the escalating incidents of child abuse, neglect and the growing number of OVCs as a result of the AIDS pandemic by launching programmes to provide integrated psychosocial services. Their focus is on increasing access to quality social services (health, nutrition, education and psychosocial support) for OVCs. These children have been deprived of their rights in terms of the South African Children's Act (No. 38 of 2005). The United Nations Convention on the Rights of the Child and Bhambayi Drop-In Centre both advocate for OVCs' rights and also serve as tools to provide services to OVCs. The Children's Act (No. 38 of 2005) is a comprehensive piece of legislation that seeks to afford children the necessary care, protection and assistance to develop their full potential. This Act also upholds the protection of children to fully assume their responsibilities as support organisations within the community. Deprivation of OVCs' rights who are affected by HIV and AIDS due to the stigma attached to AIDS is one of the social ills which the legislation attempts to address.

It is also clearly intended to put into effective practice the rights of children as contained in the South African Constitution, particularly rights relating to the care and protection of children. This Act works as an instrument for OVCs as it is ensures the care and protection of OVCs by placing them under the care and guidance of a suitable foster parent or guardian.

The government will give guidelines on the child's rights to a family, parental or alternative care according to the Children Act (No.38 of 2005). The Bill of Rights (2009:53) stipulates that "*safeguarding and promoting the well-being of the child such as respecting, protecting, promoting and securing the fulfilment of a child is paramount important to adhere at all times. The Bill of Rights is also guarding against any infringement of, the child's rights*" which is reiterated in Chapter 2 of the Children Act (No 38 of 2005).

According to the Department of Social Development (2009:27) it can be safely concluded that the Act encapsulates the Bill of Rights, as well as the United Nations Convention on the Rights of the Child (UNCRC) and ensures through its enactment, the care and protection of children. The United Nations Convention on the Rights of the Child, the Children's Act (No. 38 of 2005) and "*the Bill of Rights serve as a point of departure for all service provision to OVCs who are affected and infected by HIV and AIDS*" and all align towards an integrated approach (DSD 2005:63).

According to Department of Social Development (2009:36) South Africa is one of the countries involved in providing services to OVCs as this country entered into a partnership with United Nations. They focus on children's rights in terms of, not only safeguarding the rights of the children of South Africa, but also the rights of those on the continent as a whole. The Department of Social Development plays a vital role in making sure that the rights of the children is protected especially OVCs. This was also done by working with other countries in promoting the rights of children on the African continent. The rights of children are safeguard by enforcing regulations that must be followed by the individuals and the community-centres in South Africa. The African Union Charter on the Rights and Welfare of the African Child is based on the same principles and focuses on the same outcomes as the United Nations on Conventional Rights of the Child (UNCRC). South Africa and the African Union Charter complement the Rights of the Child within a regional context, and also brings an indigenous flavour to the African context by providing for the following, namely:

- *"It includes specific rights that affect the girl child.*
- *It outlines the responsibilities of children as part of a family and the broader community.*
- *It sets out primary guidelines, as a charter to follow, over cultural practices and customs that are prejudicial to health or life of the child" (UNCRC 2008:34).*

The importance of safeguarding and promoting the rights of children are crucial when the psychosocial support services are provided to OVCs which was also one of the research objectives of this study.

2.5 LEGISLATION ON CARE AND SUPPORT TO OVCS

2.5.1 South African Constitution

South African children have special protection under the Constitution of the Republic of South Africa Act (No. 108 of 1996). The present circumstances in South Africa allow children to live in a society under a constitution that has the highest regard for the protection and advocacy of the rights of children. According to the Children's Institute (2009:20), the Constitution remains the primary legislative framework for children's rights delivery in South Africa. It clearly outlines "*a child's right to a family and parental care, which by implication firstly places this responsibility on parents and families*". Only when parents and families are unable to fulfil this responsibility, is the state obliged to provide support and assistance. The Constitution does, however, grant in certain circumstances that the state may remove a child from their parental home, if it serves the best interests of the child (Department of Social Development 2005).

The present circumstances of OVCs affected HIV and AIDS in South Africa also reflect that the country is facing an increasing number of OVCs due to a variety of different circumstances, including the AIDS epidemics, domestic violence and poverty. This has resulted in caseloads of social workers becoming unmanageable due to the large numbers of children needing to be placed in foster care (DSD 2008:20).

The Constitution of the Republic of South Africa (2009:203) also emphasises the importance of other policy documents such as Children's Act (No. 38 of 2005) that need to be consulted when providing services to OVCs:

- *"The policy on the Transformation of the Child and Youth Care System.*
- *The Child Care Act, 1983, amended in 1996, and its regulations and guidelines.*
- *The Not for Profit Act, 1998, including its regulations and guidelines.*
- *The Social Assistance Act, 1992, which includes social grants such as the Child Support Grant, Foster Care Grant and Care Dependency Grant. The reason for consulting these documents is to have clear guidance in terms of service delivery for OVCs in order for all organisations to provide same level of standards".*

2.5.2 The South African Schools Act (No. 84 of 1996)

This section focuses on how this Act assists OVCs who are unable to pay their school fees. The South African Schools Act (No.84 of 1996) stipulates that it is compulsory for every child between the ages of 7 to 15 years to attend school. This Act also provides OVCs with exemption from the payment of school fees and there are conditions that apply to

accommodate those who are in need of support. It enables children such as OVCs affected by HIV and AIDS the opportunity to receive primary education like any other children (DSD Development 2005:32). The following new regulation on exemption of parents from payment of school fees in public schools is an amended act aiming at providing a guideline for service providers such as Drop-In Centres and schools to use whenever they are offering services to OVCs. It forms part of the Schools Act (No. 84 of 2006) which is also in line with the Children's Act in terms of providing care and support to OVCs who are affected by HIV and AIDS. It has a positive impact by of adding value to the development of the child by not expecting the OVCs to use social grants for their primary education. The Constitution also plays a vital role here because it stipulates that a child has a right to education. The abovementioned Acts play a major role in terms of making sure that the interest of the child is paramount where social services are provided to OVCs. The organisations like Drop-In Centres also play a crucial role in terms of making sure that these policies are put into practice.

The South African Schools Act (No. 84 of 1996) Section 39 (4) stipulates that any foster parent, or person taking the role of parent in a foster home or place of safety, is not to be charged school fees (DSD 2005:18).

The new regulations on the Exemption of Parents from payment of school fees in Public Schools (2006:37)grant automatic exemptionsto:

- *"Children in foster care, child and youth care centres.*
- *Children living with relatives due to them being orphaned or being abandoned and thus having no visible means of support.*
- *Children living in child-headed households.*
- *Children who receive social grants"* (Department of Social Development 2009:33)".

2.5.3 The Social Assistance Act (No. 13 of 2004)

The Social Assistance Act (No.13 of 2004) stipulates that "*every child is entitled to receive a social grant in order to meet their basic social needs*". It does not only accommodate OVCs but applies to every child who is in need of support. It also suggests that the foster care grant is the only grant that is mainly focused on OVCs affected by HIV and AIDS. This includes social grants such as the child support grant, foster care grant and care dependency grant. The purpose of social assistance is to ensure that persons and children living in poverty are able to access a minimum level of income which is sufficient to meet their basic needs. Furthermore, this Act enables every child to have equal access to a social grant in order to alleviate poverty, for example, children who are orphans are entitled to

receive foster care grants every month until they finish high school or turn 18 years old (DSD 2005:11). The researcher was, however, able to identify gaps where OVCs are neglected after their secondary schooling is completed. It has been observed that there are many OVCs who finish their matric before they reach the age of 18. The relevance of this Act to this study was to identify some limitations with regard to attending to the special needs of these children. There are no provisions that are there for them after finishing their matric to assist them with studying at tertiary level. The other weakness that was identified is that those who are still schooling until the age of 21 are accommodated by this Act. This poses a concern in the sense that the Act seems to make more provisions for OVCs who have challenges in terms of mastering their school work which was also highlighted in this study.

These Acts show that the South African government is committed to addressing the psychosocial needs of all children including OVCs affected by HIV and AIDS. The evidence for this is that these policies do not focus on one aspect of life but use a holistic approach in addressing the basic needs as demonstrated by the findings of this study.

2.6 MITIGATING THE SOCIAL AND ECONOMIC IMPACT OF HIV AND AIDS ON OVCs

According to the South African Department of Social Development (DSD 2009:204), the social protection of OVCs affected by HIV and AIDS is a priority. The role of the Department is to provide protection by means of developing and implementing policies and strategies that will build and strengthen government institution and community networks of care and support such as places of safety for children and welfare centres, family and community structures such as Drop-In Centres, non-governmental organisations and community-based care centres. This could facilitate a supportive environment for OVCs.

During the formation of a partnership between the provincial Department of Social Development, the Department of Health and other non-governmental organisations which took place in Durban, KwaZulu-Natal in 2005, it became clear that service providers require specific training in social support service delivery for OVCs. This relates to aspects such as the identification of vulnerable children and families and supporting these children to identify their psychosocial needs. The training of the caregivers is still one of the aspects that needs to be addressed in terms of equipping them with the relevant tools to conduct their daily activities when dealing with OVCs. Assessing these acts, policies and strategic frameworks the researcher was able to perceive the positive impact that this partnership has on service delivery to OVCs .The abovementioned partnership between government departments and community-based organisations also bridges the gap of duplication of services to these

children by making sure that role players are aware of their duties and roles they must play in the service delivery process. There are gaps however in terms of the clear identification of the responsibilities of monitoring of service delivery to OVCs (Department of Social Development 2005:94).

2.7 THE CARE AND PROVISION FOR OVCs

According to Foster (2006:43), when parents die, there is usually no ideal placement for these children which guarantees some options of caregiving. In most communities it is common that relatives are the ones who are responsible for taking care of the children after the death of the natural parents. The provision of such foster care is to enable siblings to remain together in the care of family members they already know (Foster 2006:57). Providing support to OVCs and their families who are under stress is the best way to achieve lasting care, and programmes such as Drop-In Centres and children's homes have the advantage of being less costly, both financially and in terms of the emotional cost to the child. This is because drop-in centres offer their services to these children without expecting any payment and also employ professional workers who are experts in the field of preventing secondary trauma. In some cases it is impossible for OVCs to be maintained in their family of origin or with relatives within their communities and that is why there is only one best option left, which is care within another family, through the process of foster care and adoption by a non-relative. Foster (2006:57) indicates that other researchers have observed that, in Western societies, a clear distinction is usually made between adoption placement and fostering placement of OVCs. It was also revealed during the fieldwork of this study (discussed in Chapter 4) that the services that are provided by the Centre were more focused on foster care placement than adoption. There were no services for adoption that were recorded on the intake register.

Traditional foster care is kinship care which is a type of family placement in which the rights and responsibilities of one set of parents are legally and permanently transferred to another set of caregivers (Foster 2006:58). "*Fostering placement is a less permanent form of substitute care which does not involve the transfer of parental rights and responsibilities; it is an alternative care for the child in need of care*" (South African Department of Social Development 2005:22). In practice, this distinction can become blurred, especially in African countries where legal adoption is often not practised and foster care placement is preferable (Foster 2006:63).

According to Madhavan (2007:33), it is clear that OVCs are not new in our communities, especially in the African communities where maternal families are the ones who are most responsible for looking after orphans following the death of natural parents. The author also indicates that it has been noted that, in most cases, the extended family has traditionally played an important role in caring for these children as they promote the *Ubuntu* principle. This principle emphasises that human beings need one another. In this regard, it encourages the extended families to take care of OVCs regardless of whether or not their parents died due to AIDS.

He also emphasises that it is important to distinguish voluntary from crisis-led fostering. His point of view is that the former pertains to arrangements made between natural parents of the child and foster parents that accord with cultural norms about child-rearing. He further explains that "*voluntary fostering of this kind most often takes the form of informal fosterage rather than formal adoption, which signifies a legal transfer of rights and obligation from biological to foster parents without going through court proceedings*". With the exception of a few cases, most non-biological child-rearing would be classified as the former in West Africa and, to a large extent, in South Africa and elsewhere. This pertains to fostering done in response to death or economic hardship (Preble 2006:14).The extent to which the unrelated family play a role in the care of OVCs is an issue worth examining. Anecdotal evidence from Limpopo Province in South Africa suggests that some teachers provide financial and material support (usually in the form of food and books) to students who are in desperate circumstances (Madhavan 2007:71).

Madhavan (2007:56) suggests that it would be useful to identify non-related caregivers for OVCs and why they take on this responsibility. Madhavan&Sangeetha (2006:91) found, in a study of fostering in Mali, that OVCs who were voluntarily fostered did not suffer any nutritional disadvantages, but those who were fostered out of necessity tended to become undernourished.

2.8 THE IMPACT OF PARENTAL DEATH ON OVCs

Kubler-Ross (2006:206) states that the death of a parent is a uniquely stressful life event that compromises children's short-term and long-term psychosocial development. Orphans and vulnerable children affected by HIV and AIDS require special health, social and psychological services due to this loss. They often need help from a variety of sources such as their school, social workers, churches and the juvenile justice system in dealing with their grief (Nicholas 2006:17). The living conditions and other experiences that they go through

after the death of their biological parents contribute to cognitive and psychological adjustment and development (Peinser-Feinberg 2007:119).

When the researcher was reviewing the Kubler-Ross study in comparison with the National Action Plan for Orphans and Vulnerable Children (DSD 2012) it became evident that the Department of Social Development addresses the social issues that were identified by Kubler-Ross in terms of understanding the needs of OVCs after the death of their parents. The strength of this plan was to establish drop-in centres in order to bring services to the communities to accommodate OVCs within their communities.

The death of a parent is not something a dependent child expects to experience, yet it is not uncommon. In Western countries approximately 4-5% of OVCs experience the death of a parent before the age of 15 according to Walter (2006:67). Walter indicates that there has been relatively little systematic research on OVCs' reactions to parental deaths and the relation of bereavement in childhood to subsequent psychopathology.

According to his study (Walter 2006:71) this is true for childhood in general, as well as for bereavement in orphans and vulnerable children affected by HIV and AIDS whose parent(s) have died as a result of AIDS-related illness. The relationship between AIDS-related death and the impact of losing a parent might be different from other children's loss who are living with their families. First of all, according to him, it is not uncommon that both parents and siblings are infected with HIV. This fact alone places a heavy psychosocial burden on the coping ability of parents since they are confronted with grief because they are living with HIV themselves. They are deprived due to the loss of a partner and/or one of their children, and they suffer from guilt since most of the OVCs acquired HIV from their parent. Secondly, for disadvantaged families, the AIDS epidemic adds to an already psychosocially burdened family with possible issues such as poverty, divorce and drug dependency (Lipson 2007:41).

Stein (2003:41) argues that some terminal ill parents may become more overprotective of their children, and may begin to distance themselves from their children in the hope of reducing the impact of the future loss. This overprotection might have a negative impact in children since they might feel that their parent is neglecting them

Thirdly, the social stigma that still surrounds people living with HIV and AIDS is still associated with socially taboo behaviour or "*promiscuous behaviour*" that can make disclosure of HIV status more difficult. Lastly, in many cases, both parents are living with HIV and ultimately die because of AIDS-related illnesses which have significant psychosocial impacts on the development of the child. This creates the much discussed problem of "*AIDS orphans and vulnerable children*" (Giaquinto 2006:101). It is indeed a great challenge for

many OVCs who are affected by HIV and AIDS to experience social isolation from their extended family members and the community as a whole. This has been evident in many cases where OVCs, whose parents died due to HIV related illness, are stigmatised and rejected by their families. Giaquinto (2006:101) stated, this creates more psychosocial challenges for OVCs. This is borne out by the findings of this study. The abovementioned Kubler-Ross study revealed that the impact of parental death on OVCs affected by HIV and AIDS is unique and indeed a stressful experience. This requires a service delivery that consists of health, social and psychological services to OVCs so that short- and long-term psychosocial support can be addressed, as demonstrated by this study.

Existing literature like the Kubler-Ross study demonstrates that the impact of parental death on OVCs is not a social issue for South Africans only but is also an international issue which needs to be addressed. The researcher is of the view is that there is much more that needs to be done in terms of psychosocial service delivery to OVCs.

2.8.1 Short-term psychological impact on OVCs

The first reaction following death has been called the "*emotional outcry phase*" or the "*impact phase*" according to Horowitz (2007:65). It is considered to be a phase in which emotional outbreaks occur, often accompanied by feelings of anxiety and disbelief. A study which was done by Silverman and Gilborn (2009:54) showed that few orphans and vulnerable children affected by HIV and AIDS expressed any immediate emotion when they were exposed to a prolonged illness like AIDS with considerable suffering of their parents. Most of these (44%) talked of feeling sad or confused on hearing the news, even when the death was expected. At some point thereafter, the majority of orphans and vulnerable children (91%) broke down in tears.

There are similarities to this in Silverman and Gilborn's study and Max-Neefs, Elizalde and Hopenhayn (2006:13) regarding the psychosocial care of OVCs. Both these studies are in favour of a holistic approach when psychosocial services are offered to these children. They believe that each role player must not only focus on a sophisticated model of caring for them but must be more focused on fulfilling and addressing other human needs such as shelter, health, food, education amongst others. That is why these studies emphasise that role players must explore additional options in order to make sure that the services will address the basic needs of OVCs. Max-Neef*et al* (2006:61) states that "*our first question should not be what model of care to be used, but to what extent the existing models of care fulfil the ten human needs*" such as shelter, food and education. They also believe that it is important to look at the psychological and social support services needed by these children as demonstrated by this study.

The other area of concern raised here is that, in most cases, OVCs experience trauma due to the stigma attached to AIDS and, ultimately, no one is willing to provide social support to OVCs. These studies point the way forward for the role players who are involved in providing social support services to OVCs to reach out to all the OVCs who are in need of support."*The children's inner feelings after the death of their parents experience associated behaviour included crying, insomnia, learning difficulties, and early health problems that were the effect of such feelings*" (Lipson 2007:29). Four months after the death of their parents, 62% of orphans and vulnerable children affected by HIV and AIDS were no longer crying at frequent intervals or with any regularity. This does not mean that OVCs were detached according to Lipson (2007:29). Silverman and Gilborn (2009:69) found that, during the year following a parent's death, children developed an inner construction of the dead parent by which they maintain the attachment to him or her. The researcher found these arguments were useful in formulating research objectives and questions as well as to frame the research findings.

Influenced by the work of the above research studies the researcher discovered that it is important to provide these services that can deal with the psychological aspects of OVCs. The focus of this study is on investigating how these services that are offered to OVCs by the Bhambayi Drop-In Centre assist them to cope and live after the death of their natural parents. Yet, by comparing what the Centre is providing to OVCs with findings from the abovementioned research, this study found that there is still great deal that needs to be done in terms of addressing the psychosocial needs of these children.

"*The inner representation or construction of the self of OVCs leads them to remain in a relationship with the deceased, and this relationship changes as they mature and as the intensity of the grief lessens*". Loening-Voysey & Wilson (2007:19*)* evaluated a group of 38 recently bereaved OVCs aged 5-12 years using structured interviews and rating scales of psychosocial needs. The study shows that these children and parents were often independently and simultaneously evaluated on their experiences of losing their biological parent. When the results of this study were released it was indicated that 37% OVCs met the Diagnostic Statistical Manual (DSM-II-R) criteria for a major depression episode.These researchers also highlighted the significance of the psychosocial to OVCs after the death of their parents. The study indicates the same psychosocial issues that Bhambayi Drop-In Centre attempts to address by providing support groups to these children in order to deal with the death of their parents.

2.8.2 Long-term psychological impact on OVCs

The effect of early loss has been thought so critical to development that much research has been devoted to link this experience with adult psychopathology, especially depression. According to Saler and Skolnick's (2006:34) findings, "*parental death itself may be an unstable prediction of depression because specific aspects of the familial environment and loss of immediate support of family members, in particular the relationship with the surviving parent, may mediate between parental death and depression*". This study indicates the negative impact on OVCs after the death of the parents and their psychosocial needs. The study provides valuable insight about the long-term impact on OVCs when dealing with the death of their parents.

2.8.3 The socio-economic impact of parental death on OVCs

According to the National Institute of Child Health and Human Development (NICHD) (2009:19) OVCs that came from low-income families or stressful homes especially benefit from psychosocial support services provided by government departments and community based organisations which may otherwise be lacking in their lives due to the death of their natural parents (Bernard & Bray 2007:47). According to Matthews & Luzze (2006:21) there is a striking relationship between socio-economic and psychosocial status on the lives of OVCs who are affected by HIV and AIDS after the death of their parents.

