Educational support for orphans and vulnerable children in primary schools: Challenges and interventions

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Educational status is an important indicator of children’s wellbeing and future life opportunities. It can predict growth potential and economic viability of a state. While this is an ideal situation for all children, the case may be different for orphans and vulnerable children (OVC) due to the challenges they go through on a daily basis. This article aims to advance a debate on the findings of our study on the educational support provided for OVC through a critical engagement on the challenges experienced and the intervention measures to be taken in South African public primary schools context. The study involved one hundred and seven participants comprising sixty five OVC and forty two teachers. Questionnaires with structured and unstructured questions were utilised to collect descriptive and qualitative data. Findings suggest that, although the South African Government has put mechanisms in place to support OVC attain basic education, numerous challenges were found to be hindering some OVC from attaining quality education. Based on the findings, several intervention measures have been suggested.

Introduction

According to the United Nations Millennium Development Goals evaluation report 2013 “Sub-Saharan Africa has the highest rate of children leaving school early in the world with slightly more than two out of five children who started primary school in 2010 who will not make it into the last grade” (UN, 2013, p.16). While it is not clear from the report why many children would leave school early, poverty and the effects of HIV/AIDS have been known to play a big role in children leaving school early especially in Sub-Saharan Africa. This is a worrying trend that calls for attention from all stakeholders in education to ensure that children at risk of dropping out of school are supported to complete their primary schooling.

UNICEF (2009) maintains that addressing the educational rights and needs of OVC in Sub-Saharan Africa presents new opportunities and challenges that need attention. With the abolition of school fees in public primary schools in Sub-Saharan Africa, many children are enrolled in schools. However, the number of OVC has increased presenting new challenges in handling the large numbers and in addressing their educational rights and needs (UNICEF, 2009). Due to HIV/AIDS the traditional structure of households is changing in affected communities, leaving vulnerable children to adapt to non-traditional families and poverty (Ebersohn & Eloff, 2002). Ebersohn and Eloff note that when parents die, some orphans are left under the care of aged grandparents or under older siblings to care for them. This arrangement however may negatively influence the schooling status of affected children.
Fleming (2015) pointed out that OVC in countries with many cases of HIV/AIDS experienced discrimination in accessing education and healthcare as orphanhood is associated with HIV/AIDS. Fleming further argued that maternal and double orphans are more discriminated against in accessing education than paternal orphans (Fleming, 2015; Case et al, 2004). Such orphans experience financial constraints which further disadvantage them as they cannot afford the cost of education related materials. Vulnerable children from child headed households are burdened with domestic and economic responsibilities, which in turn affect their participation in education in relation to attending and succeeding in school (Fleming, 2015).

As the number of OVC grows, communities become less and less capable of addressing all their basic needs, including their ability to go to school (UNICEF, 2009). Lack of support in education by parents/guardians will have a direct influence on how OVC perform in education (Mwoma & Pillay, 2015). Interventions to overcome educational challenges are therefore critical as education gives a child hope for life and work and is a strong protector against HIV to which these children may be susceptible.

South Africa being a signatory to the Dakar Framework for Action of 2000, and to a number of other international agreements, is committed to combating poverty and uplifting people through the provision of basic education (Republic of South Africa, 2003). The government has made basic education compulsory for all children of school going age. It is to be of good quality and in which financial capacity is not a barrier to access to any child (Republic of South Africa, 2003).

However, with the increase in HIV/AIDS epidemic across Southern Africa, countries are struggling to find effective means of addressing the negative impact of HIV at individual, family and community levels. The most complicated challenge is how to support the growing number of OVC made vulnerable by the direct and indirect effects of HIV/AIDS on their households (Open Society Foundation Education Support Program (OSFESP), and Open Society Initiative for Southern Africa, (OSISA), 2012). In view of the challenges mentioned above, the current study sought to establish the educational support provided for OVC in public primary schools.

**Orphans and vulnerable children (OVC)**

A joint report by the United Nations Program on HIV and AIDS (UNAIDS), United Nations Children Fund (UNICEF) and United States Agency for International Development (USAID) (2004) maintain that millions of children can be described as vulnerable due to the effects of illness, poverty, conflict, disease and accidents. In the recent past however, the impact of the HIV/AIDS pandemic has been the significant cause of the increase in OVC.

According to USAID & Catholic Relief Services (CRS) (2008), orphans are defined as children aged under 18 years who have lost either one or both parents while vulnerable children are defined as children whose safety, well-being or development is at significant
risk. Economic and reduced parental care and protection may lead to OVC losing out on education about how to avoid HIV infection and may be more susceptible to abuse and exploitation than others (USAID & CRS, 2008). This article highlights findings on the educational support for OVC in public primary schools with a special focus on the challenges and intervention measures.

**Educational support**

Education as recognised in the convention on the rights of the child is a basic human right for all children (Committee on the Rights of the Child, 1989). A child who has access to quality primary schooling has a better chance in life. A child who knows how to read and write and do basic arithmetic has a solid foundation for continued learning throughout life (USAID & CRS, 2008). USAID and CRS maintain that school attendance helps children affected by trauma to regain a sense of normalcy and to recover from the psychosocial impact of their experiences and disruptive lifestyles. They further observe that education benefits individuals and the whole nation as a major instrument for social and economic development (USAID & CRS, 2008).

Halfors et al. (2011) pointed out that supporting adolescent girls to stay in school increases their chances of remaining in school, hence reducing chances of contracting HIV through early marriage. This intervention further reduces chances of girls dropping out of school. They maintain that staying in school increases girls’ bonding with school and teachers which makes girls feel accepted and cared for by their teachers. This motivates girls to work harder to brighten their future life (Halfors et al., 2011).

Kelly (2002) maintained that formal school education is a powerful tool for transforming poverty in an environment where HIV/AIDS are rampant. He further argued that growth in education may positively influence growth out of poverty. All learners deserve quality education regardless of their status that will equip them with knowledge, skills and competencies to increase personal earnings and contribute to economic productivity (Baxen, Nsubuga & Botha, 2014; Robeyns, 2006).

Schools not only benefit the child but can serve as important resource centres to meet the broader needs of the community (PEPFAR, 2006). Schools can provide children with a safe structured environment, the emotional support and supervision of adults and the opportunity to learn how to interact with other children and develop social networks. “Education is likely to lead to employability and can foster a child developing a sense of competence” (PEPFAR, 2006, p. 9). However, Wood and Goba (2011) in their study noted that teachers perceived themselves as not adequately prepared to deal with issues affecting OVC. This was evident when the teachers tried to support OVC but encountered difficulties in transferring knowledge acquired during training to action. The teachers acknowledged that what they learned in the training helped them improve their attitudes in working with OVC.
USAID and CRS (2008) point out that basic education in primary and secondary levels contribute to the reduction of poverty. It increases labour productivity, improves health and enables people to participate fully in the economy and the development of their societies. They further argue that children and society who lack access to quality education are disadvantaged in terms of income, health and opportunity (USAID & CRS, 2008). Behavioural problems among OVC coupled with lack of well-established counseling structures (Mwoma & Pillay, 2015) may negatively influence children’s performance in education. Thus OVC need educational interventions as they are at risk of becoming infected with HIV due to economic hardships, reduced parental care and protection and increased susceptibility to abuse, and exploitation. These factors contribute to the barriers OVC face when pursuing education (USAID & CRS, 2008).

Theoretical framework

This article is anchored on the theoretical underpinnings of