Furthermore, legislation is influenced by the above literature because the main impacts it hopes to achieve are to address the socioeconomic and psychosocial basic needs of children including OVCs who are affected by HIV and AIDS. Furthermore, it is clear that some of the psychosocial needs of these children can be met by providing short-interventions such as cooked nutritious meals every morning to OVCs. OVCs living in poor communities and who do not eat properly are often weak and are thus also susceptible and vulnerable to HIV. Drop-In Centres like the one in this study are one of the psychosocial support environments that provide cooked nutritious meals, and address issues of malnutrition and medication for OVCs.

Thatu (2004:61) argues that "*malnutrition is a fact of life for many OVCs who do not have access to socio-economic and financial resources needed to maintain healthy diets*". OVCs often lack supervision and care from their families especially when there is no support from the extended family. The author argues that Drop-In Centres do address this issue for OVCs who come from child-headed households. There are still many gaps that need to be addressed in terms of making sure that these centres follow a balanced diet when providing

nutritious meals to these children. Malnutrition is also linked to the ability to access basic needs such as food and shelter.

The economic and social effects of HIV and AIDS on orphans and vulnerable children include malnutrition, migration, homelessness and reduced access to education and health care. The economic consequences of the AIDS epidemic also impact on OVCs both within and outside the family context. "*Children affected by HIV and AIDS are increasingly taking on adult roles at a young age, including providing care for sick parents and taking on extra household responsibilities*" according to Donahue and Williamson (2005:18). They have also revealed that these children are associated with the increase in child labour.

"*Most OVCs engage in income-generating activities to support their siblings (child-headed household). Adolescents may also leave their homes to seek employment opportunities, while girls become involved in commercial sex or enter into marriage as child brides to provide for the needs of their siblings……OVCs seem more likely to be child labourers as a result of their poor living conditions. These inappropriate levels of responsibility in education and development can lead to sexual exploitation*" (UNICEF 2008:77,79). These studies indicate that the Children Act (No 38 of 2005) is addressing this issue of child-headed households by placing these OVCs under the care and guidance of suitable foster parents and/or extended family members as custodians. This Act also makes provisions for child-headed households by ensuring that the OVCs receive a foster care grant while being placed in the care of that particular foster parent. Donahue and Williamson (2005:38) identified the economic challenges that OVCs face in order to survive and to take care of their siblings. The same study shows that, within the South African context, there is evidence that the Department of Social Development is addressing this issue of child labour and support. This is done by making sure that OVCs have equal access to social grants that are offered through the assistance of the South African Social Security Agency.

According to Foster (2006:25) there are community groups in Africa that generally provide substitute parental care and a few communities have established community foster homes or institutions in response to the increasing number of OVCs. However, starting in the 1990s, communities throughout Africa have begun to add additional layers to their community safety nets by providing material, educational, emotional and psychosocial support to children affected by HIV and AIDS. This response was also trying to deal with the socioeconomic aspect of OVCs by making sure that there is psychosocial support within their communities to assist them. This is also evident in South Africa as the Department of Social Development has already begun to implement Child Care Forums in order to respond to the psychosocial needs of these children (DSD 2009:21). The Department does not only aim to address one

issue but goes further by encouraging family preservation so that the families and communities members can take care of OVCs within a familiar context such as the household or community.

In a community such as Bhambayi, poverty often prevents these children from reaching their full potential of well-being. The abovementioned Children Forums respond to the psychosocial needs of OVCs by reaching out to them and also attend to individual needs. The major role that most communities should play is to develop these forums and ensure stakeholder involvement and participation. This should be done by strengthening the care-giving and coping capacities of families to devise caring and protection strategies for vulnerable children like OVCs. This was evident in the community targeted in this study as most of the people are unemployed and it is a great challenge to OVCs because it is difficult to be cared for within their extended families. This adds greater stress as it has a negative impact in terms of socioeconomic support. In most cases they abandon their schooling and are forced to find employment in order to support themselves. This literature provides evidence that there is a great need for the community members to participate and take ownership in terms of working together with government in providing psychosocial services to OVCs. This is borne out by this study.

2.9 THE GOALS OF PSYCHOSOCIAL CARE AND SUPPORT INTERVENTIONS/PROGRAMMES FOR OVCs

UNAIDS (2008:63) indicates the following goals of psychosocial care and support for OVCs: *"(1) building a sense of belonging so that the OVCs are socially connected to a community and they feel that they are part of a larger social whole; (2) allowing OVCs to adopt the values, norms and traditions of their community; (3) drop-in centres as a vital source to promote the spirit of family preservation by keeping the OVCs in their community; (4) creating meaningful peer relations or social competence so that OVCs can have the capacity to create and maintain relationships with their peers and adults"*.

The Department of Social Development established Drop-In Centres in 2006 aimed at providing and building a sense of belonging in OVCs, enabling them to socialise with their peers through the facilitation of holiday programmes and supervision of homework after school. UNAIDS and the Department of Social Development shared the same goals of providing psychosocial and support interventions or programmes for OVCs. They are both of the opinion that the role that the community can play in the lives of these children in terms of embracing them is of vital importance. The other aim was to break all the ties that goes with

the stigma experienced by OVCs affected with HIV and AIDS after the death of their parents due to AIDS-related illness.

2.9.1 Psychosocial models of care and support for OVCs

Max-Neef et al (2006:23) further mentioned that psychosocial support is needed to fulfil the child's needs in an organised way. According to them, many children in Africa who are vulnerable to HIV do not have the psychosocial support to fulfil their basic psychosocial needs. The authors' argument is that organised psychosocial support through social agencies like Drop-In Centres should preferably be provided by the child's own empowered community.

Communities and governments could also play a significant role in addressing the needs of OVCs affected by HIV and AIDS by means of establishing these centres. In reviewing these documents and unpacking the community based psychosocial care model that was established by the Department of Social Development, it is evident that the department is addressing these concerns. These Centres also emphasise the importance of providing psychosocial support to OVCs to ensure their wellbeing. It is from this point that the Wheel Model aims to provide a better understanding of the social support system to children. This is also in line with the Children Act (No. 38 of 2005) as it clearly states that the guardian or foster parents are obligated to provide care and support to OVCs.

2.9.2 Psychosocial support for OVCs

According to Smart (2007:12), "*the life skills and coping capacity camps that are offered by Drop-In Centres for OVCs can help them to overcome the loss of their parents and assist them to rebuild their confidence*". Drop-in centres like Bhambayi Drop-In Centre also offer parenting courses to OVCs who are responsible for looking after their siblings. "*Vocational training programmes in arts, crafts, hospitality and catering management are also offered. The services that are offered to OVCs are aimed at building and strengthening community responses to the problem of the high number of OVCs. The service delivery has been scaled up to include the provision of services to orphans and vulnerable children who are affected by HIV and AIDS*" (Smart 2007:21).

The successful provision of these services relies heavily on the active participation of the community members and the workers at Drop-In Centres who are drawn from the local communities. The National Department of Social Development has developed a manual on

the establishment of community-based care such as Drop-In Centres in 2005 (DSD 2005:76).

The above literature provides evidence that the successful provision of psychosocial services that are offered to OVCs who are affected by HIV and AIDS is not based on government but also encourages the participation of members of the community. This also calls for donors and business people to be selfless and contribute to the living society. Smart (2007: 22) is again in line with what our South African government stresses in terms of service delivery principles by emphasising that, when service are offered to the public, people must be the first priority in terms of *Batho Pele* principles and this includes OVCs. "*Batho Pelo"* is a South African initiative which was introduced by the Mandela Administration in 1997 to stand for the better delivery of services to the public.

2.10 GOALS OF COMMUNITY-BASED CARE FOR OVCS

Community-based care and support enables the individual, family and community to have access to services nearest to home. This encourages participation by people, responds to the needs of people, encourages traditional community life and strengthens mutual aid opportunities and social responsibilities (South African Department of Social Development (DSD) 2009:93). Community based care preserves the provision of a continuum of care and the normalisation of services for children who have become vulnerable due to HIV. This model insists that OVCs affected by or infected with HIV and AIDS have access to integrated psychosocial services, which address their basic needs for food, shelter, education, health care, family or alternative care and protection from abuse and maltreatment. These aspects are taken from the strategic priorities of the National Action Plan For Orphans and other Children made Vulnerable by HIV and AIDS 2006-2008 as discussed under Section 2.7 in this chapter (DSD 2006:3). This plan builds on the foundations of the Strategic Framework, as previously discussed, which creates and promotes a supportive environment in which orphans and vulnerable children made vulnerable by HIV and AIDS are adequately cared for. These children are supported and protected physically, psychologically, materially, socially, morally, spiritually and legally to allow them to grow and develop to their full potential. The following aspects of interventions or programmes focus on the role that the communities play in the service delivery they offer to OVCs (DSD 2008):

- *"They address immediate issues of poverty as they relate to basic needs and resources; and they facilitate and enable sustainable development and income generation which can address medium and longer-term issues of poverty. They also facilitate the*

establishment and strengthening of poverty alleviation or eradication programmes in affected areas. They identify external supports for communities and enable the communities to build support networks.

- *They aim to support and facilitate the delivery of services and to build the capacities of communities, especially NGOs. They cater for implementation and further development of effective and affordable community-based care and support models and targeted preventative interventions. They facilitate the support of families, communities and other stakeholders to identify and implement strategies that promote children's well-being for example medical care, substitute care, nutritional needs, educational needs and protection from abuse and exploitation.*

- *They enable prevention and early intervention, at care and development level, to prepare for and deal effectively with HIV and AIDS and its consequences. They establish integrated institutional arrangements at provincial, regional and local levels for implementation and monitoring of the strategy. They assist children, families, communities and provinces to identify the most vulnerable and to help them to prioritise resources in order to preserve family life".*

These Drop-In Centres bridge the gaps in service delivery between the Department of Social Development and communities to OVCs. These are also the strengths of these centres as service delivery is facilitated within the communities to create a psychosocial supportive environment for these children. This in turn enables them to receive these services in a familiar environment and with the support of communities.

It also addresses the financial constraints in terms of accessing services without travelling long-distances as these centres are able to reach out by conducting home visits and to facilitate the early identification of OVCs.

The weaknesses that were identified by the researcher in this study, as indicated in Chapter 4, was the limitation of psychosocial services delivery such as community-based care to OVCs due to a shortage of sustainable funding.

2.11 CHALLENGES IN DEFINING PSYCHOSOCIAL SERVICE DELIVERY INDICATORS TO OVCs

Gilborn, Nyonyintono, Kabumbuli, &Jagwe-Wadda (2006:34) define a good state of psychosocial well-being as a period in which one's mental/emotional state and social relationships are predominantly positive, healthy, and adaptive, whilst a poor psychosocial well-being is when these are mostly negative, unhealthy or poorly adaptive state of living conditions and mental health.

A meeting was held in Gaborone with the aim of developing universally accepted indicators for psychosocial support programmes for OVC to determine quantitative output indicators that would address the needs of monitoring and dealing with OVCs. Some examples of the output indicators that were raised included the number of children who attended meetings, sessions, camps and children's clubs. This is important in the context of this study as the selected centre also focuses on the psychosocial needs of OVCs affected by HIV and AIDS and makes recommendations on ensuring community involvement and ownership as outlined in Chapter 5.

The researcher's point of view about these psychosocial services is critical to the well-being of OVCs. In turn these children will be able to bear and recover from significant levels of psychosocial challenges resulting from the loss of their loved ones. This emphasizes the need to develop indicators for psychosocial support programmes (PSPs) like the one in this study. This is in line with the Department of Social Development indicators that were developed in 2006 where it states clearly that it is important to provide psychosocial services to all children such as holiday programmes and life skills training in order to equip them with relevant coping skills. The aim of these programmes was also to occupy OVCs during school holidays with programmes that can address some of their needs. The challenges which Drop-In Centres experience in providing these psychosocial interventions and/or programmes are often financial and hinder the sustainability of these centres. "*Providing psychosocial well-being to OVCs can be described as "key investments" in "human capital" because OVCs who receive affection, stimulation, and support in early childhood have a good foundation for growth and development, are more able to cope with challenges, are better at overcoming disadvantages, and making positive contribution to the society*" (Foster 2006:48).

The Department of Social Development (2009:41) also promotes the importance of a monitoring and evaluation tool which must be used by these centres to measure the outcomes of these psychosocial services provided to OVCs. The main aim of these programme indicators was the improvement of service delivery to these children. When

assessing these indicators, a gap was identified where OVCs are not often seen as active participants during regular monthly activities at these centres. The indicator should be the percentage of OVCs participating, at least monthly, in organised group activities that address "appropriate psychosocial support". Secondly, when the Monitoring and Evaluation (M&E) team came up with qualitative indicators, in an attempt to measure outcomes and impacts such as changes in the psychological well-being of OVCs, scales from western psychological research were often used which did not translated properly into the local African context of the centre.

These indicators are important to this study in providing a benchmark or guidelines to Drop-In Centres in terms of improving their service delivery to OVCs. It also demonstrates the means by which organised group discussion of OVCs should be implemented in the Centre as part of using the psychosocial support system to address the needs of OVCs. It was argued that these western scales do not take into account many socio-cultural issues within an African context which makes using these indicators in most of the developing countries questionable (UNICEF 2008:93). It is evident that the monitoring and evaluation tool must be unique and suitable for each community in order to bridge cultural and social diversity within an African country.

2.12 THE WHEEL MODEL AND PSYCHOSOCIAL NEEDS OF OVCs

According to some authors, psychosocial support may be defined as an "*ongoing process of meeting the physical, emotional, social, and spiritual needs of OVCs*". It looks beyond the physical needs of these children and includes the provision of emotional, spiritual and social needs in the care-giving process. The *Wheel Model* can assist Drop-In Centres and care and support community-based organisations which are providing psychosocial services to these children to understand the concept of psychosocial care and support and psychosocial well-being (Clarke 2008:12). The strength of this model is that it focusses on psychosocial interventions and/or programmes to OVCs affected by HIV and AIDS, with an emphasis on the well-being of these children. This model forms also the theoretical framework for this study as it provides a holistic approach for providing psychosocial services to OVCs.

"*The pschosocial impact of HIV and AIDS on OVCs is a neglected topic, due to the shocking financial crisis that confronts them; programmes tend to focus on providing for material needs rather than counselling and other forms psychosocial support"* (Foster & Williamson 2000:21).Chapter Two, Section 28 (1) of the South African Constitution (No 108 of 1996)

states clearly the human rights of children and provides a strong motivation for the psychosocial rights of OVCs. DSD 2002: 13)

They revealed that these children face many psychosocial challenges including the lack of parental guidance, love, care and acceptance in the new families they join. They also face social problems such as neglect and social isolation, lack of supportive peer groups and role models, stigma and other social risks in their immediate support environment (Foster 2006:11).

The term "*conceptual framework"* is used when concepts from different theories and/ or research findings are used to guide the study. The framework aims at structuring the study, designing the research questions and formulating a research questionnaire (UNISA 2005:21). The research process started with a "*set of ideas whether vague hunches or clearly formulated propositions about the nature of these phenomena. It is this conceptual model that determines which questions are to be answered by the researcher and how empirical procedures are to be used as tools in finding answers to these questions*". Researchers frequently have to investigate phenomena for which few established models or theories exist (Babbie & Mouton 2009:35) to frame the research purpose and objectives as well as the findings.

2.12.1 The implications of the Wheel Model on OVCs

According to Clarke (2008:35) the model is concerned with the psychosocial well-being of OVCs in communities. It has often been used to assist psychosocial development intervention and programmes for children's care centres like the Drop-In Centres in this study to improve service delivery as well as to lessen their vulnerability to HIV. These needs are all important for the healthy development and well-being of OVCs. It is important to ensure that these needs are met in order to address children's human rights including those rights which relates to OVCs. The Wheel Model also emphasises that social support and care services targeting the OVCs need to be individualised and take into account the specific needs of each community. This model assisted the researcher to conceptualise the research questions of this study as well as to make some programmatic recommendations. Please see Chapter 4 for more details on the application of the model to the findings.

Three psychosocial service delivery stages are involved in this model, the first of which first comprises the social support services and care services targeting the OVC's which need to be individualised and community based. In this study, it is clear that the Bhambayi Drop-In Centre's focus is on the first stage as they provide social support services to OVCs within the community of Bhambayi. The Centre also targets these children by conducting home

visits in order to identify their psychosocial needs of care as well as having referrals to alternative care such as spiritual care. However, the Centre's focus is not only on providing these services but also providing psychosocial coping interventions to promote the empowerment of OVCs.

The literature further states that OVCs experience many challenges which include unmet psychosocial needs due to the lack of guidance and psychosocial support from their families and communities. Meeting these needs adequately is very important for the child's development and well-being. This study is also in line with the aims of the selected Centre of this study which promotes the formation of supportive relationships between OVCs and their primary caregivers, including foster parents and guardians.

Clarke's Wheel Model explanations provide some theoretical bases for this study including the formulation of research questions and validating some of the findings as explained in Chapter 4. Both the Wheel Model and Gilborn's study agree that encouraging social connectedness when providing psychosocial services to OVCs ensure their well-being. According to the Nelson Mandela Children's Fund (2006:43) it was found that these children have more psychosocial problems than other children who may not be affected by HIV and AIDS. This was supported by the study conducted by Snider (2006:206) which found that 43% of their respondents, including OVCs affected by HIV and AIDS, indicated that they lack parental guidance, support and social protection. Managing their households which requires emotional support, transfer of life skills, and protection against sexual and physical abuse should be part of psychosocial support provided by Drop-In Centres such as the one in this study.

The second stage involves commitment from these centres to make sure that OVCs are not passive recipients of services but that they also play an active role by being able to take responsibility for their lives. Germann (2004:41) also criticises some of the approaches used in supporting these children as they often undermine children's own coping capacity and dealing with their daily lives. At the same time they may create and reinforce a dependency syndrome that may have serious long-term consequences for the psychosocial development of the child. He further indicates that such "*approaches tend to be biased towards children's material and formal educational needs and often fail to address the less obvious social, mental, and emotional needs that OVCs may have at that particular time*". The study has also found that this is true as the participants reported the lack of responsibility on the part of OVCs in taking ownership of their own lives.

The third stage is the development of social coping mechanisms to sustain personal and social empowerment by implementing child directed development interventions and/or

programmes like life skills programmes and youth camps. The Wheel Model emphasises the importance of providing social services to them but also identifies gaps in these psychosocial services which often do not equip OVCs with relevant psychological coping and social life skills. The Children Act (No. 38 of 2005) states that every child must be placed under the care of a guardian or foster parent which gives them the opportunity to have an adult who can assist and guide them with their life choices. In this study the main focus was to investigate the psychosocial services provided by the selected Centre to these children to empower them.

Killian (2008:62) indicates that OVCs may be overwhelmed by the amount of psychosocial interventions and/or programmes offered by different community based organisations. Therefore the Wheel Model argues that organisations like this one in the study should provide short-term psychological and social support to ensure long-term developmental growth of OVCs, for example, the selected Centre provides cooked meals for OVCs on a daily basis for children who are between the ages of 14 to 16 to also assist them to provide support to families and siblings like providing meals and teaching them how to cook for themselves and their families. According to the above model some sectors might mislead the OVCs and spoil them through creating dependency and relying on charity handouts.

One of the research objectives of this study was to describe the types of psychosocial services provided by the selected Centre to OVCs. This was also informed by the use of the Wheel Model to investigate the three different stages of psychosocial needs of these children and the impact of these services. This model seems to imply, according to the researcher, that OVCs are passive recipients of aid and do not have potential and capabilities to contribute to their own growth. Sometimes they may get used to depending on social support services provided to them by these Centres and become resistant to independence. This was found in the findings of this study, as evident in Chapter 4.

Family Health International (FHI) (2001:36) recommends a model of psychosocial support similar to the Wheel Model to better understand the different needs of children, including OVCs. They envisaged that these needs need to be fulfilled by the non-governmental organisations (NGOs), government and communities to improve the psychosocial well-being of OVCs.

According to the Department of Social Development (DSD 2009 115) the guidelines for community care centres or Drop-In Centres are based on the assumption that most orphans and vulnerable children affected by HIV and AIDS should be cared for within their immediate social context which includes the community and family. This is also the guiding principle of the home- or community-based support strategy which was developed by the Department of

Health and the Department of Social Development. These two departments based their guidelines on the assumption that OVCs are better protected when cared for within their communities and families (DSD 2009:32). The Bhambayi Drop-In Centre is also implementing these guidelines and the findings of this study showed some of the challenges they faced as well as some success as well.

Psychosocial support at the community-level, whether initiated by individuals or groups, may offer material and non-material assistance to children and households affected by HIV and AIDS. This assistance may include food and nutrition, education, psychosocial support, home-based-care giving, treatment and child-fostering (Foster 2006:19). He further indicates that 90% of the assistance to OVCs is provided by families and community groups, with only 10% being supply by the government or NGOs.

After critically reviewing the literature related to the Wheel Model, the researcher was able to frame the findings on the role played by the Bhambayi Drop-In Centre in the lives of OVCs and the types and quality of services provided to them. It also provided the researcher with insight and understanding regarding the positive impact of applying this model of psychosocial service delivery to these children. It assisted in identifying the challenges the Centre may face in rendering these services as described in the findings of this study in Chapter 4. The South African government is experiencing severe challenges in identifying OVCs and planning, according to the South African Statistics (2006:9), and community based organisations like the one in this study are essential to render holistic care and support.

2.13 A BRIEF DESCRIPTION OF THE HISTORY OF THE BHAMBAYI DROP-IN CENTRE

The Bhambayi Drop-In Centre is a community based organisation that provides psychosocial support services to orphans and children affected by HIV and AIDS. It is situated between Phoenix and Inanda Township in a densely populated informal settlement area in Ward 57 within the Mahatma Gandhi settlement. The area was hardest hit by political unrest during 1985-1994 which left many of the children without parents. As a result the number of these children has increased and affected the well-being of the community. Inanda has a high unemployment rate and the majority of the residents are affected by years of political violence (South African Department of Social Development 2005:6). The population of Inanda Township is estimated at 152433 people.

According to the South African Department of Social Development's Impact Study of the Home/Community Based Care Services at Bhambayi Drop-In Centre (DSD 2005:7) the Centre is a children community-based organisation operating from the Bhambayi, Inanda area in the Durban district in KwaZulu-Natal. The Bhambayi Drop-In Centre was established in 2001 by the Departments of Social Development and Health. Ms Msomi is the Centre manager and is actively involved in the psychosocial services rendered by the Centre for OVCs in the local communities. The main purpose of the Centre was to render psychosocial support services to these children. Both these departments are still in partnership with the Bhambayi Drop-In Centre. The research participants in this study were also involved in rendering social support services such as providing meals for OVCs, identification of OVCs, conducting of home visits, providing voluntary counselling and testing, distribution of food parcels, home-based care, addressing issues of malnutrition and providing medication, providing spiritual healing to terminally ill patients, and ongoing counselling to both infected and affected children and families.

As it was clear that OVCs were in need of these services both departments made a decision to encourage other role players to partner with the Centre in addressing these needs (DSD 2005:75). Inanda Health Centre is not too far away from the Bhambayi Drop-In Centre and closely collaborates with the Centre in rendering health care services to these children. From 2002, Bhambayi Drop-In Centre has been receiving funds from the Department of Social Development in order to provide these services to OVCs (DSD 2005:6).

According to the abovementioned impact study at Bhambayi Drop-In Centre in 2005 there was an increase in the number of OVCs within the local community as well as in other similar informal settlements in KwaZulu-Natal. The people who make up the Bhambayi community are from different racial groups; most of them are Xhosas, an ethnic grouping from the Eastern Cape. The languages that are commonly used by the people in this area are isiXhosa and isiZulu. Bhambayi is a very remote and poverty-stricken area. Most of the people are unemployed while some of the males are migrant workers working far away from their families. Most of the women work in the neighbouring suburban areas as domestic workers.

The initial intervention of social support service delivery for orphans and vulnerable children affected by HIV and AIDS started with just twelve children whose parents were deceased due to AIDS-related illnesses but the number of children has since increased. These children are still the recipients of these services and often live within the area. The lives of these children were challenging, full of psychological and social barriers and hopelessness due to the impact of the AIDS epidemic on the community. They are also vulnerable to HIV

because they were left without any visible means of support after the death of their parents and were largely dependent on community members for their survival.

According to a survey undertaken in KwaZulu-Natal Midlands region in 1994 by Statistics South Africa (2006:12), 6% of children under the age of 16 lost their parents due to various causes including AIDS. Another study conducted during 1997, also by the same organisation (SSA 2006:30), estimated that there are 100 000 orphans and vulnerable children affected by HIV and AIDS in KwaZulu-Natal. These children are often cared for by vulnerable families and they live in poor socioeconomic communities. Both studies show that communities with a high prevalence of HIV are already disadvantaged, with a high level of poverty, poor infrastructure and limited access to services.

One of the major roles government should play is to support, strengthen and mobilise collaboration with organisations such as Bhambayi Drop-In Centre and others that are providing assistance to OVCs (DSD 2005:203). The amount and quality of care OVCs receive as well as the type and stability of care and support will either negatively or positively influence specific aspects of the child's development (Carter &McGoldrick 2007:34). High-quality child care has a positive influence on cognitive development of children.

2.13.1 Services that are provided by the Drop-In Centre (DSD 2009)

- *"Identification of orphans and vulnerable children affected by HIV and AIDS.*
- *Providing meals for orphans and vulnerable children affected by HIV and AIDS.*
- *Providing cooked nutritious meals to terminally ill patients.*
- *Providing ongoing counselling to both infected and affected children and families.*
- *Addressing issues of malnutrition and providing medication.*
- *Providing food vouchers/ social relief".*

2.13.2 Youth Programme Areas

- "*Peer education*
- *Drug marshals*
- *Arts and culture*
- *Life skills*
- *HIV and AIDS awareness programmes service delivery"* (DSD 2009:94).

As the Centre was rendering psychosocial support services to OVCs as outlined above as well as the research being involved in these services it was chosen as the research site for this study.

2.14 CONCLUSION

The literature review explained the complexities of orphans and vulnerable children affected by HIV and AIDS (OVCs) globally as well as in South Africa and provided a theoretical framework in exploring the purpose and objectives of this study. It was evident from this review that there has been considerable work undertaken into the development of national policy, guidelines and models of intervention for OVCs affected by HIV and AIDS in many countries in the region including South Africa.

It also revealed that South African government departments are collaborating with community based organisations like Drop-In Centres in providing psychosocial services to these children. A considerable number of interventions and/or programmes have also been implemented and described. However, there is far less documented work that reports on evaluation of these interventions and/programmes which provided the motivation for this study.

Guided by the Wheel Model, as discussed in this chapter, the need for a qualitative research design was evident in order to gain insight and understanding into the different psychosocial services provided by the Bhambayi Drop-In Centre, Inanda, to these children. This research design is discussed in greater detail in the following chapter.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

An exploratory qualitative research design was used which enable the researcher to explore and obtain in-depth understanding of the types of psychosocial support services that are provided to OVCs by the Bhambayi Drop-In Centre as well as to gain insights into the challenges the Centre face in rendering these services.

According to Simelane (2007:78) the nature of qualitative enquiry is oriented to exploration and participation which allowed the researcher to gain insight and understanding about the daily lives of caregivers at the Centre and how they experiencing in rendering psychosocial services to OVCs. Furthermore, the research design allowed the researcher to explore in depth these types of services through different role-players as well as participated in some of the care giving activities while conducting the research to enrich her understanding. The qualitative approach made it possible for the researcher to find also out how OVCs' perceived benefits from these services offered by the Bhambayi Drop-In Centre.

In this chapter, the researcher described research design, sampling and sampling techniques, data collection methods, analysis of documents, data analysis and interpretation, validity, ethical considerations and conclusion.

3.2 RESEARCH DESIGN

According to Mouton (2009:55) a research design is a plan or blueprint of how the researcher intends to conduct his or her study. The research design is about drawing a plan that will be followed during the study in order to answer the research questions like in this study (Babbie & Mouton 2009:72). According to Trochim (2006:32) the research design is the glue that holds all of the elements of a research project together. Booysen, Lemmer and Smith (2007:99) indicate that the research design is a very important part of the investigation because certain limitations in interpreting the results are related to the design. The research design determines how the data should be collected, analysed and interpretated (Mouton 2009:56).

Qualitative research methods "*permit the researcher to study selected issues in-depth and in detail*" according to Patten (2007:48). This study was an explorative research as it also explored the nature and types of services rendered by the Bhambayi Drop-In Centre to

orphans and vulnerable children who are affected by HIV and AIDS in the Inanda area of Durban, KwaZulu-Natal. The qualitative design comprising also of participant observation and face-to-face interviews and analysis of documents of the Centre was chosen for this study as explained in the next heading.

Patton's (2006:195) views are major characteristics of qualitative fieldwork is the observation of participants as they go about their everyday activities. This kind of naturalistic inquiry enabled the researcher to remain open to the contextually embedded and socially constructed character of the research participants' social actions.

Upon reflection, the researcher feels that the chosen methodology enabled her to experience and learn about a social world of which she did not have enough knowledge. This made it possible to not only ask "*why social support*" but also "*how do people experience*" and what are their perceptions on the benefits of these services to OVCs.

3.3 STUDY POPULATION, SAMPLING AND SAMPLING TECHNIQUES

The study site was a small area called Bhambayi Informal settlement within the EThekwini Municipality as described in the previous Chapter. This study area is located near KwaMashu and Inanda townships, which falls under INK area. The population is Zulu and Xhosa speaking.

The research site was purposively selected because it was identified as a Drop-In Centre within a high rate of HIV prevalence and being a poverty stricken community and it was accessible to the researcher as she lives close to the community. The Centre is also located in an area which is accessible for both these children, community members and families.

Research participants were recruited through the assistance of the Centre Management and its collaborating partners. The recruitment process was done by assessing the intake register of the Centre to select few caregivers including foster parents who were receiving psychosocial support services rendered by the Centre. After identifying participants the researcher proceeded with further purposively sampling of participants based on their involvement at the Centre, living in the community and working with OVCs. Face-to-face interviews were then schedules with individual and they were consistently reminded that it is voluntary to participate in the study (De Vos 2007:240). Please see detailed discussion on research ethics on this.

Five participants who are foster parents taking care of OVCs were selected. The other five participants are employees at the Centre who are also taking care of these children as caregivers. This was evident in this study because the researcher conducted also field observation but at the same time she was more interested on the things that are relevant to the study by using observation checklist. For the purpose of this study, purposive sampling was chosen to select the research participants for the face-to-face interviews. This sampling technique was based on the fact that the researcher was able to select participants who were more suitable for this study in terms of their involvement in the Bhambayi Drop-In Centre, receiving some kind of psychosocial services and they also are foster care parents and programme implementers.

For the purpose of this study 10 participants were selected and interviewed individually by the researcher. Five research participants who were key informants in this study were involved in most of the activities of the Bhambayi Drop-In Centre, including namely, beadwork, identification of OVCs, a gardening project, support groups, home-based care and a soup kitchen. These key informants were also employed by the centre. Two of the key informants were working as child-minders (see Table 3.1). Another one was working as a social worker. One of them was working as a caregiver and the last one was a member of a working committee of the centre. The ages of the key informants ranged between 29 and 63 years as stated in Table 3.1. It further indicates that four of the key informants were not married, whereas one was married. The table also indicates the source of income of all the foster parents who were in receipt of foster care grants. Three of the key informants were still caring for their own children and one of them also cared for her relative's child. The other key informant was caring for her five siblings. Three of the key informants had completed their high school education and the other two key informants hold tertiary qualifications.

Table 3.1 Biographical data of the key informants

Name	Gender	Age	Number of foster children	Number of own children	Employment status	Source of income	Level of education
Belinda	Female	41	3	2	Employed full-time	Child-Minder	Senior Certificate
Elisa	Female	40	-	2	Employed full-time	Social Worker	Social Science Degree

Christina	Female	63	4	-	Employed	Pensioner	Nursing Diploma
Anita	Female	29	5	-	Employed	Child-Minder	Senior Certificate
Debbie	Female	40	2	1	Employed	Caregiver	Senior Certificate

All the foster parent participants were females and fell into the age category of 21 to 63 years old. They had one or more OVCs in their foster care. Most of the foster parents were employed on a part-time basis and others were unemployed.

Table 3.2: Biographical data of foster parents

Name	**Gender**	**Age**	**Number of foster children**	**Number of own children**	**Employment status**	**Source of Income**	**Level of Education**
Sunshine	Female	42	3	2	Employed part-time	Domestic worker	-
Kimberly	Female	21	1	-	Unemployed	Foster Care Grant	Senior Certificate
Vinolia	Female	46	2	3	Unemployed	Foster Care Grant	-
T.K.	Female	29	2	1	Employed part-time	Domestic Worker	-
Mary-Anne	Female	63	3	6	Unemployed	Pensioner	-

Table 3.2 indicates that the other five research participants were foster parents of OVCs. The ages of the research participants ranged from 21 to 62 years. One of the foster parents was unemployed and fully dependent on the foster care grant to support the OVCs. In her case three of the children were employed on a part-time basis as domestic workers. Furthermore, the Table indicates the source of income of the foster parents: that one other foster parent was a pensioner. Three of the foster parents were not married, whereas two were married. The youngest of the foster parents was 21 years old. Four of the foster

parents were still caring for their own children and the other one was responsible for the care of her younger brother. During the in-depth interviews with the foster parents it was revealed that four of the foster parents never completed their high school education. The other one has a Senior Certificate and is planning to further her studies in one of the universities in South Africa.

The recruitment process used by the researcher was also an opportunity to build a rapport with the potential participants prior to the interview-process. Participants were made aware of the purpose, objectives and interview schedule. The researcher explained all the steps of the study to the participants. Participants were identified as potential participants because they provide psychosocial services to OVCs as they are employed by the Bhambayi Drop-In Centre. They had a good understanding and experience of these services offered to these children who are affected by HIV and AIDS and infected with HIV.

3.4. RESEARCH STEPS

The research was conducted in Bhambayi Drop-In Centre in order to allow the researcher to conduct observations, reviewing documents and also to in-depth interviews. In-depth interviews were conducted in Bhambayi Drop-In Centre. The Centre was chosen as a safe and suitable place to conduct these interviews.

The Centre is a building that consist number of rooms for counselling and other services to be offered to OVCs. In-depth interviews were more convenient for both the researcher and the participants to be used as it allowed the researcher to do her observation while conducting these interviews. On the other hand the researcher also participated in the services delivered by the selected Centre as a part of her observations. Every word that the participants use in telling their stories were recorded using an audio cassette and then later transcribed.

In-depth interviews involve the description of the experience, but also involve reflection on the description. It was the most appropriate method in a sense that the researcher wanted to enable participants to share their experiences freely and openly in terms of social services that they were receiving from the centre.

3.4.1 Key informants: Bhambayi Drop-In Centre staff

Babbie & Mouton (2009:68) states that key informants are research participants who are usually selected because of their expertise in the relevant area of service. The researcher

selected employees from the Centre as key informants for this study in order to get their opinion about their involvement with the service delivery to OVCs.

The researcher decided to conduct key informants interviews with the five experts in service delivery to these children because she wanted an understanding about the services that are provided to them by the Centre. Five employees at the Centre participated in the individual in-depth interviews. The research questions were used to structure these interviews (Please see Appendix C: Interview Guide).

The key informants identified Wednesdays as a suitable day to conduct the interviews because this day was used as an administration day for them, which meant that all the key informants would be available to be interviewed on that day. During the interview process, the researcher reintroduced the study, and asked the participants if they were still interested in participating in the study. An inform consent form was then read to them after which they had to reaffirm their interest in participating in the study. All the participants signed the informed consent forms (See Appendix A as an example of the Informed Consent Form). All interviews were conducted in Bhambayi Drop-In Centre which was a quiet and safe environment without any disturbances. Home language of the research participants which is Zulu and isiXhosa were used during the interviews. Prior to the commencement of the interview the researcher reminded the participants of his/her participation is still voluntary and they could withdraw at any moment without any negative consequences. However all participants who consented to participate in this study completed their interviews. The interviews took an average of 45 minutes to complete. There were no restrictions in terms of time that was allocated to each participant, should they have felt the need to continue after 45 minutes. The researcher continuously reassured the participants that all their personal information would be kept confidential. These interviews were immediately transcribed and read back to them to ensure that the transcript was a true reflection of the interviews.

After this the researcher was able to translate the findings to English. During the field work, the researcher was also able to write down field notes which were based on the research participants' verbal and non-verbal behaviour as well as additional information gathered during the interviews.

3.4.2 Participatory observation

Participatory observation according to Glesne and Peshkin (2007:18), "*is a process where the researcher carefully and systematically experiences and consciously records in detail the many aspects of a situation*". According to Cohen and Manion (2007:62) one of the

advantages of participant observation is that researchers are able to discern ongoing behaviour as it occurs and are able to make appropriate notes about its salient features.

Denzin and Lincoln (2006:673) both believe that it is necessary for the researcher to observe both human activities and the physical settings in which such activities take place. These authors also describe participatory observation as a qualitative research procedure that studies the natural and everyday set-up in a particular community or situation.

It was important for the researcher to spend time at the Centre by participating in day-to-day activities to conduct observations. The researcher took part in daily activities as she was also employed by the Department of Social Development as a qualified social worker, including the identification of orphans and vulnerable children, the distribution of school uniforms, parenting skills training, screening of potential foster parents, the provision of counselling and the provision of career guidance to those children who have completed their Grade 12.

During participatory observation the researcher needs to take notes of what he or she hears, sees, experiences and perceives while involved and engaged in a particular situation. Since the researcher spent a lot of time (one day a week over a period of four months) at the Bhambayi Drop-In Centre, she became a known and trusted person. In order to maximise the effectiveness of participatory observation the researcher made use of field notes. As an exploratory study, the gathering of data was not guided by specific hypotheses; instead data collection and analysis were synthesised through conscious, reflexive note-taking in the field, recording of personal interviews and writing in a field journal in order to enhance the validity of the findings. In observing and interviewing the researcher was also observing the activities and processes of providing social support and services to OVCs.

In the field notes and the transcriptions that were compiled by the researcher attention was paid to the services that the research participants provide to OVCs and the foster parents' experiences of service delivery and their connection to the Bhambayi Drop-In Centre. An observation checklist (see Appendix D) was developed to facilitate observations pertaining to how the centre provides these services and supports the delivery of services to OVCs.

The data collection tool which was an interview guide (see Appendix C) was adopted from a framework and resource guide compiled by USAID (2005:47). Although this guide was used to collect data from focus group discussions in this resource guide, the researcher found it possible to adopt and customise to both in-depth interviews for the purpose of this study.

3.4.3 In-depth interviews with foster parents

Mouton (2009:201) defines "*qualitative in-depth interviews as an attempt to understand the world from the participant's point of view, to unfold the meaning of people's experiences, and to uncover their lived world prior to scientific explanation*". The in-depth interviews were suitable for this study as it was enabling the researcher to understand the day-to-day world of the participants as foster parents. Five of the 10 interviews conducted were also with foster parents who were beneficiaries of the services that are provided by the Centre. All the participants were also present at the Bhambayi Drop-In Centre during the days when the researcher conducted her observations. The observation phase often served as a precursor to the in-depth interviews and allowed the researcher the opportunity to recruit the most appropriate participants for the interviews using a purposively sampling technique as previously explained. All the in-depth interviews were conducted at the Bhambayi Drop-In Centre.

The researcher met the five participants individually in a private, separate and safe room where they felt comfortable enough to interact without any disturbance during interviews. After introducing herself and explaining the purpose of the study, broad questions (see Appendix C) to facilitate a discussion on their experiences, feelings and views about service delivery to OVCs and the benefits of these services to OVCs. During the interviews the researcher allowed the participants to fully express themselves by assuring them that there were no right or wrong answers and that she was interested in their experiences, feelings, and views. The researcher continuously assured the research participants that all of their personal information would be kept confidential.

Prior to these interviews the researcher reached an agreement with the participants with regard to the time (approximately 45 minutes) that would be required to conduct the interviews. The researcher used interview guide (see Appendix C) to conduct these individual in-depth interviews with research participants. The interview guide was very helpful in terms of guiding and allowing research participants to do more of the talking about their experiences.

Babbie & Mouton (2009:298) mentioned that a tape recorder allows a much fuller record than notes taken during the interview. It also means that the researcher can concentrate on how the interview is proceeding and where to go next. An audio-tape was used to tape record the interviews in order to provide the details that even the most careful field notes cannot and to fully transcribe. This enabled the researcher to replay each recording several times improving the veracity of the verbatim transcriptions.

The researcher obtained permission to use the audio-recorder during the interviews as well as to avoid having to change disks in the middle of an interview an audio-recorder that had an internal storage disk with a recording capacity of 12 hours was purchased.

3.4.4 Document Analysis

According to Patten (2007:117) data analysis in a qualitative inquiry field yields excerpts, quotations or entire passages from organisational documents, personal diaries, programme records, interviews and minutes of the meetings. For the purpose of this study the following documents of the Bhambayi Drop-In Centre were collected and analysed:

- The minutes of staff meetings
- Home visits register
- Monthly reports
- The mission statement and vision
- An impact study of the Centre
- Service plan

The purpose of analysing the above documents was to compare the findings of the interviews with the information that was found in the documents to further validate the findings.

The researcher was able to go through these documents during the time when she was doing the field work at the Centre. The researcher also used some of the above documents such as the home visits register during the field work to record the full details of the households that were visited and the services that were offered on that particular day. It was also essential for follow-up to indicate in this register the Centres' plan of action for each household where a home visit was conducted. The Bhambayi Drop-In Centre Impact Study was done in 2005 by the students from the University of KwaZulu-Natal in the Centre. The researcher had access to read and analyse the findings of this impact study.

According to Babbie and Mouton (2009:285-286), there are different ways in which the validity and reliability of documents can be tested. The utilisation of document study enables the qualitative researcher to investigate people, events and the systems in depth, by analysing authentic written material. By reading the aforementioned documents the researcher was able to compare the information from the interviews.

3.5 NEGOTIATING ACCESS

The researcher first had to request permission from the District Manager of Inanda Department of Social Development to do this study. The manager then wrote a letter (see Appendix E) to the Bhambayi Drop-In Centre to inform the Centre that they gave the researcher permission to conduct her study. After that the Bhambayi Drop-In Centre gave the researcher a permission letter to recruit participants and to do fieldwork.

The researcher also submitted a letter to the Service Office Manager for Inanda Service Office to request permission to conduct research. The researcher emphasised that the findings of the study may be used to only for study purposes and may in the future be used to assist in the improvement of the services provided to orphans and vulnerable children affected by HIV and AIDS.

3.6 ANALYSIS OF DATA

According to Patton (2006:436) data collection and analysis thus typically go hand in hand in order to build a coherent interpretation of the data. He also further states that qualitative research covers a spectrum of data analysis techniques. The centerpiece is formed by observations, interviews and documentary analysis like used in this study.

Data analysis included constant comparison analysis of all the sources that were used by the researcher in order to build a coherent interpretation of the data (Straus 2007:340) and to triangulate the data into meaningful findings. Transcriptions of each interview and field notes from observations were analysed. According to the list codes based on the research questions and then further coded to generative emerging themes. The revision of the list of codes included collapsing multiple themes, adding new codes, and eliminating codes that were deemed inappropriate.

The list of codes was presented to the supervisor for assessment and was also discussed with one of the research participants to ensure that her transcription was valid and to enrich the summaries of the research themes.

3.7 VALIDITY

According to Babbie (2009:143) validity refers to the extent to which an empirical measure accurately reflects the concept it is intended to measure. For the purpose of this research

validity means that the researcher had to interview and observe the participants and establish whether what is reported in the documents is a true reflection on their experiences being involved and/or utilising the psychosocial services of the Centre.

Part of the method of checking the authenticity of this study was using in-depth interviews and audio-taped so that the researcher was able to go to the original data for clarity. The flow of the interview rather than the order of the questions in the guide determine when and how the question was asked, depending on how each interview progressed (Bailey 2007:32).

The researcher spent a prolonged time at the Bhambayi Drop-In Centre, observing, interacting with and interviewing the participants. In order to enhance the authenticity of the data appropriate participants were selected. In addition, the participants were given the opportunity to read their transcripts to validate them as a fair representation of their original interviews. The researcher conducted the in-depth interviews personally at the Centre. The strength of the qualitative study that aims to explore a process or a pattern of interaction will be its validity. This enhances the credibility of the findings as the researcher is able to assess all the data that was collected during this study.

Participatory observation assisted the researcher in enhancing the credibility of the data since the researcher was able to observe, hear and record what happened with the research participants at the centre. Credibility is an assessment of the research findings from the perspective of research participants. For this study it was done by the researcher checking responses with research participants; that is, gaining feedback on responses from research participants and also verifying information with participants. The researcher dealt with credibility by cross-checking the findings of the interviews that were recorded on an audio cassette during the facilitation of in-depth interviews with participants to make sure that all the facts are correct.

3.8 ETHICAL CONSIDERATIONS

According to Mouton (2009:238), the ethics of science are concerned with what is '*wrong*' and '*right*' in the conduct of research. Araoye (2006:13) states that ethical principles should be considered from the beginning of the project design and at various stages throughout until the end. Any study that involves human beings has to be conducted considering ethical implications with regard to the fairness and justice of the research process and its results. It

is essential that strategies must be implemented to prevent the violation of the rights of the research participants.

This section discusses the ethical considerations that were followed by the researcher when conducting the study. The researcher was able to use her insider role as a social worker employed by the Department of Social Development to build trust and relationship with participants guided by the ethics emphasizing respect and dignity. She also signed the informed consent form with them and explained that their participation was voluntary. On the other side it was a disadvantage for the researcher to work with some of these research participants who a familiar to her as they did not perceive her as a researcher who was conducting a study but to them she was seen as their social worker who was facilitating her daily duties.

3.8.1 No harm

Mouton (2009:245) states that the process of conducting research must not expose the research participants to substantial risk or personal harm. Babbie and Mouton (2009:522) also state that the danger exists that participants could feel psychologically threatened during participation in the study.

In this study the participants were allowed space and time to carefully think through the research questions and answering as truthful as possible. There were no time limits as to allow the participants to feel free to elaborate and also to give them the opportunity to make some suggestions during interviews. The purpose of the above agreement was to ensure that the participants did not feel intimidated during the interviews.

3.8.2 Privacy

Babbie (2009:61) defines privacy as "*that which normally is not intended for others to observe or analyse*". This principle can be violated in a variety of ways, and it is imperative that the researcher be reminded of the importance of safeguarding the privacy and identity of the research participants. The right to privacy of the participants was respected in this study by making sure that there were no intrusions into their private and personal lives as well as pseudo names were used for the findings.

3.8.3 Confidentiality

Confidentiality has to do with ensuring that what is discussed or shared by the participants during the research process must not be disclosed to any third party without the formal

consent of the participants. The disclosure of identity of the participant in itself represents a potential risk to the participants (Roberts 2009:38-40).

In this study confidentiality was ensured by the researcher by making sure that the identities of the research participants were not revealed to anyone. A suitable and safe venue that avoids any disturbances was secured for the individual interviews. Pseudo names were used by the researcher during the data collection and when she was compiling the findings of this study to protect the identity of the participants. All data collected was kept locked in the researcher's study during the period of the research.

3.8.4 Informed consent

Obtaining informed consent implies that all the possible or adequate information on the goal of investigation, the procedures which will be followed during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed as well as the credibility of the researcher, be rendered to potential subjects (Babbie 2009:470). An informed consent form (see Appendix A) was used to seek permission from the participants to participate in the research.

The researcher translated the informed consent verbally to the participants in the predominant languages of the Bhambayi community which are Zulu and Xhosa. It also presented an opportunity for the participants to be able to ask questions, which they felt needed answering. This was done for purposes congruent with transparency and accountability on the part of the researcher. The study could not proceed prior to the informed consent of the participants being attained. The participants signed the consent forms and dates were set for the interviews to take place. The signed forms were kept in the researcher's study in order to ensure confidentiality of the research participants.

3.8.5 Voluntary participation

Inquiries involving human subjects should be based as far as practicable on the freely given informed consent of subjects. In voluntary inquiries, subjects should not be under the impression that they are required to participate. They should be aware of their entitlement to refuse at any stage for whatever reason (Robert 2009:27).

The participants were not forced to participate in the interviews. The participants were also informed of their right to withdraw at any given stage of the study if they felt their rights were being violated. Several communication techniques such as minimal verbal responses, paraphrasing, reflection, listening and clarification were used to encourage them to participate throughout the interviews to maintain rapport.

3.8.6 Debriefing of research participants

All ethical aspects of research should be closely monitored throughout the research process, according to Babbie (2009:122). Aspects such as debriefing of the participants after completion of the study can be regarded as an essential concern. According to Babbie (2009:475) debriefing sessions where the research participants are given the opportunity, after the study, to work through their experience and its aftermath is one possible way in which the researcher can assist research participants and minimise harm.

After the study was conducted the participants were given the opportunity to verbalise their concerns and experiences in order to address the problems that were generated by their research experience. Aspects such as research themes were discussed as well as whether the individual interviews provided what was expected, what should be included in the report and unexpected findings.

For the purpose of adhering to ethical consideration the researcher made sure that she used her skills as a qualified social worker to address any harm or trauma that was caused when interviewing the research participants. The researcher was also able to provide individual counselling sessions to participants who were traumatised to share their pain of losing their loved ones after the interviews were completed. Those research participants who were still in need of receiving on-going counselling were referred to the Department of Social Development.

3.9 CONCLUSION

In conclusion, a qualitative explorative research design was selected for this study.

Since this study was explorative in nature, a variety of methods were used to collect data from the participants, namely individual in-depth interviews, participant observation, personal journal, field notes, data analysis and interpretation, and review of documents and records.

The next chapter presents a detailed description of the findings of this study including findings from the document analysis and follow-up interviews.

CHAPTER 4: RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter presents findings of this study. The findings are presented as themes based on the purpose and objectives of this study as well as emerging from further analysis of the transcribed interviews, field notes and document analysis.

4.2 BIOGRAPHICAL CHARACTERISTICS

In Tables 3.1 and 3.2 in the previous chapter the biographical data of the participants was provided. All the key informants were females and between the ages of 21 and 62 years. They fostered in most cases at least two and often more OVCs. Most of the foster care participants were single parents who were utilising the psychosocial services rendered by the Bhambayi Drop-In Centre. They were still caring for their own children while one is caring for her brother.

4.3 RESEARCH FINDINGS

The following section will be a detailed discussion and summary of the findings collected from the interviews, participatory observations and document analysis.

4.3.1 Types of services that are offered to OVCs by Bhambayi Drop-In Centre

The Service Plan of Bhambayi Drop-In Centre revealed that the Centre provides a number of psychosocial services to OVCs who are affected by HIV and AIDS. These services included providing food vouchers, distribution of food parcels, providing training to prospective foster parents, providing nutritious meals for OVCs, facilitating income-generating projects, provision of counselling services, assisting clients in accessing social grants and providing other services to foster parents (Bhambayi Drop-In Centre 2012:39).

Some of these services will now be discussed in greater detail.

4.3.1.1 Providing food vouchers and social relief

According to the Service Plan of the Bhambayi Drop-In Centre (2012:64) some of the services that are offered to OVCs are the provision of food vouchers and social relief. The

social relief consists of two forms namely, food vouchers and food parcels. The Centre is responsible for buying food in bulk and then making food parcels in order to distribute them to these children. Social relief is another form of providing food assistance through the distribution of food vouchers to OVCs by the Centre in order to purchase food from the nearest supermarket. The social relief was designed by the Department of Social Development to provide short-term intervention to OVCs in order to alleviate poverty. There are different forms of social relief, namely issuing of food vouchers, providing food parcels, providing nutritious meals and assisting OVCs with school uniforms (Bhambayi Drop-In Centre Service Plan 2010).

The findings revealed that the people who receive social relief in the form of food vouchers or food parcels were those who were still in the process of applying for foster care and child support grants.

Elisa who is a social worker/ key informant at Bhambayi Drop-In Centre said:

> *"Distribution of food parcels to OVCs who are not in receipt of any social grants because of some problems that can be solved within three months."*

Belinda, child-caregiver/ key informant, said:

> *"As my colleagues have indicated that our procedure is to screen first before listing that OVC family in the register for social relief. The main aim of social relief is to accommodate OVCs who are still unable to qualify for social grants to be assisted while resolving the problem of not accessing grant."*

According to these key informants it was evident that there is a great need of psychosocial support for OVCs who were not in receipt of social grants. Due to the increasing number of these children the Centre struggles to provide for all.

Anita, child-caregiver /key informant, said:

> *"It is very difficult to turn families away when the centre distributes food parcels because they do not qualify for this service but it is good to see that OVCs who are not in receipt of social grants are accommodated by this service".*

Christina, committee member/ key informant, said:

"The centre has to deal with the number of families who are in need of social relief but because of the limited funds it is impossible to accommodate all the families who were identified by the caregivers while conducting home visits".

Debbie, key informant/ caregiver at the Bhambayi Drop-In Centre, said:

"I think it is helpful to screen the families before distributing food parcels because it prevents the people from taking advantage of receiving social grant and also food parcels. This procedure that the centre used for the screening of families was to ensuring that all the people or families are treated with dignity and respect".

The analysis of the Bhambayi Drop-In Centre Social Relief Register of 2010 revealed that the number of OVCs who were receiving food parcels or food vouchers since the founding of Bhambayi Drop-In Centre in 2001 was increasing. The challenge was that, although there are many OVCs which were identified during home visits, not all of them were able to receive social relief due to limited funding that was allocated to Bhambayi Drop-In Centre by the Department of Social Development (Bhambayi Drop-In Centre Register 2010:16).

The register indicated that the number of OVCs who are in receipt of social relief every month changes constantly since, as soon as the guardians begin receiving social grants, they are removed from the register. The reason for the changes reflected in the register was that those OVCs who were receiving social grants were not allowed to get social relief assistance.

"*I was one of the beneficiaries of social relief once when I was still waiting for the social worker to finalise the placement of the children under my care" (Sunshine, a foster parent)*

"To be honest I did not even know anything about this services until one of the caregivers from the Centre referred me to the Centre to apply for this while I was waiting to sort out documents issues" (T.K., a foster parent)

"This is one of the reasons I will be always be grateful to the Centre for being there for me and my brother because I was able to eat everyday due to the Centre's food parcel distribution every month" (Kimberly, a foster parent)

"In my case I was never a recipients of social relief but I heard a lot about it from my neighbours who were receiving food parcels" (Vinolia, a foster parent)

"I have been in and out of this service because of the delay in renewing the court order by the social worker who is supervising the children under my care. I am really grateful to the Centre for assisting me and my family in difficult time". (Mary-Anne, a foster parent)

The above findings indicate that most of the foster parent participants have been recipients of this service for a short time.

According to the Department of Social Development Drop-In Centre's Guidelines (2008:9), the families who were eligible for social relief were those who were looking after orphans and vulnerable children affected by HIV and AIDS. All the key informants explained to the researcher that the social relief was designed to accommodate those families who were still applying for social grants (Bhambayi Drop-In Centre 2010:39). Bhambayi Drop-In Centre (2012:26) further revealed that when the number of applicants who were applying for social relief increased it was then that the Centre had to refer the clients to the Department of Social Development's Inanda Service Office for other interventions such as application for child support grants and food vouchers.

"As workers of the centre we are dealing with number of cases where families for the OVCs must be provided with social relief such as a family where the OVCs is on foster care grant but foster care grant is suspended due to the fact that OVC's family is still waiting for extension order from the Department of Social Development in order to renew foster care grant". (Elisa, a key informant)

"The families who were beneficiaries of social relief were those who were taking care of OVCs who were not in receipt of social grants and the centre was there to provide social assistance these families". (Christina, a key informant)

"The Centre offers social relief to OVCs' families who are not in receipt of any social grants for the period of three months in

order to make sure that OVCs are taken good care of while applying for social grants". (Anita, a key informant)

"Social relief is an important service that is offered by the centre to OVCs because it emphasised that OVCs are very important and all the services that are offered by the centre were designed to bring some kind of relief to OVCs and their guardians". (Debbie, a key informant)

"Social relief accommodate families that are looking after OVCs but I must say that as a centre it is crucial to screen them in order to identify those families who have the greatest need of social relief". (Belinda, a key informant)

The monthly reports of the Bhambayi Drop-In Centre on social relief assistance revealed that the maximum number of OVCs receiving food vouchers was 30 per month in 2011-12. The findings revealed that the distribution of food parcels or food vouchers was totally based on the availability of birth records for the OVCs and death certificates for the natural parents as well as the identity documents of the prospective guardians. Food parcels were distributed once a month and the cost of each parcel was R500.00 (Bhambayi Drop-in Centre 2012:54).

According to the Bhambayi Drop-In Centre Service Plan (2011-2012) the number of families who received food parcels was 360 for the 2011-2012 financial year. Food parcel register records indicate that there is an increase from 25 to 60 families a month in terms of the number of OVCs who were recipients of food parcels. This revealed that the number of OVCs who were in need of food parcels was more than 30 a month, which exceeded the financial budget the centre received from the Department of Social Development (Bhambayi Drop-In Centre 2011:9).

"It isa challenge for us to accommodate all the families who are in need of food parcels each and every month due to the financial challenges we are facing here" (Christina, a key informant)

"I must say for the past few years it been very difficult for us to find suitable words that we can say to desperate families when we have to chase them away empty handed" (Elisa, a key informant)

> *"I think the problem of the increasing number of families who are in need of social relief indicate that there is an increasing number of people in this area who are dying due to AIDS related illness. I think our government need to review our budget in order to be able to cope with the increasing number of this service" (Anita, a key informant)*

> *"This is really a challenge to all of us working here at the Centre because the families or the community members they are not aware that we did not receive funding since 2010 from the department and that put OVCs and their families in a difficult situation" (Debbie, a key informant)*

> *"As Bhamabyi Drop-In Centre' employees it is difficult to accommodate our clients as this is a short-time service because sometimes to place OVC through children's court delay or prevent OVCs to receive foster care grant and that in turn increase the number of OVCs who are in need of food parcels every month" (Belinda, a key informant)*

According to the Bhambayi Drop-In Centre's financial budget (allocated to the Centre by the Department of Social Development) in the 2011-2012 financial year the number of social relief beneficiaries decreased from 30 to 20 families a month due to the fact the centre did not receive funding from the Department of Social Development. The Centre applied for funding from the Department of Social Development for the 2011-2012 financial years but it was unsuccessful and never received any financial assistance for this period. The Centre was only providing services by using the balance of the funds from the 2010-2011 financial years. The social relief register for 2010-2011, which was reviewed by the researcher, indicated that the guardian's signature is required when food parcels are received. The contents of food parcels are decided by the Regional Office of the Department of Social Development (Bhambayi Drop-In Centre 2012:81).

The key informants revealed that the Centre is no longer able to provide all these services that are stated in the Centre's Service Plan due to the financial challenges the Centre is facing at this particular time.

> "*We tried our best to submit all the required documents to the Department of Social Development but since 2011 we never received any funding and that is the reason we are unable to*

distributes more than 20 food parcels a month"(Christina, a key informant)

"*There are lot of challenges that we are dealing with when it comes to distribution of food parcels. Before we had complaints about the content of these food parcels from the clients now we cannot even give them that due to funds" (Elisa, a key informant)*

"The Centre was able to manage the process of distributing these food parcels successfully because each and every family was requested to sign to indicate that she/he did receive the parcel and also put her identity number for the record purpose" (Debbie, a key informant)

"In my point of view I believe we do need to elect people in the committee who are dedicated to serve the community without expecting anything in return because the problem started when the members of the committee who did not submit the required documents on time to the department and now OVCs are facing this problem" (Belinda, a key informant)

"I am sure that even if we did not have this problem of funding still we were going to face this challenge because the department cannot be able to accommodate all the families who are in need of this service on monthly basis" (Anita, a key informant)

4.3.2 Number of beneficiaries of social relief

The Bhambayi Drop-In Centre (2012:27) contains the names and surnames of the OVC, date of birth, the name of a guardian and identity document, physical address, contact numbers, and the reason for receiving food parcels. The Centre's Register for Social Relief indicated that the number of orphans and vulnerable children affected by HIV and AIDS who were in need of food parcels was increasing each month from 30 to 60 families a month (Bhambayi Drop-In Centre 2012:11).. The Centre's Intake Register further revealed that the reasons some of the prospective candidates did not receive social grants was because of outstanding documents, such as birth and death certificates, which are required when applying for social grants (Bhambayi Drop-In Centre 2010:12).

The longest period a beneficiary spent in the food parcel programme was three months. There has been a very slow increase in the number of families receiving food support from Bhambayi Drop-In Centre. The Centre revealed that in 2010 for each month the target number of families that were to be reached by this programme was 25. In 2012 it was also revealed that there were only 20 families who were reached by this programme due to a shortage of funds. It further indicated that the Centre's target number of families that are expected to receive food parcels was 300 per year (Bhambayi Drop-In Centre 2012:54).

The key informants indicated that the distribution of these services had a positive impact on OVCs who are not in receipt of social grants. The Register for Social Relief revealed that the number of beneficiaries is decreasing due to the shortage of funds. The key informants state the following:

> *"Social relief is one of the short-term services that is provided to OVCs who are still applying for social grant to assist them while waiting for the finalisation of their applications" (Elisa, a key informant)*
>
> *"In my own opinion I still feel as workers of the Centre we need to come up with other means of reaching out to more families of OVCs who are in need of any short-term interventions that we can provide" (Debbie, a key informant)*
>
> *"It is a challenge for us as workers at the Centre to accommodate all the OVCs that is why we are using these criteria to screen every client in order to identify those who have the greatest needs" (Belinda, a key informant)*
>
> *"I personally think that the procedure that is followed by the Centre in identifying the families who are in need of social relief make it possible for our clients to understand why we have to decline other applications" (Christina, a key informant)*
>
> *"It is also helpful for OVCs that this services is distributed every month for monitoring and supporting purpose and that they are also aware that it is for a short time; it is not an on-going service" (Anita, a key informant)*

The researcher's observations confirmed that the distribution of food parcels was done once a month at the Centre and all the beneficiaries had to sign when they received their food

parcels. This distribution was only for OVCs and families that were in need of food parcels. These children who were in need of services were identified by the caregivers through the conduction of home visits. The caregivers then referred them and their families to the Centre for further investigation to be conducted by the area social worker, in order to check with South African Social Security Agency (SASSA) to verify everything regarding the social grants. This procedure assisted the Centre in terms of checking all their personal documents. According to Bhambayi Drop-In Centre's budget the researcher found that each and every month there was funding to distribute 25 food parcels to OVCs from April 2010 - March 2011(Bhambayi Drop-In Centre 2011:33). This distribution of food parcels always took place at the Centre during weekdays.

The Centre's monthly Financial Reports revealed that, for three months in the financial year of 2012-13 (April-June 2012), the number of families who were in receipt of social relief was decreasing due to financial problems facing the programme. The number of families who were able to receive social relief decreased from 30 to 15 families. This is the reason that the key informants were no longer recruiting families who were in need of social relief until financial problems had been resolved.

4.3.3 Training of prospective foster parents by the centre

The Bhambayi Drop-In Centre's Service Plan (2011-2012) showed that the training project which was facilitated by the Centre, aimed at training prospective foster parents for their care-giving roles prior to the finalisation of their foster care grant applications through the Children's Court as required by the Children Act (No. 38 of 2005).This training engaged proposed foster parents in lectures and offered support groups which equipped them with skills for taking care of the children concerned in accordance with the requirements of the Children's Court, and as stipulated in this Act.

During the interviews with foster parents they stated their appreciation for these services and felt that it really helped them to cope with the challenges of being foster parents.

T.K., who is a foster parent of two children, said:

> *"In my case I think the centre was very helpful to me and my family because I was not aware what was expected of me as a foster care parent but due to the help of the centre and the social worker I was able to gain more information about my role and the duties to the child that were under my care".*

Sunshine, who is a foster parent of three children, said:

"If I remember correctly when I started to apply for the foster care grant, I was offered an opportunity to attend training for foster care parents which was facilitated by the social worker before the finalisation of my application through Children's Court".

The foster parent participants indicated that the role played by the Centre was about equipping them with the relevant skills to monitor and assist OVCs with their school work on daily basis. They also shared that this programme assisted them on a psychosocial level as some of them do not have children of their own and others are grandparents looking after their grandchildren and this put a lot of strain on them:

Kimberly, who is a foster parent of one child, said:

"I think I was fortunate enough to be part of support groups for foster care parents because it was very helpful for me as I was very young and inexperienced to look after a child because I do not have a child of my own".

Marry-Anne, who is a foster parent of three children, said:

"I think that the centre must proceed with the training of foster care parents because it was very handy for me to receive training. As an old lady it was not going to be easy for me to take care of these children without the help of the centre. I received very good support because the centre facilitated a support group for grandmothers who were taking care of their grandchildren".

These participants further elaborated that the Centre not only helped them with their duties as foster parents but also assisted them with coping skills for dealing with OVCs who have behavioural problems:

Viniola, who is a foster parent of two children, said:

"My experience with the centre's training of foster care parents was unique because one of the children that are under my care and guidance was bunking classes and with the help of the centre I was trained on how to monitor the child's school

> *work and performance, working together with the social worker".*

The Foster Care Project as part of the Centre also monitored and supervised the placement of the OVCs. It further offered advice on how foster parents should manage their social care grants and how to save money from these grants for the sake of the children's education (Bhambayi Drop-In Centre 2010:41).

Due to staff shortages the full implementation of this project was not achieved but instead it was run as an irregular facilitation of support groups for foster parents. During the field observation it was noted that the Centre was encouraging foster parents in order to select those who were in need of this project. According to the Intake Register it was also clear there was a great need for the support groups as it was indicated that there were a number of foster parents who were referred by the social worker to attend these support groups (Bhambayi Drop-In Centre 2010:26).

4.3.4 Providing meals to OVCs

The findings of the key informants and foster care participants' interviews showed that some of the orphans and vulnerable children who are affected by HIV and AIDS were able to receive two meals per day provided by the Centre.

> "*I am glad that the Centre is able to provide this to OVCs and in my case my brother is able go to the Centre in the morning to have breakfast and lunch after school." (Kimberly, a foster parent)*

> *"A granny like me is unable to wake up in the morning and make sure that my grandchildren have something to eat before going to school and after school. But through the Centre's assistance is a relief that nutritious meals are always there for my grandchildren," (Marry-Anne, a foster parent)*

The OVCs who were recipients of nutritious meals from the Centre were those who had not yet received any social grants and were in the process of applying (Bhambayi Drop-In Centre 2010:29). During the field observation in November 2012 the researcher was able to observe that there were a lot of OVCs whose applications for meals were not approved because they were receiving social grants.

During the interviews with some of the participants it was revealed that providing meals also involved promoting a healthy diet on a daily basis. This also assisted those OVCs who were on ARVs to be able to have their meals before taking medication. According to the researcher's observations, the children derive much benefit from the feeding scheme that is offered by the Centre.

> "*My point of view is that providing this service [providing meals] to OVCs by the centre was the best thing in our community because it accommodates the needs of all children to go to school with a smile every morning," (Christina, a key informant)*

> *"This service [providing meals] is vitally important for all of us because it provide for our children to have healthy meals which is something that they do not get from us because we are struggling financially to follow healthy diet in our households," (Mary-Anne, a foster parent)*

> *"I do believe that this service [providing meals] is very helpful to most OVCs because it enabled them to have healthy meals everyday which was not going to be possible without the Centre's assistance," (Debbie, a key informant)*

> *"It is a good service [providing meals] for OVCs because it offers them with an opportunity to eat healthy meals and also being in a good position to attend school and be able to concentrate the whole day," (Anita, a key informant)*

The researcher further observed that they benefitted from the Feeding Scheme but not all OVCs were receiving this service as there were limited funds that led to the exclusion of those who were receiving social grants.

It was also stated by the key informants that this programme was for those children who were not in receipt of any social grants but it was indicated that sometimes even those who did receive grants benefitted from this service. The reason for this was to provide these short-term interventions while they were still waiting for their application for a social grant to be processed by SASSA was to support them with food parcels and meals.

> *"For the centre to provide this service [providing meals] it is a blessing indeed because although most of these OVCs are in*

receipt of social grants some of them are unable to get decent meals from their homes," (Belinda, a key informant)

"I personally believe that this service [providing meals] is very important to OVCs as it was designed to accommodate OVCs who are not in receipt of social grants. In most cases we find that even those who are in receipt of social grants also benefit from this service. The other thing is that some of the OVCs only eat at the Centre because no one is there to cook meals for them in their households," (Elisa, a key informant)

Two of the foster care participants voiced their appreciation that this service also assists them by reducing some of their household duties in terms of waking up early and preparing breakfast for OVCs:

"In my point of view providing meals for OVCs by the Centre does not assist OVCs only but also assist us as parents because it makes our burden lightly to care for these OVCs," (Vinolia, a foster parent)

"I am very thankful that the Centre is providing meals for our children because it also assist us as foster parents to know that our children are receiving food after school when we are not there to cook for them as we are working for our survival," (Sunshine, a foster parent)

The findings further revealed that all participants were grateful to the Centre for providing this service because it does not only address the needs of providing food to OVCs but it goes a step further. This service also alleviated some financial problems of these participants including not being able to provide healthy meals for their foster children. During key informant interviews it became evident that even those who live under the supervision of their siblings in child-headed households were able to benefit from the Centre by receiving breakfast before going to school.

"In my case I think that providing meals is something that all of us should celebrate. As I live with my younger brother and also being unemployed this service does really assist me very much because his grant is not enough to address all his basic

needs, for example a lunch box every day," (Kimberly, a foster parent)

The Bhambayi Drop-In Centre's Service Plan revealed that the Centre has to deal with other challenges when providing these meals. The Centre, for instance, was not allowed to serve pork when providing meals to OVCs as the Muslim belief system does not allow them to eat pork. It was not only a matter of whether the meat was *halaal* or *non-halaal* that would offend a devout Muslim and the Centre was operating in a building that was owned by a Muslim person. The Centre was paying rent every year for the building from which it operates and in the lease agreement it was stated clearly that the Centre was not allowed to include beef on their daily menus (Bhambayi Drop-In Centre 2011:43).

The main aim of the Centre in providing meals is to make sure that even those OVCs who do not have someone to provide them with food can get the opportunity to have a healthy meal every day. The Service Plan for the Bhambayi Drop-In Centre 2010 revealed there was a procedure to follow in order to screen which OVCs qualified to receive meals. It was also observed that the Centre was guided by the budget they receive from the Department of Social Development in order to determine how many of these children could benefit from these meals. The Centre's budget for 2012 was only R5000-00 a month. The Bhambayi Drop-In Centre's Register for Meals (2011-2012) was reviewed and it showed that the Centre was preparing two meals per day (Monday to Friday) for school-going OVCs from nearby schools. The number of these children receiving meals was found to be between 30 and 60 per day. From April 2011-2012 the number has been less than 35 due to the limited funds provided by the Department of Social Development to the Bhambayi Drop-In Centre (Bhambayi Drop-In Centre 2010:38).

4.3.5 Income-generating activities

The research findings revealed that the Bhambayi Drop-In Centre was struggling financially to implement activities that could generate income for key informants who were interested in being involved in the programmes. It was not an easy task for the Centre to encourage people to participate in income-generating activities. The researcher further observed that the Centre was struggling to come up with a viable strategy for implementing income-generating activities (Bhambayi Drop-In Centre 2012:41).

"I strongly believe that if we can get donors who will be willing to assist us in terms of gardening skills, sewing and a baking programme we will be able to empower ourselves and also

contribute to the empowerment of OVCs in our community," (Elisa, a key informant)

All the key informants indicated that the Bhambayi Drop-In Centre was interested in implementing the above activities and services as well as including sewing, crafts, and bead work but due to lack of funding it was not always possible. From April 2011 to March 2012 the Centre did not receive financial assistance from the Department of Social Development because of the internal problems with the working committees of the Centre. Monthly reports further revealed that the Centre was then unable to provide social services to OVCs because of financial and managerial challenges. The Centre was then forced to limit some of the services such as income-generating projects until such time that the Department renewed their financial assistance to the Centre (Bhambayi Drop-In Centre Monthly Reports 2012:17).

The Bhambayi Drop-In Centre's Monthly Reports were reviewed by the researcher for the period from April 2009 to March 2010 as part of this study. It showed that there were no income-generating activities such as beadwork and gardening being conducted which placed severe financial constraints on the activities and services rendered by the Centre. According to the Bhambayi Drop-In Centre Service Plan (2012) the main objective of these activities was to link needy families with income-generating activities for their psychosocial well-being (Department of Social Development 2010:42).

"The centre is very interested to assist foster care parents to develop their skills through income-generating activities such as a beadwork and also raise some funds in order to be able supplement their income," (Anita, a key informant)

"As workers of the centre we really in need of income-generating income because it can also assist us as the Bhambayi Drop-In Centre to raise some funds in order not to fully depend on the Department of Social Development for funding us for everything," (Christina, a key informant)

"It is really necessary for each and every organisation to implement income-generating activities in order to assist the centre itself but also to assist the community members to be involved in these activities to earn money for themselves," (Debbie, a key informant)

All the key informants were trained to do beadwork but unfortunately financial problems prevented them from proceeding with it and teaching other people like children and families. They further indicated that, due to the lack of income-generating activities, they could not always sustain the psychosocial services to OVCs and their foster care parents. The Bhambayi Drop-In Centre's Quarterly Reports indicated that the Centre was operating in a rented building which was not fenced and it was often seen as unsafe by both clients and staff (Bhambayi Drop-In Centre 2012:55).

> *"The centre did train us in 2007 as workers of the centre and I must say that we were fortunate enough to receive this kind of training which was funded by the Department of Social Development. After that we never had any training due to financial challenges of the Centre," (Belinda, a key informant)*

Monthly reports further revealed that food gardening was facilitated by the Centre as from 2012 and most of the people who were participating were foster parents, staff members and some community members. Seedlings were provided by the Department of Agriculture on a regular basis which was then administrated by the Centre. It could also be seen that there were no clear future plans for income-generating activities which often placed the Centre under serious financial constraints in delivering their psychosocial services (Bhambayi Drop-In Centre 2012:36).

4.3.6 Provision of counselling services

Both the key informants and foster care parent participants indicated that there was an urgent need for the Centre to provide counselling sessions to OVCs in the local communities. According to the Intake Register of the Bhambayi Drop-In Centre, counselling sessions are provided to these children who are struggling to cope with the death of their parents. The Register revealed that there were cases where the Centre also received requests from the nearest schools to provide these children with psychosocial services like debriefing or counselling sessions. Furthermore, it indicated that some of them are receiving ongoing counselling in order to address their individual special needs such as sexual abuse cases. The Register also revealed that some sexual abuse cases were referred to other community based organisations such as Child-Line (Bhambayi Drop-In Centre 2012:27).

After interviewing the key informants the researcher observed that there is a great need for these psychosocial counselling services for these children and foster care parents as well as caregivers. The key informants believe that it is a must for these people in order for them to

be able to deal with their emotional trauma after the death of their natural parents or fostering an OVC.

> *"It is vitally important to offer counselling sessions to OVCs in order to give them the opportunity to deal with their past experiences for their wellbeing," (Christina, a key informant)*

The researcher also observed the Centre providing counselling sessions to these people during her visits as well as during the interviews. Most of these counselling sessions focused on OVCs and how they have deal with emotional trauma due to the death of their parents and siblings through bereavement counselling.

> "*The Bhambayi Drop-In Centre provide counselling sessions that are provided to OVCs in order to deal with their emotional trauma after the death of their parents. It will be a good idea to identify members of the community members to be trained as counsellors," (Belinda, a key informant)*

> *"It is a vital service for the centre to provide to OVCs because most of these children need to be able to deal with emotional trauma after the death of their parents in order to cope and be able to function in life like any other children," (Anita, a key informant)*

It was also stated that these counselling services must not only be offered to OVCs but also to the caretakers of these children as they were experiencing a lot of stress due to looking after these children:

> *"Personally I do believe that it is crucial to provide counselling to OVCs as most of them are the ones who look after their sick parents when they are bedridden. I think it will be helpful to have trained counsellors who can be able to move into the community to deal with OVC's problems," (Debbie, a key informant)*

The key informants indicated that the Centre also received a large number of psychosocial referrals from the nearest schools to provide counselling and support services to OVCs. They are often unable to cope and concentrate at school due to emotional trauma at home and the loss of their parents. The research also observed that the Bhambayi Drop-In Centre had a working relationship with fourth-year social worker students from the University of

KwaZulu-Natal. They were placed there to do their psychosocial practical work including facilitating support groups for OVCs and counselling individual children in the nearest schools. The main aim of the Centre was to reach out to these children as far as possible with psychosocial assistance, including counselling and care and support services at home. The Centre offered these to OVCs without expectation of payment and also provided professional workers who are experts in the field of preventing secondary trauma (Foster 2007:19).

> *"It is a necessary service for OVCs to receive counselling because we received many referrals from the nearest school regarding OVCs who are unable to cope at school due to trauma and emotional challenges they have been through. That is why the centre is providing individual sessions to OVCs," (Elisa, a key informant)*

All of the key informants voiced their concerns regarding the need for these counselling services for OVCs and the limited capacity to render it. They need trained counsellors who can move into the communities and share the inner experiences of OVCs.

Another alternative that was highlighted by them was the need for the training of community members so as to become lay counsellors or volunteers within the community to assist in the caring and mentoring OVCs so that they can grow up under their guidance.

> *"As the worker of this centre I do believe that it is important to train some of the community members who are interested to work as counsellors in order to lighten the burden of counsellors who have to deal with high load of cases for counselling services," (Christina, a key informant)*

> *"I personally think that to train the community members can be bring solution to the Centre regarding to the number of referrals they received from the schools,"(Elisa, a key informant)*

All of these informants also suggested that the Centre was not in a position to employ more people to provide psychosocial counselling services due to its limited budget.

> *"Personally I am in favour of this suggestion because it can assist the Centre to reach out to OVCs as many as possible*

and on the other hand it can provide solution to the Centre's problem of funds," (Belinda, a key informant)

"I also believe that this suggestion can play a vital role in terms of providing counselling to OVCs using the community members who are well known by the OVCs and this can create a conducive environment for OVCs to feel at ease to talk to the counsellor," (Anita, a key informant)

The key informants further stated that the Centre could train these community members to enable OVCs to have access to counselling services 24 hours a day. The reason they indicated this was because most of the current counsellors are also people who live in the same area as these children and can supervise lay counsellors.

"I think the Centre will benefit a lot from this suggestion because this means that from each and every ward there will be counsellors who will be available 24 hours for OVCs," (Debbie, a key informant)

4.3.7 Services that are provided to participants when applying for social grants

Foster parent participants and some of the key informants indicated that they are also beneficiaries of different social grants in respect of OVCs such as the child care grant. The Bhambayi Drop-In Centre plays a vital role in terms of assisting potential foster parents receive social grants by being in partnership with the Department of Social Development and the South African Social Security Agency (SASSA) (Bhambayi Drop-In Centre 2012:32).

"I am really grateful that I am receiving foster care grant in respect of the children concerned but I must say that it was not going to be easy to apply for this grant if the centre was not there to guide and support me and my family," (Sunshine is a foster parent)

"I personally had some challenges in applying for foster care grant due to the fact that the OVCs did not have all the required documents and the centre was by my side to assist me to get all the necessary documents," (Mary-Anne is a foster parent).

All of the foster parent participants further revealed that they had some challenges in terms of lodging foster care grant applications with the SASSA office and, after the Centre's intervention, they were able to receive foster care grants:

> *"The Bhambayi Drop-In Centre was a guardian angel to me and my family because the OVCs they were first placed to another foster care parents before I became their foster parent and it was a challenge for me to receive foster care grant on their behalf and the centre was able to write a report with an assistance of the social worker to address this matter," (Debbie, a key informant)*

All of the key informants indicated that OVCs benefit from social grants as they assist foster parents in terms of providing basic psychosocial needs for these children. All of the key informants further indicated that some of the foster parents are facing challenges in taking care of OVCs who are not benefitting from social grants because of different financial challenges such as OVCs who are not in possession of any personal documents. The Centre has two employees who work as childminders who were also key informants for this study and who provide support to these parents with their grant administration. These childminders reported that they assisted OVCs in applying for birth and death certificates, organised parents' identity documents and referrals for the application for foster care grants. They also reported that they encouraged guardians to get birth certificates from the Department of Home Affairs through their outreach programmes, as facilitated by the Centre in Inanda and surrounding areas.

Kimberly, who is a foster parent participant, indicated that she is looking after two grandchildren but one of them does not receive a grant as he is not studying.

> "*As I have mentioned earlier on that I am a foster care parent of one child who is in receipt of foster care grant."*

The other participants agreed with Kimberly's experiences of looking after OVCs who were not receiving foster care grants and they further elaborated that the Centre does assist them in dealing with such challenges:

> *"My two grandchildren are beneficiaries of the foster care grant. I have only one grandchild who is not in receipt of any social grant. My grandchild is not in receipt of grant because he is not schooling because it is a requirement that all the*

children who are receiving grants must be a school-going children. It is not easy I must say although he is not schooling he still a human being with basic needs and as a family we try our best to make sure that he does not feel that he is an orphan," (Mary-Anne, a foster parent)

"I have four children who are under my care and guidance but I receive a foster care grant for only one child who is my cousin's child," (Christina, a key informant)

During the interviews with the foster parents it was revealed that the Centre referred them to the Department of Social Development's Inanda office to apply for foster care grants. They also indicated that the Centre played a vital role in making sure that the social worker dealt with their psychosocial issues as urgently as possible and within three months they were able to receive foster care grants. Some of these participants expressed their gratitude for the assistance that was offered to them by the Bhambayi Drop-In Centre:

"There are two children who are under my care and guidance because I am their foster parent. For the two children I am in receipt of a foster care grant," (Belinda, a key informant)

"I have two children who are under my care through foster care grant and I thank God that all my OVCs are in receipt of foster care grant," (T.K., a foster parent)

"I have two OVCs who are recipients of the foster care grant and I do not have any OVCs who are not receiving social grants as I have mentioned that I live with my siblings," (Vinolia, a foster parent)

From the above discussions the researcher was able to observe a clearer picture of the role that was played by the Bhambayi Drop-In Centre for these parents. The Bhambayi Drop-In Centre Intake Register 2012 (2012:49) revealed the interventions by the Centre in providing these psychosocial services to OVCs that were important in the effective use of the grants. Some of the additional services rendered by the Centre included contacting other government departments such as the Department of Social Development and the South African Social Security Agency (SASSA) to do a follow-up on the foster care applications. Alternatively, they wrote referral letters for foster care parents to the relevant department.

4.3.7.1Source of income of the foster parents

The findings of this study revealed that all the foster parent participants had some kind of income. They also indicated that it is really a privilege to receive a foster care grant and psychosocial support from the community. During the interviews and observations made by the researcher it was evident that most of these participants viewed the foster care grant as a "*jackpot*" because of the poverty in which they live. All five participants stated that this was their only source of income:

> *"I must say this, in our community if you are receiving any grant especially foster care grant you are regarded as a rich person because of the conditions of poverty in our area.I must say that it is not easy at all but I thank my husband for being a responsible man. I receive foster care grant in respect of my siblings and that helps a lot because it does assist us financially in terms of making sure that they go to school like any other children of their age," (Vinolia, a foster care parent)*

Often, some of these parents were fully dependent on these social grants in order to survive and as they were also unemployed. This was a big challenge for them because it put the OVCs in a difficult position as it was impossible to meet all the psychosocial needs of these children:

> *"In my case I do not have any other means of support because I am unemployed but Bhambayi Drop-In Centre do support in terms of social relief and feeding scheme," (Kimberly, a foster parent)*

Some of these participants told the researcher that they are employed on a part-time basis to supplement the foster care grants. In most cases these foster parents were working as domestic workers a few days a week in order to earn a living:

> *"As I have mentioned above that I work two days as a domestic worker and for the days that I am not working I use it to sell sweets and cakes at the nearest schools in this area and it helps me to support my family. I cannot depend on social grant for OVCs because it is not enough to support my whole family. In my case it is not easy to support my own*

children and my sister-in-law's children because I am not employed full-time. One of my children is in receipt of the child support grant. I also do beadwork and sell it to the community," (Sunshine, a foster parent)

"My source of income is that I do washing in my nearest Indian community which is Phoenix. I work for three different families in order to have a stable source of income each and every month. I am also receiving a child support grant in respect of my child and that lightens my burden," (T.K., a foster parent)

The findings further showed that some of them were also receiving other social grants in order to support their families:

"I am not working and my source of income is old-age pension that I receive. I am also in receipt of a foster care grant in respect of my grandchildren. It is not easy at all because everything is very expensive when it comes to taking care of children. My two children are also contributing towards the expenses of our household. My sister is also in receipt of disability grant,(Mary-Anne, a foster parent)

4.3.8 Other psychosocial services rendered by the Centre

According to the findings it was revealed that the foster parents received psychosocial services such as ongoing mentoring/supervision and parenting training to assist them in taking care of OVCs. Five of the foster care parent participants indicated that:

"As a foster parent I receive a lot of services in terms of addressing the needs of OVCs that are under my care. Bhambayi Drop-In Centre helps us to gain support from one another through support groups that they offered to foster parents," (Mary-Anne, a foster parent)

"I must say that as I have mentioned above that I am employed full time which make it difficult for me to attend any other services that are provided during the weekdays but I do attend parenting skills, supervision for OVCs who are under my care," (T.K, a foster parent)

> *"As a foster parent I receive parenting skills from Bhambayi Drop-In Centre and also receive training on bead work in order to be able to generate income. I almost forget the most important service that I receive from the centre which is the supervision on foster care," (Vinolia, a foster parent)*

> *"As a foster parent I do receive parenting skills and I also attend Youth Empowerment Programme which is a programme that is focusing on assisting the youth with bursaries and employment opportunity," (Kimberly, a foster parent)*

> *"I receive ongoing supervision in respect of the children concerned. I am now receiving parenting skills training from the Centre," (Sunshine)*

These quotes show that the Centre is making the lives of foster parents and OVCs much easier by providing psychosocial support services like home visits and care services. The psychosocial needs of OVCs are unique but each and every participant had a positive story to tell about the Centre and the quality of services they receive. It was noted that all these participants understood the value and meaning of supervision that is done by the Centre for every child who is under their care.

These findings also revealed that the Centre's focus is not only on providing psychosocial support services to OVCs but it also attends to the needs of foster parents.

4.3.9 Referrals: Psychosocial services offered by other organisations to foster parents

The findings also indicated that all of these foster parents also receive psychosocial services from other community-based care and support organisations. These include grant applications for OVCs who are aged 10 years and older which was provided by the Department of Social Development:

> *"I do receive services from the Department of Social Development in terms of supervision of foster care placement. My brother is above ten years old that is why he is under the supervision of the department; if he was under ten years old his supervision of foster care grant was going to be conducted by the Child Welfare. The social worker from the Department of Social Development always conducts visits to the school*

where my brother is schooling in order to monitor his school performance," (Kimberly, a foster parent)

"Yes, I do receive services from the Department of Social Development in terms of the supervision of foster care in respect of my sister. Although I lodged my application for foster care grant but it is my duty and responsibility to liaise with the social worker from the Department of Social Development regarding the performance of the child concerned every school term. The social worker also visits us at least four times a year," (T.K., a foster parent)

The participants mentioned that they were referred by the Centre to these welfare organisations such as Child Welfare to apply for these grants;

"Yes I do receive services from Child Welfare because it is where I did the application for foster care grant and I also have to submit school report for every term to the social worker for the supervision of placement of the fostered child. I also receive session for the child concerned - he was troubling the teachers at school because of his behavioral problem. I must say the sessions were very helpful," (Sunshine, a foster parent)

They also said that some of the OVCs losing their parents is very traumatic and the Centre provided psychosocial intervention by making appointments for them to meet the social worker from Child-Line in order to receive debriefing and support counselling:

"Yes, my mother passed on, my little sister was much traumatised and I was referred to Child-Line in order for her to go for bereavement counselling. My sister is receiving ongoing counselling and it is very helpful for her," (Vinolia, a foster parent)

It was found that the Centre also referred OVCs to hospitals, clinics, other government departments and social support organisations. Some of these children were not in a position to produce their birth certificates and were thus unable to receive these social grants. The Centre assisted them by sending them to hospitals and clinics to acquire their birth documents. The Centre also faced other challenges regarding those children who did not

have personal documents such as the death and marriage certificates of their biological parents (Bhambayi Drop-In Centre 2012:52). The Centre had to then do referral of them in consultation with Department of Home Affairs in order to receive the required documents. However, no formal and written agreements between these parties (Memoranda of Agreement) were available during the research and the arrangement appeared to be verbal. This indicated that the referral system was weak and haphazard.

> "*I was receiving services from uMzamo Child Guidance for my grandchild who was experiencing challenges at school. It was found that he was a slow learner and then he was referred to the nearest school that was going to assist him with extra classes. I am now able to see the progress on his school work as he was placed on the school that specialised with these children and uMzamo Child Guidance is still providing supervision in order to monitor his performance at school". (Mary-Anne, a foster parent)*

4.3.10 Identification of OVCs by the Bhambayi Drop-In Centre

This is one of the psychosocial services provided by the Centre to OVCs who are from child-headed households. It keeps a register of all identified households through the assistance of caregivers who have visited those households as well as community members. It was further observed by the researcher that the process followed in the identification of households with the greatest psychosocial needs included home visits by caregivers and referrals to the Bhambayi Drop-In Centre by other support community organisations in the area. The Centre allocated a caregiver to each community for caring for OVCs and foster care parents.

When these people arrive at the Centre with an OVC they have to produce proof of orphan-hood or vulnerability of the child by producing death and/or birth certificates. Follow-up home visits were undertaken to assess the home situation of these children and families as it was discovered that at times some biological parents were alive. It was then that a family was referred to the Centre for screening in order to assess what kind of service was required at that particular time, for example if there were OVCs who were not in receipt of social grants (Bhambayi Drop-In Centre Home Visits Register 2010:38).

> "*The work that the caregivers do in terms of facilitating the home visit is very important because without them it was not going to be possible to reach out to all the OVCs out there," (Christina, a key informant)*

"The work that the Centre do in making sure that all the OVCs are identified early in order to protect them from any abuse is really making a big difference in the lives of OVCs," (Elisa, a key informant)

"With the help of caregivers the Centre is able to do follow-up visits to monitor and support those OVCs who are coming from child-headed households," (Belinda, a key informant)

"I think it is very helpful to conduct these home visits because it also help in terms of identifying OVCs who are not in receipt of social grants," (Anita, a key informant)

"The work that is done by the Centre in identifying OVCs it goes a step further cause it also inform the clients about the required documents when they are referred to the Centre to apply on behalf of OVCs," (Debbie, a key informant)

The researcher was able to identify some of the gaps when she was comparing the findings with the first objective of this study as well as consulting relevant literature from Chapter Two. The United Nations Convention on the Rights of the Child emphasises that government and the communities must play an active role in ensuring that the rights and psychosocial care of OVCs are met (Department of Social Development 2005). The gap identified with regards was the absence of facilitating child and youth care forums within the communities. This showed that there are OVCs who are deprived of psychosocial services because they have not yet been identified due to the high case load of caregivers. The other gap identified by this study was the lack of initiative demonstrated by the community in ensuring the rights of OVCs are met and protected at all times. The communities have to facilitate these forums to assist caregivers involved the OVCs' care and support programmes. This was a sentiment echoed by the key informants that the establishment of youth and child-care forums can play a significant role in the improvement of the psychosocial service delivery to orphans and vulnerable children affected by HIV and AIDS.

4.4 ACCESSIBILITY OF THE BHAMBAYI DROP-IN CENTRE

The key informants who participated in this study lived in and around Bhambayi, Inanda. They worked daily at the Bhambayi Drop-Centre and walked to the Centre every day. Two key informants explained:

> "*It is not far from me, as I have mentioned that I live in this area and the centre is in the neighbourhood."*

> "*It is not too far from home because I can go in and out of Bhambayi Drop-In Centre everyday on foot."*

The researcher observed also during November 2012 the clients were coming from different areas around this community and they had access to the Centre most of the day. There were signposts indicating where the Centre was located but the researcher noticed that if a person was not familiar with the area it was not necessarily easy to get to the Centre. The researcher further observed that most of the clients were unable to access the Bhambayi Drop-In Centre easily because it was a fair walking distance from their homes and there were often public transport available.

> *"In my case it is not a walking distance because I must take a public transport in order to reach the Bhambayi Drop-In Centre," (Sunshine, a foster parent)*

> *"For me it is not easy to walk because the distance is very long, that is why I must take transport to get to the centre," (Mary-Anne, a foster parent)*

> *"It is a walking distance for me and I am able to walk to the centre," (Kimberly, a foster parent)*

> *"In my case it is very easy because I live in Bhambayi area close to the centre," (Vinolia, a foster parent)*

> *"I lived in the nearby area and to go to the centre I always have to take a bus," (T.K., a foster parent)*

The researcher observed that the signs were not designed to accommodate people who were illiterate. Old people may have some problems in getting directions to the centre. The solution for most of them was that they were familiar with the area and that was why they were able to find the Centre.

4.5 INDIVIDUAL INVOLVEMENT OF THE KEY INFORMANTS IN THE PROGRAMME

The key informants indicated that their involvement is due the love they have for this community and their desire to improve the lives of the OVCs. These findings link to one of

the research question of this study which was focusing on the lessons learned by the key informants regarding their involvement in this programme of service delivery to these children:

> *"To improve the lives of the community that I live in motivates me to want to offer more. I think it is a great opportunity to be in a position to put a smile in someone's face," (Debbie, a key informant)*

All of these participants have unique roles in the psychosocial service delivery to OVCs by the Centre. One of the key informants was playing a vital role as she was in the management committee and she was responsible for the daily management of the Bhambayi Drop-In Centre. Another two were responsible for assisting OVCs with homework and also supervising them when they had their meals at the Centre. Another was responsible for identifying households with the greatest psychosocial needs during home visits and subsequently refers them to the Centre for psychosocial support. Some of them had daily duties as the area social workers which included doing intake for OVCs foster care applications, conducting home visits with the aim of verifying information and the finalisation of foster care applications. Their salaries were not sufficient as they received a stipend of R1500-00 per month which they regarded as not enough to take care of the basic needs of their families and of the children in their care.

When asked why they still continued to be involved in the Bhambayi Drop-In Centre programme they replied that, by being involved in the Bhambayi Drop-In Centre programme, they were able to make a meaningful contribution to the community. The key informants further indicated that their involvement was not about financial gain but it was more about the spirit of '*Ubuntu*'. These principles also allowed them to work in a team to assist these children with their psychosocial needs and integration into the communities. It also enforced solidarity among them:

> *"To be part and parcel of the organisation that promotes Ubuntu and family preservation it is a bonus for me. To see the contribution that is made by the services to OVCs' lives, that alone it is a motivation for me to carry on working for the Bhambayi Drop-In Centre," (Belinda, a key informant)*

> "*It is a joy and a pleasant experience for me to work with Bhambayi Drop-In Centre but it is not my decision to decide how long must I work as an area worker of this area. It is a*

motivation for me to be able to finalise foster care cases as much as I can because it means service delivery is moving forward and in turn some OVCs are now taken good care. That means security for and safety of OVCs," (Elisa, a key informant)

"I strongly believe that I am also a witness of how Bhambayi Drop-In Centre assisted me and my siblings when we had no one to go to in time of need. That is why I am so passionate to do the same to other OVCs because I know how vulnerable they are and that motivate me to love working here at the Centre. I am an active participant in the Bhambayi Drop-In Centre programme. Over the years of her involvement in the Bhambayi Drop-In Centre programme, I acquired a lot of skills such as conducting home visits and how to organise and deliver home-based care. Such skills were augmented by a growing understanding of the difficulties faced by orphans and vulnerable children affected by HIV and AIDS by caretakers and families that foster such children," (Anita, a key informant)

"As I have mentioned above that I have been working as a qualified nurse. My salary was good when comparing with the stipend I receive here at the end of the month but what motivate me is the love of people and the role that the Bhambayi Drop-In Centre play in the lives of OVCs and that give me joy in my heart. We do not earn that much, but half a loaf is better than nothing because we do not go to bed on an empty stomach," (Christina, a key informant)

In particular the key informants mentioned that they remained with the Bhambayi Drop-In Centre programme because it offered them opportunities to take responsibility for their lives, taught them the coping skills and assertiveness, taught them to be responsible and to make informed decisions, and to be able to understand the psychosocial needs of OVCs.

"Since I have started to work in the centre with OVCs now I am able to empathise and being able to provides necessary services", (Debbie, a key informant)

Furthermore the activities at the Centre meant that they gained first-hand experience regarding the impact of HIV and AIDS on children and communities:

> *"I have gained more than I was expecting because it is a different experience from the one that I gain from my office. The services that I provide here are totally unique and I enjoy working with Bhambayi Drop-In Centre," (Elisa, a key informant)*

> *"I have gained a lot of experience by being involved with Bhambayi Drop-In Centre. I also learned more about different types of services that are provided by the Centre to OVCs. I am now able to understand and able to explain to clients the types of social grant that are offered to OVCs," (Belinda, a key informant)*

> *"I have gained a lot since I have been a member of Bhambayi Drop-In Centre. It gave me the opportunity to work with people at grassroots level and also being there to listen to them on daily basis and in turn being able to provide social support services to people. I have also gained that even there is nothing to offer but to treat our clients with dignity and respect means a lot to them," (Christina, a key informant)*

> *"I have gained lot of experience since I have been involved in the services delivery for OVCs because when I started working here I was young and inexperienced and did not know how to be a parent to my siblings but now I have gain parenting skills through working with OVCs," (Anita, a key informant)*

> *"I have gained lot of skills in terms on how to take care of someone who is bedridden and to understand types of medication as sometimes I have to help clients to take their medication. I gain so much by being able to work with people regardless of their status. I learned a lot in terms of how to conduct home visit and to make my recordings. In terms of consolidating information I have gained more than I expected," (Debbie, a key informant)*

These participants felt that the psychosocial support programmes of the Centre can play a significant role in encouraging the members of the community to become involved in its activities to support OVCs. One of them said:

> *"My belief is that the centre can play a vital role in encouraging community members to participate in gardening projects in order to alleviate poverty in our community.*
>
> *"It is important to understand that we are all affected or infected by HIV/AIDS. It must be clear to those families who never experienced the challenges of taking care of OVCs it does not mean that they will never go through this," (Anita, a key informant)*

Most of the key informants indicated that it is a learning experience for all of them because it is not easy in their community to deal with the stigma that goes with HIV and AIDS, especially amongst children. One of them mentioned that the reason she is involved is because she loves people very much and she thinks that motivates her to be in involved with these children and families. She added another reason she is involved is because it was her dream to become a social worker but unfortunately it was impossible due to financial constraints. This work allowed her an opportunity to work as an agent of change:

> *"It is a learning experience for all of us because it not easy in our community to deal with the stigma that goes with being an orphan due to HIV and AIDS I think that is a motivation for me to teach people about the challenges that are faced by OVCs after the death of their parents because of HIV/AIDS," (Anita, a key informant)*

A key informant further revealed that by being involved in the Bhambayi Drop-In Centre they are now in a good position in terms of gaining the skills needed when taking care of OVCs:

> *"All I can say that to have an experience of taking care of OVCs in my family motivates me to want to do more for OVCs. On the other hand it is a way to try and paint the picture for the members of our society to understand that OVCs are our children and it is not their fault to be affected by HIV/AIDS," (Christina, a key informant)*
>
> *"I must say that I never have a problem with people who are affected and infected by HIV/AIDS because I did experience*

this in my family and that motivated me to want to help these children," (Belinda, a key informant)

Another one said that it is a pleasure to be involved in the psychosocial service delivery of Bhambayi Drop-In Centre as it also fulfils her desire to play a vital role in social work:

"I love people very much and I think that motivated me to be involved in the service delivery for OVCs who are affected by HIV and AIDS. The other thing it was my dream to become a social worker but unfortunately it was impossible due finance problems," (Debbie, a key informant)

"As I have mentioned above it was not part of this service delivery but the service office allocated the social worker the area he or she must be involved. I was lucky and blessed to be allocated Bhambayi Drop-In Centre as a part of my work load because it afforded me with the opportunity to work as an agent of change," (Elisa, a key informant)

The above findings illustrate the need for skills development of these employees to ensure quality psychosocial service delivery by the Bhambayi Drop-In Centre to OVCs.

"I am grateful for the stipend that I am receiving from the Centre because it does assist me and my family," (Christina, key informant)

"I must say that for me it is a privilege to be one of the workers of the Centre because I am in a position to support my family at the end of each month because of the stipend," (Debbie, a key informant)

The participants revealed that the Centre also gives them financial stipends which assist them with their livelihoods as well as giving them an opportunity to be employed:

"It is an honour and a privilege to receive this stipend because it assists me in taking a good care of my family," (Anita, a key informant)

"From my side it is a source of income I will never trade for anything as I am now able to put food on the table for my children every month," (Belinda, a key informant)

4.6. THE SIGNIFICANCE OF PSYCHOSOCIAL SERVICE DELIVERY FOR FOSTER PARENTS

The impact and significance of psychosocial service delivery to foster care parents were revealed during the in-depth interviews with them. They had unique stories to tell in terms of how these services assist them in their daily lives and in looking after OVCs.

4.6.1 Impact of service delivery

In the study it was found that that each and every foster care parent indicated that they had a positive experience in receiving these services from the Centre. They also stated that, due to these services, it was possible for the OVCs to attend school like any other children and they could partake in the school support programmes such as exemption from school fees, distribution of school uniforms and also assisting those OVCs who had to relocate to access education:

> *"The services that I receive from the Bhambayi Drop-In Centre in respect of OVCs are very helpful for me and my family because I am able to take care of them. Through the assistance of Bhambayi Drop-In Centre my children (OVCs) are exempted from paying school fees. That assists me to make sure that their grant is used specifically for their needs only," (Sunshine, a foster parent)*

> *"In my case it helped me and my family a lot because my grandchildren are able to attend school like any other children because of the services that they receive at Bhambayi Drop-In Centre. For example the Bhambayi Drop-In Centre at the beginning of the year distributes school uniforms to OVCs and my grandchildren are benefitting on that service," (Mary-Anne, a foster parent)*

> *"It was a blessing for me to know about services that are offered by the Bhambayi Drop-In Centre because I had to look for the school as the children were relocating and the Centre was there to liaise with the nearest school," (T.K., a foster parent)*

During these interviews it was also evident that these services provided by the Centre bring about a sense of hope and courage to OVCs and their foster parents:

> *"It had a positive impact on my family and I am here today because of these services. I am not sure how we were going to survive with my brother without the services from Bhambayi Drop-In Centre," (Kimberly, a foster parent)*

> *"It has a positive impact for our family because it gave us the hope and courage to look forward to the future as we know that we have a family which is Bhambayi Drop-In Centre," (T.K, a foster parent)*

> *"In my point of view the services that are offered by the Bhambayi Drop-In Centre have a positive impact because it gave us a sense of hope. It helps our children to have a platform where they can socialise with other children and forget their pain of being orphans," (Sunshine, a foster parent)*

These participants also indicated that these services they received from the Centre did not end there as the Centre was able to take additional steps in providing psychosocial support to these parents:

> *"It was very helpful for my family because we were able to have food on our table. It also helps us in terms of assisting in getting all the required documents from Home Affairs," (Kimberly, a foster parent)*

These participants said that, by receiving these services from the Centre, they were able to execute their role as foster parents which was not always an easy task. They gained and developed the care and support skills they needed to become responsible parents:

> *"The services helped me a lot because it gave me valuable knowledge in terms of raising OVCs, even my children, through parenting skills and also foster care supervision. It taught me to understand the role and responsibility of being a foster parent. I really do not think that I was going to be able to maintain a healthy relationship with OVCs without the services that are offered by Bhambayi Drop-In Centre," (Vinolia, a foster parent)*

> *"For me I must say that it is very positive because the social workers are able to explain everything to us in terms of making*

sure that we get all the support we need to look after OVCs but at the same time not neglecting our children. Bhambayi Drop-In Centre had played a vital role to us as foster parents to make sure that we are able to play both roles without causing conflict in our families," (Vinolia, a foster parent)

The research participants also expressed their appreciation in terms of the support system they receive from the Centre during times of need:

"The services that are offered by Bhambayi Drop-In Centre have a positive impact on my family because, when I have obstacles, I know that I have a family that is always by my side to support me and that family is Bhambayi Drop-In Centre. The reason I am saying this is because when my grandchildren came to live with me it was really a nightmare to me and my family but through the support and guidance of Bhambayi Drop-In Centre my burden was lighter," (Mary-Anne, a foster parent)

The above findings reveal that these participants believed that the Centre has played a significant role in their lives and that of the OVCs. They strongly felt that the Centre has made them feel that there is someone there for them who advocates for care and support to both them and the OVCs. The positive impact made by the Centre made their burden of dealing with all the challenges of caring for OVCs a little easier

4.6.2 Significance of service delivery in lessening the vulnerability of OVCs

The key informants agreed that these psychosocial services provided by the Bhambayi Drop-In Centre lessen the vulnerability of OVCs:

"In my opinion I think the services that are provided by the Centre do lessen the vulnerability of OVCs in a way that it prevents them to experience secondary vulnerability. The reason I am saying this because if the Centre did not provide these services some of them will be forced to leave school and start to look for a job opportunity at an early age," (Belinda, a key informant)

"I personally think that services provided by the Centre are indeed lessen the vulnerability of OVCs because it kind of

gives OVCs some kind of security, that without the services offered to orphans and vulnerable children affected by HIV and AIDS their lives would be a nightmare," (Anita, a key informant)

Another key informant added that she had witnessed some cases where OVCs had been victims of several forms of abuse and were rescued by the Centre's interventions which included placing OVCs under the guidance of a guardian in order to provide protection and care:

"I believe and also been a witness in many cases where OVCs have been victims of several forms of abuse and being rescued after becoming beneficiaries of these services, for example OVCs who are child-headed household with no relatives to support them. After receiving services that are provided by the Centre they can have social support because they will be able to have food and also receive supervision from the Centre," (Elisa, a key informant)

"I agree with the above statement because I have seen OVC's vulnerability before receiving the service. I witnessed where an orphan who was 14 years old was forced to work as a domestic worker because she did not have anyone to look after her and her younger brother but after the Centre's intervention the child was then placed in a place of safety and able to go to school again. The intervention was able to lessen the vulnerability of this child and of her brother," (Debbie, a key informant)

In the case of child-headed households these children were also able to receive social grants with the assistance of the Centre. They were also able to receive meals and support from the Centre. Most of the participants believed that these services are making a meaningful contribution to the lives of these children and their foster care parents. The participants also agreed that these services protect OVCs from stigma and discrimination:

"I think the services that are provided by the Centre to OVCs can lessen their vulnerability because I believe that if the OVCs did not have access to these services it was going to make more vulnerable to poverty and different types of abuse. As I mentioned above that, according to my perception, the

services that are provided by the Centre to OVCs are making a meaningful contribution to the lives of OVCs. There are child-headed households who were not going to have a meal each day if the Centre was not there to provide them with food parcels every month," (Christina, a key informant)

The key informants stated the positive impact of the psychosocial service delivery on OVCs often lessen their vulnerability to HIV and poverty.

4.6.3 Reasons for becoming foster parents

All the participants indicated different reasons for becoming foster parents of OVCs. In some cases guardians have become foster care parents as they felt the need to do more for these children. This finding indicates that it was not all the foster parents who decided to foster due to the financial incentives they receive from the Department of Social Development. In some cases the foster parents had no choice because the OVCs had no other relatives. In other cases OVCs had been abandoned by their extended families after the death of their biological parents and they were placed under the care and guidance of unrelated foster parents.

"In my case it is different because these children are not related to me. They are under my care because they were abandoned by their relatives after the death of their parents due to HIV/AIDS. Then the Centre was forced to find a suitable foster parent to foster these children. That is how I became a foster parent of these children," (Belinda, a key informant)

"To tell you the truth it was not my choice to take care of this child but the circumstances forced me to do so as there was no one in the family who was still alive and well to look after my cousin's child," (Christina, a key informant)

"These children are my sister's children and the reason I am their foster parent it is because their grandmother is also deceased and I was the only person to look after them," (Elisa, a key informant)

"In my case I did not have any choice after the death of my mother. There was no one in the family who was willing to take

care of my siblings. That is when my husband and I made a decision to move them from my parent's house and brought them here to live with us," (Vinolia, a foster parent)

"It was not an easy decision to make to take these children under our care but because there was no one in my husband's family to take care of them. We had to make that critical decision because it was going to be easy if my mother-in-law was still alive but unfortunately she was no longer there to pick up the pieces," (Sunshine, a foster parent)

The other participants said that they became foster parents because a relative had died and left OVCs responsible for a child-headed family. These families are common in this community and often put pressure on the eldest child in the family to assume adult duties:

"*I did not have a choice in this matter because I am a firstborn. After the death of our parents we were left alone without anyone to supervise or look after us. It is when the caregivers that time encourage me to apply for foster care grant in order to look after my siblings," (Anita, a key informant)*

"Since we were young we have been living together with our parents. He [her brother] is living with me because there was no family member or relatives who were willing to look after us and I had no choice but to resume adult duties at an early age," (Kimberly, a foster parent)

"Since I was young I have been living with my siblings as a family. After the death of my parents we were left alone. In our case we do not have grandparents," (T.K., a foster parent)

In other cases the foster parents became guardians because their children have died and left their grandchildren without anyone to take care of them. Grandparents then have the responsibility of assuming the role of parents:

"I must say this - it was not something that anyone planned but it was God's plan because the children were living with their parents. They were happy with their parents. The problem started when their father got sick and end up dying. After four

> *years my daughter also passed away and that is when the children were left without anyone to look or take care of them. Then it was my duty to take full responsibility over these children because I had no choice," (Mary-Anne, a foster parent).*

All the foster parent participants were able to share their experiences and different reasons for becoming foster parents to OVCs during the interviews. It was clear that they did not take this duty or responsibility to care of OVCs by choice but were forced to by circumstance.

4.7 POSSIBLE ACTIONS TO ENHANCE THE PROVISION OF SERVICES TO OVCs

During the interviews with the key informants some important issues emerged in relation to enhancing the provision of psychosocial service delivery to OVCs. These include the need for more comprehensive bereavement counselling services that must be provided to the OVCs, caregivers, foster parents and the provision of other psychosocial services; the need for technical assistance to access and manage state social grants and other future plans for their families. These issues are discussed in greater detail below.

4.7.1 The need for debriefing counselling

This is one of the key psychosocial services needed for OVCs and foster care parents. It includes the need for supportive counselling to caregivers in the programme who were responsible for conducting home visits; for the OVCs who lost their parents and for the families who were fostering them as well as those children who were placed under the care and guidance of unrelated foster parents.

> *"I personally think that as caregivers we are dealing with a variety of cases and other cases are very traumatic to us. That's why it is vital important for the centre to provide counselling to us in order to be able debrief to our counsellor," (Debbie, a key informant)*

> "*In my understanding we are really in need of debriefing sessions with our supervisor as workers of the Centre. On a daily basis I must say we deal with a variety of services such as sexual abuse cases and it is really a must to have a weekly*

session with our supervisor in order to be able to deal with our emotions," (Anita, a key informant)

According to the key informants there was no provision for emotional support for the caregivers who are responsible for taking care of people who are bedridden such as those with AIDS-related illnesses. In this regard there is a need for debriefing counselling for volunteers who conduct home visits and who provide home-based care for those who are terminally ill.

These participants also indicated that there is a high rate of drug abuse in local schools which puts more pressure on vulnerable children as some of the orphans sell drugs in schools in order to cope with the financial demand on their families. These participants were of the view that they could assist these children in the fight against drug abuse in schools by working together with other stakeholders such as SANCA who are experts in the field of substance abuse. The aim will be to provide informative workshops and campaigns that will equip these children to '*say no to drugs*'.

Other forms of psychosocial counselling were also needed for foster care parents to assist children with these and other problems:

> *"I truly believe that it is necessary to implement a group of professional counsellors who can be responsible to provide counselling sessions to caregivers, as they are the ones who are facing traumatic cases during the conduction of home visits," (Elisa, a key informant)*

> "*There are cases where families are faced with more than one member who are bedridden due to AIDS-related illness and that cause a lot of stress to the whole family. This calls for counselling sessions for the family members," (Christina, a key informant)*

The key informants also revealed that there were OVCs who were unable to cope at school due to them emotional trauma after the death of their parents:

> *"We are experiencing a number of cases whereby OVCs are unable to cope with the death of their parents. Some of the OVCs are also unable to focus on their school work because of the trauma because they are the ones who were responsible to take care of their sick parents due to AIDS-related illness. It is*

important to assist these OVCs by providing counselling or debriefing sessions," (Belinda, a key informant)

The key informants revealed that there is a further urgent need on the part of the Centre to attend their own emotional need as caregivers. They further state that, although they are committed to their daily activities of service delivery to OVCs, they also require someone who can be there to listen and assist them with their daily psychosocial needs. They believe that the work they are doing when conducting home visits can sometimes also be very traumatic.

4.8 Future plans for the Centre

The key informants shared the future plans of the Centre and its psychosocial services with the researcher. They indicated that it is important to implement these programmes and services to assist OVCs in order for them to showcase their talent and to also participate in other social events like provincial sports tournaments. That is why the key informants believed that the following programmes should be implemented by the Centre:

4.8.1 Holiday programmes

The key informants indicated that there is a need to implement developmental holiday programmes in order to equip orphans and vulnerable children with life skills and vocational training.

> *"I truly believe that we can empower OVCs by facilitating life skills programmes so that OVCs can be able to develop some skills. This life skills programme can be facilitated by the schools, the centre and government department. This indicates that it is not the centre's duty to facilitate these programmes but it is a partnership task," (Debbie, a key informant)*

> *"In my case I am looking forward to see the centre reach a time where we will see OVCs who are in grade ten to twelve attending career and guidance exhibitions in order for OVCs to learn more about different careers. This also calls for partnership of all stakeholders to be involved for the sake of our children such as business people, government*

departments and private companies to work together to achieve this objective," (Christina, a key informant)

Some of the key informants indicated that they believed that these holiday programmes can instil social values and also bring about a behavioural change towards becoming responsible children. According to the researchers' observation, these programmes are conducted during school holidays in order to accommodate OVCs and provide them with relevant life skills.

> *"Some of my colleagues can agree with me when I say that most of sport personalities are very disciplined and I am of the opinion that if the Centre can creates this platform for OVCs, it really can instil values to OVCs," (Belinda, a key informant)*

> *"Most of OVCs are orphans due to the fact that their parents died due to HIV-related illness and, to make sure that they do not end up being infected by HIV and AIDS, it is our duty to educate them about HIV and AIDS and ABC approach through workshops and awareness campaigns. We must promote prevention to OVCs as the saying says prevention is better than cure," (Elisa, a key informant)*

The key informants further revealed that, due to a lack of funds during 2011-2012, it was impossible to facilitate these holiday programmes. They also agreed that children need to develop and express their own opinions within the substitute care setting living with foster care parents and the Centre must assist them in doing so. Furthermore, these holiday programmes can also assist in protection by engaging the OVCs in different sport activities which keeps them off the streets. The funding which the Centre was expected to receive from the Department of Social Development was the only factor that determined whether it was able to conduct these programmes.

The researcher's observations showed that without this funding support by the Department it was not possible to implement this or other support programmes and services.

According to the Bhambayi Drop-In Centre budget for 2011-12 and the Quarterly Reports, it was clear that the Centre did not manage to provide these holiday programmes every year (Bhambayi Drop-In Centre Budget 2011-12). The Service Plan for the 2012 financial year revealed that the Centre was not funded by the Department which led to no holiday programmes for OVCs (Bhambayi Drop-In Centre 2012:24).

Key informants added that it was important to implement the following programmes and encourage OVCs to be involved in these programmes.

> *"The aim of holiday programmes is to keep OVCs busy in a productive way, to empower them and also to allow them to enjoy holidays while they are learning at the same time. These activities are conducted during school holidays, during June and September," (Christina, a key informant)*

4.8.2 Other psychosocial support programmes and services

The key informants and foster care parent participants also identified the following programmes and services as crucial to the well-being of OVCs:

Peer education programmes

The training of peer educators or counsellors can allow OVCs access to counselling within the school premises.

Drug marshals

The main purpose of drug marshals was to provide knowledge about the danger of drug abuse. They are learners who are trained by organisations such as SANCA in order to assist learners and OVCs in their schools to fight against drugs and substance abuse.

Arts and culture workshops

The arts and cultural workshops aim to provide training to those OVCs who are more interested in the entertainment industry and to also afford an opportunity to learn about different cultures.

Dance classes

By hosting dance classes OVCs can nourish their individual talent or a hobby. This can also prevent OVCs from engaging in other activities such as the abuse of drugs or engaging in criminal activities.

Life skills courses or education

The focus of life skills is to provide information and to promote attitude and behavioural change amongst school-going OVCs. The aim is to prevent exposure to HIV infection and to promote better coping mechanisms for OVCs.

Career guidance and exhibitions

The Ethekwini municipality hosts career guidance exhibitions annually in order to assist learners to make informed decisions about their career choices. The municipality also invites business owners to take part in these exhibitions in order to provide financial assistance to learners, especially OVCs, as social grants are terminated after they matriculate.

Sport and tournaments

These tournaments play a vital role in ensuring that OVCs are accommodated during school holidays. They also play a part in developing their athletic skills. *Science and technology competitions*

These competitions can encourage OVC interest in science and motivate them to follow professions such as medicine, engineering and geology.

The above programmes and services were seen as key to the Centre's future plans to empower orphans and vulnerable children affected by HIV and AIDS and to ensure their well-being.

One of the key informants stated that the different government departments can take part in the above programmes by supporting the Centre. She expressed her need to be mentored by the Department of Social Development in providing quality care and support services to OVCs:

> *"I personally believe that it is necessary for the government departments to join hands and work together in providing services to OVCs. It is not the Centre's duty to do all the grassroots work but, with their contribution, Bhambayi can reach out to many OVCs," (Christina, a key informant)*

She further suggested that the Centre could also host talent shows in order to nurture OVCs' talents.This could also benefit the Centre in terms of fundraising. This was supported by other participants:

> *"Do not attend any training and they are likely to engage themselves in wrong-doing. Our area is really in need of other services that Bhambayi Drop-In Centre can provide to OVCs who are in high school for example library or study centre. This service can assist OVCs with their performance and at the end they can be able to access bursaries," (T.K, a foster parent).*

"I believe that Bhambayi Drop-In Centre can also provide other services to OVCs, for example skills development programme, do follow-up programmes to those OVCs who are no longer receiving grants because of their age. The reason I am saying this is because it is difficult for us foster parents to pay study fees for OVCs after they completed their Matric and they end up sitting home doing nothing," (Sunshine, a foster parent)

"There are many programmes that can be offered by the Bhambayi Drop-In Centre to OVCs but depending on each and every OVC's needs. I personally understand that OVCs have a lot of challenges that they experience after the death of their parents. My wish is to see Bhambayi Drop-In Centre focusing more on programmes that deal with coping skills and debriefing programmes," (Kimberly, a foster parent)

The researcher observed that many community members have also praised the Centre for conducting these holiday programmes and feel it could do more if there are additional sponsors or funding sources. This in turn would have a positive impact on the well-being of the OVCs.

4.9 FURTHER STEPS THAT CAN BE TAKEN BY THE CENTRE TO IMPROVE SERVICE DELIVERY FOR OVCs

The key informants believe that it is important to improve the psychosocial services that the Centre provides to OVCs. However, without funding from different donors, this will not be possible.

"My point of view is to encourage the Department of Social Development to increase funding for Bhambayi Drop-In Centre in order to increase the number of OVCs who are receiving services from the Centre. To encourage other donors to contribute or donate to the Bhambayi Drop-In Centre. The more donors can contribute the more services OVCs can receive from the centre," (Kimberly, a foster parent)

"*The only thing that can assist Bhambayi Drop-In Centre about the services they provide was to receive more funds from the*

Department of Social Development in order to reach more OVCs who are also in need of services," (Mary-Anne, a foster parent)

Another suggestion from these informants was to implement other programmes which are necessary for OVCs and allow them to participate in the decision-making process regarding these programmes. There are a lot of special needs for these children that the Centre is unable to address and it is difficult for the Centre to cope. One foster care parent participant insisted that the Centre is in need of more resources such as a multidisciplinary task team that would include a full-time social worker, psychologist and other professionals:

"*My opinion is that the Centre can improve their service system by also providing services that can accommodate OVCs who are not in receipt of any social grant because of different reasons. In my case I had a similar problem because my sister-in law's children were unable to receive services from Bhambayi Drop-In Centre although their parents were both deceased and there was no death certificates. I was really struggling to provide for these children and the father of my children was employed on a part-time basis. The Centre was my only hope," (Sunshine, a foster parent)*

"My take on this [improvement matter] is that more stakeholders must get involved in order to provide more services because each and every stakeholder or organisation will come into partnership with the Bhambayi Drop-In Centre with the aim of offering services to OVCs. The more stakeholders are involved the better the services the OVCs can receive from the centre," (Vinoli, a foster parent).

The key informants further indicated that there is a great need for improving these services to OVCs and they also understand that there is a lot of work that needs to be done:

"*I believe the Bhambayi Drop-In Centre needs to do a lot of work and plan in order to improve services that are provided to OVCs. The improvement of services is not possible without funding and that is why it is important to fundraise funds," (Belinda, a key informant)*

“I believe that there are a lot of programmes that still need to be implemented in order to improve our service delivery to OVCs and to engage OVCs to direct us in order to be able to understand their needs,” (Elisa, a key informant)

The key informants further indicated that the Centre must also consider improving their services by establishment of residential care facilities for those OVCs who are abandoned by their relatives after the death of their parents:

“My opinion is that Bhambayi Drop-In Centre needs to improve their service delivery by offering more services to OVCs who are affected by HIV and AIDS. Let us look at this example of residential care in order to accommodate those cases of OVCs who are abandoned by families or relatives after the death of their parents,” (Christina, a key informant).

“*My opinion is to get more input from OVCs about the kind of improvement they need in order to meet their needs and I think that can lead us to a meaningful improvement of our service delivery,” (Anita, a key informant)*

The key informants also think that it will be a better solution to give OVCs the opportunity to voice their opinions in terms of the services they require:

“I feel that the recipients are the ones who can direct us to improve services that are provided to OVCs,” (Debbie, a key informant)

“*Firstly, I think it will be good if we as Bhambayi Drop-In Centre can be able to create a platform for OVCs to participate in decision making regarding the services that are offered to them. Secondly, I believe that we can also improve our service delivery if we can join hands as members of this society to take responsibility for the Centre by making sure that we do not expect that our government will do everything for us but to learn to do things for ourselves. Thirdly, if we can get more people who are willing to donate funds, resources and their skills to Bhambayi Drop-In Centre in order to improve our services delivery to OVCs,” (T.K., a foster parent)*

The key informants believed that it is important to allow OVCs to voice their needs or concerns in order to get their input about the different kinds of psychosocial services they need. They also stated that there is a need to create a questionnaire which can be used by the OVCs or guardians to evaluate these services. The purpose of using this questionnaire is to give OVCs the opportunity to evaluate the service and also a chance to suggest any recommendations regarding service delivery

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4.10 CONCLUSION

As described in the previous chapter a qualitative research design was used to achieve the objectives of the study. In this chapter, the research findings and analysis were presented under different subheadings linked to the major research questions.

The next chapter deals with a summary of the findings and a conclusion will be drawn to demonstrate the recommendations made as a result of this study.

CHAPTER 5: CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter a conclusion will be drawn regarding the investigation of the psychosocial services provided by the Bhambayi Drop-In Centre in Inanda, KwaZulu-Natal for OVCs affected by HIV and AIDS. This will be done by summarising the major findings of the study. The limitations of the study and the recommendations will also be discussed.

5.2 SUMMARY OF THE RESEARCH QUESTIONS AND SUB-THEMES

The following specific objectives were formulated for the research questions of this study. The aim of formulating these objectives was to enable the researcher to achieve the purpose of this study:

- To describe the types of services that are offered by the Bhambayi Drop-In Centre to orphans and vulnerable children affected by HIV and AIDS.
- To describe how households with greatest needs are identified by the Bhambayi Drop-In Centre.
- To explore the challenges which are faced by the Bhambayi Drop-In Centre in rendering these services to OVCs affected by HIV and AIDS.
- To explore the Bhambayi Drop-In Centre's future plans for improving its service delivery to OVCs affected by HIV and AIDS.
- To investigate possible lessons about service delivery learned by the key informants by being involved in the Bhambayi Drop-In Centre programme.

5.2.1 Describing types of services offered by the Centre

The study revealed that OVCs obtained psychosocial support at a family and institutional level. At the family level foster families provide care and support in the form of "*care-giving*" - taking care of the specific psychosocial needs of these children, including shelter and clothing. At the organisational level they received these services from the Bhambayi Drop-In Centre which is the only organisation that provides social services to OVCs in this area. The findings showed that the support received from the Centre has a positive impact in shaping the lives of OVCs since it fulfils those needs not addressed by their foster families.

The findings also showed that the services provided by the Centre assist the OVCs in coping with the psychosocial challenges they face after the death of their parents. These include holiday programme, receiving foster placement, life skills programmes and attending support groups. The support services they received from foster or extended families instils a sense of belonging in them and enables them to accept their new circumstances as orphans.

The researcher also observed that clients came from different areas around Bhambayi and they all had access to the Centre on a daily basis. Furthermore, the Centre assisted them by distributing food parcels and vouchers on a monthly basis. The duration of the beneficiaries' time in this programme was determined to be three months.

There was also short-term intervention to accommodate OVCs who are not in receipt of any social grants. The findings revealed that the number of beneficiaries have been increasing every month since 2001. There was no indication from any participant that OVCs may become more dependent on the social support services that are provided to them. On the contrary, participants indicated that there is a great need for more psychosocial interventions by other organisations in collaboration with the Centre to improve these services to OVCs.

The findings also revealed that the Centre provides psychosocial services to foster parents including parent training to equip them with the relevant skills to take care of the OVCs placed under their care. The study further revealed different reasons that motivated them to become foster parents.

The findings stated that the Centre also provided assistance with recruiting personal documents (e.g. birth certificates) for OVCs and death certificates for biological parents of the OVCs which were necessary in order to apply for social grants. The key informants indicated that this programme promoted social grants for all OVCs.

An effort was made by the Centre to link families of OVCs with income-generating activities to accommodate those children who no longer qualified for any social grant. The findings further revealed that, due to financial challenges, the Centre was unable to sustain these programmes and services in the absence of additional funding despite their willingness to do so.

Other psychosocial services included counselling services offered to OVCs dealing with the trauma of losing their parents. The key informants indicated that there was a need for counselling for caregivers and foster parents to enable them to cope with their daily duties to their families especially in regards to OVCs.

The findings further showed that there were many referrals received by the Centre from the nearest schools. There were school talks conducted by the Centre to inform OVCs of the different types of psychosocial services they could receive from the Centre including support in dealing with child abuse, teenage pregnancy, HIV and AIDS and other issues.

The referrals of foster parents to other relevant social support organisations also formed part of the services rendered by the Centre in order to enhance the well-being of OVCs by enabling them to access social grants.

5.2.2 Households with greatest needs were identified

The findings of this study indicated that the Centre was able to identify these households during home visits conducted by the caregivers. According to the Killian Wheel Model (2008) the first stage entails the identification of the need for social support services and care services targeting the OVC's needs which have to be individualised and community-focused.

It was evident that the Bhambayi-Drop-In Centre's focus was on the first stage of the Wheel Model (2008), as explained in Chapter 2. It was also evident that there were gaps in identifying these households as the Centre was unable to cope with the increasing numbers of OVCs.

It was also found that it was important to establish child and youth-care forums in order to assist with the identification of households with the greatest psychosocial needs. The findings revealed that community members needed to play a vital role in assisting the Centre with the identification of OVCs; the facilitation of child and youth-care forums in each ward and the referral of OVCs to the Centre for psychosocial support. These forums were facilitated in other wards but there were very few.

Some of the findings showed that there are OVCs who are unable to access these services as they have not yet been identified due to the high case load of caregivers. There was also a lack of participation from the community at large who need to play a greater role in ensuring that the rights of OVCs are met at all times.

5.2.3 Exploring challenges faced by the Centre

The Centre faces challenges in rendering social services to OVCs as there were financial problems and a lack of capacity in rendering quality psychosocial services.

In addition, there were no financial sponsors other than the Department of Social Development. This meant that the Centre's capacity to assist the large number of OVCs

was limited. Ultimately, the Centre finds itself in a position where prospective recipients must be turned away because of this challenge.

5.2.4. Future plans on service delivery

This study revealed that there is a need to implement psychosocial support programmes and services that can accommodate OVCs during the school holidays such as talent shows, sport tournaments or life skills programmes. The main purpose of these programmes would be to develop the life skills of OVCs and to improve their well-being. The findings indicate that these programmes are major future plans for the empowerment of OVCs and should be maintained.

5.2.5 Lessons learned by the key informants

The fifth objective was to investigate possible lessons regarding service delivery learned by the key informants due to their involvement in the Bhambayi Drop-In Centre programme. Most of the participants indicated that it taught them much in terms of working with different clients and it also gave them the opportunity to develop their skills and an opportunity for lifelong learning. The key informants indicated that they have grown personally and professionally by being involved in the Bhambayi Drop-In Centre.

5.3 LIMITATIONS OF THE STUDY

The study had some limitations which will be briefly discussed.

In the first place the qualitative nature of the study limits the possibility of generalising the research findings to all orphans and vulnerable children affected by HIV and AIDS and foster care parents as it can only provide insights into and understanding of the lived experience of these people and the psychosocial challenges the Centre is facing.

In addition the field work and observations had to be done over a very short space of time. The researcher had to also include some of the interviews and observations as part of her full time work as a social worker for the Department of Social Development.

In addition to time constraints, expenses to travel between Pinetown and Bhambayi (Inanda) to do the fieldwork proved to be high.

5.4 RECOMMENDATIONS AND CONTRIBUTIONS FOR FUTURE RESEARCH AND POLICY DEVELOPMENT

Based on the findings of the study, the following recommendations are made to improve the psychosocial services that are provided by the Bhambayi Drop-In Centre to orphans and vulnerable children.

In Chapter 2 the Department of Social Development provided some guidelines for quality psychosocial services to be rendered by Centres such as the one in this study (DSD Strategic Framework for Children Infected and Affected by HIV and AIDS 2008). This assisted the researcher to make recommendations based on the findings of this study as follows:

- There is a need to encourage community members to participate in the service delivery for OVCs in their community.
- It is vitally important for the Bhambayi Drop-In Centre to initiate awareness campaigns in the community, in order to attract more parents to take part in the programme.
- Donors and local business people must be encouraged to fund the centre in order to promote self-reliance amongst the community members.
- The government must assist the Centre in having their own premises so that they can run other programmes that can benefit the centre and the community as a whole such as gardening projects. The establishment of vegetable gardens is encouraged at all sites. The researcher proposes this recommendation as it is in line with the KwaZulu-Natal Premier's call for "one home, one garden".
- There is a need to empower the key participants by providing more training for the development of skills.
- Awareness campaigns need to be launched to highlight issues such as discrimination and the stigma attached to HIV and AIDS.
- Further research is needed regarding the influence of service delivery for OVCs by Drop-In Centres.
- The need for debriefing sessions for volunteers is essential.
- Training for volunteers in home-based care is also required.
- There is a need for further research into service delivery for OVCs in order to lessen their vulnerability to HIV.
- There is still a need to establish more community-care centres such as Drop-In Centres to accommodate the needs of OVCs and promote the spirit of family preservation.

The findings of this study highlight some of the challenges that are faced by the Bhambayi Drop-In Centre when providing social services to OVCs affected by HIV and AIDS. These challenges take roots at different stages, starting from the period of implementing psychosocial services to these children.

5.5 CONCLUSION

This study shows that psychosocial services provided by the Bhambayi Drop-In Centre to OVCs who are affected by HIV and AIDS have a positive impact in lessening their vulnerability to HIV and improving their psychosocial well-being.

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APPENDIX A: Consent form

Hi, I am Ms. Ntombifikile Sylvia Dunga. I am a student in the M.A. Social Behaviour Studies in HIV and AIDS at the Department of Sociology, UNISA. As part of my studies I will conduct in-depth interviews with research participants on the psychosocial services provided by the Bhambayi Drop-In Centre to orphans and vulnerable children who are affected by HIV and AIDS.

Please understand that your participation is voluntary and you are not being forced to take part in this study. The choice of whether to participate or not, it is absolutely yours alone. However, I would really appreciate it if you decide to share your ideas, feelings and thoughts with me about this study. If you choose not to take part in answering these questions you will not be affected in any way whatsoever. If you decide to participate you may stop at any time and tell the researcher that you do not want to continue with the interview. If you do this there will also be no penalties and criticism in any way.

Your personal identities will not be recorded anywhere in the interview and no one will be able to link you to the answers you provide. Only the researcher will have access to your identity and as a researcher I am professionally obliged to protect your identity. The researcher may have some follow-up interviews to seek clarity or to enhance her understanding on the topic. The interview will last about an hour or and more if you want to share more information it will be acceptable to do so. The researcher will be asking you a few questions that may be of a personal nature and you may indicate if you do not want to answer them. There are no right or wrong answers and experiences.

The researcher wants to ask your permission to record our conversation. It will assist the researcher to accurately write down what we have been discussing. All the written information will be treated with the utmost confidentiality. I want to confirm your willingness to participate in the research. Please, write down your full names, surname and then sign to indicate that you give your consent to participate in this study.

-- -----------------------------

Name and Surname Date

Signature

If you have any further inquiries do not hesitate to contact us at:

Ms. Elize Koen

Supervisor, M.A. Social Behaviour Studies in HIV and AIDS

Department of Sociology

UNISA

Telephone number (012) 429 66 00

Ms. Ntombifikile Sylvia Dunga

Cell phone number 084 84 00064

INFORMED CONSENT LETTER

DECLARATION

I.. (Full names of participant) hereby confirm that I understand the contents of this study and the nature of the research project, and I consent to participant in this research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

Signature of participant Date:

……………………………… …………………………

IFOMU YOKUVUMA UKUSEBENZISANA

UKUZIBOPHEZELA

Mina..................................... (Amagamaakhoaphelelenesibongo) ngiyavumaukuthingiyayiqondayonkeimigomoemayelananenhlololuvokanyenendlelaokuzokwenziwangayouphenyomayelananeResearch Project.Ngiyaziukuthinginelungelolokushiyaphansikuloluphenyonomaininiumangifunaukungabiyingxenyeyalo.

SayinalaphaUsuku

....

APPENDIX B:

INTERVIEW GUIDE USED FOR KEY INFORMANTS

My name is Ntombifikile Sylvia Dunga. I am a Master's student at University of South Africa (UNISA). This research follows the University's requirements and I want to assure you that your identity will be treated with absolute confidentiality. The intention of the study is to investigate the services provided by the Bhambayi Drop-In Centre to orphans and vulnerable children.

The date for the interviews will be set that will be convenient for all the research participants. The interview should take about 45 minutes. The interview will be tape-recorded. The reason for this is to have a copy of everything that each participant has said. I will lock up all the information that will be recorded on the tapes in a safe place. Let me start by asking you some questions about yourself.

Biographical information

1. Where do you live?
2. How old are you?
3. Do you have children of your own?
4. How many children are under your care due to HIV and AIDS?
5. How many children are you fostering under your care?
6. What kind of social grants do you receive in respect of these children?
7. What was the reason for you to become an employee at the Centre?

Now I would like you to tell me about your involvement at the Bhambayi Drop-In Centre

1 .What types of psychosocial services does the Centre provide to foster care parents and OVCs?

2. What kind of experience did you gain by being involved in the psychosocial service delivery for OVCs?

3. What do you think can be done to improve these services?

4. What motivate you to keep on working at the Bhambayi Drop-In Centre?

Now I want to discuss the future of these services that are provided by the Bhambayi Drop-In Centre

1. How are households with OVCs in the greatest needs identified by the Bhambayi Drop-In Centre?
2. What types of psychosocial services are offered by Bhambayi Drop-In Centre to orphans and vulnerable children affected by HIV and AIDS?
3. What are the challenges that are faced by the Bhambayi Drop-In Centre in rendering these services to them and their families?
4. What are the Bhambayi Drop-In Centre's future plans for improving its services delivery to OVCs affected by HIV and AIDS?
5. What are the possible lessons learned to improve psychosocial service delivery by the Bhambayi Drop-In Centre?

Closure

Is there anything else that you would like to say or add to what we have already discussed?

Words of thanks

I appreciate the time you took in making sure that you participate effectively in this study.

APPENDIX C: INTERVIEW GUIDE FOR FOSTER CARE PARENTS

PLEASE NOTE:

- There are no right and wrong answers;
- Do not reveal your personal identities;
- Your right to confidentiality and privacy is protected.

DEMOGRAPHIC INFORMATION

1. Can you please tell me more about yourself?

2. How old are you?

3. Who lives with you?

4. For how long have they lived with you?

5. Are there any OVCs affected by HIV and AIDS under your care?

6. How did it happened that they came and live with you?

7. How do you manage to support your family?

PSYCHOSOCIAL SERVICES THAT ARE PROVIDED TO OVCs AFFECTED BY HIV AND AIDS

8. Are the OVCs are under your cares beneficiaries of the psychosocial services that are provided by the Bhambayi Drop-In Centre?

9. What types of psychosocial services do the OVCs under your care and you receive from Bhambayi Drop-In Centre?

10. What other means of psychosocial support do you receive in looking after these children?

11. How did you become aware of the services that are rendered by the Bhambayi Drop-Centre?

12. How long have you been a recipient of the services offered by the Bhambayi Drop-In Centre?

13. How do these psychosocial services assist you in caring for these OVCs?

14. Can you briefly explain what kind of impact these services have on your family and the OVCs you are taking care of?

EXPERIENCES AND SUGGESTIONS ABOUT THE IMPROVEMENT OF THESE SERVICES PROVIDED BY THE BHAMBAYI DROP-IN CENTRE

15. What are the challenges that are faced by the Bhambayi Drop-In Centre in rendering these services to OVCs and their families according to you?

16. In your view what are the possible lessons learned by you to improve psychosocial service delivery to OVCs?

Closure

Is there anything else that you would like to say or add to what we have already discussed?

Words of thanks

I appreciate the time you took in making sure that you participate effectively in this study.

APPENDIX D: OBSERVATION CHECKLIST

VENUE:

DATE:

LIST OF THINGS		**Comments**
1. Are the clients able to access the Centre easily?		
2. Does the Centre have signs in order for everyone to see it?		
3. Does the Centre follow the same procedure when they record clients who came for the first time?		
4. Does the Centre provide educational programmes to OVCs?		
5. Are the Centre able to conduct holiday programmes during school holidays to OVC?		
6. When does the distribution of food parcels to OVCs and families take place?		
7. Does OVCs benefit from Feeding Scheme?		
8. How is the identification of OVCs conducted?		
9. Does the Centre facilitate Child Care Forum within the surrounding areas?		
10. Does the Centre facilitate Counseling session to OVCs?		
11. How does Centre conduct debriefing session to OVCs?		
12. How do child-minders facilitate supervision of homework to OVCs?		
13. Does the Centre facilitate support groups for OVCs who are more vulnerable?		
14. What types of outreach Programme are conducted by the Centre?		
15. Are there any sport tournaments programmes for example foot ball tournament which are offered to OVCs by the Centre during school holidays?		
16. What types of Awareness Campaigns are conducted by the Centre within the neighborhood communities?		
17. Are OVCs able to voice their concerned to Caregivers or Child		

minders if they have some complain or suggestions?	
18. What kind of school talks are conducted by the Centre to all the surrounding schools?	
19. What kind of networking does the Centre have with the school educators and principals to assist OVCs who are experiencing problems?	
20. How is the Centre managing to offers programmes to OVCs who are victims of sexual abuse?	
21. How is the Centre managing to deal with referrals from other stakeholders?	
22. How Child-minders and OVCs managing to have good relationship?	
23. What is the reason for the Centre to conduct screening process to identify OVCs for food parcels?	
24. Why the screening process is conducted to all families that are beneficiaries of food parcels?	
25. How possible is it for the Centre to do follow-ups to those cases that were referred to other stakeholders eg. SASSA, Home Affairs, Department of Health and others?	
26. How is the Centre able to maintain a good working relationship with other stakeholders?	

APPENDIX E: ACCESS LETTER FROM BHAMBAYI DROP-IN CENTRE

BHAMBAYI SETTLEMENT PROJECT

Box 58043
Kwazimele
4032

Tel.No (031)5192204 Fax (031) 5192056 Reg No [illegible]

<u>RE; an Evaluation of services by provided by Bhambayi Drop in centre for Orphans and Vulnerable Children</u>

The bearer **Ms Ntombifikile Sylvia Dunga,** who is a Student at **Unisa,** doing **M.A. social Behaviour studies in HIV/AIDS has** secured the permission of **Bhambayi Drop –in centre** to conduct interviews on the study of the services provided by **Bhambayi Drop –in centre** for **orphans and vulnerable childrens.**

Kindly provide all the necessary assurance as may be required.

Accept the assurance of our highest regards.

Ms A.Msomi
AMsomi
....
Project Manager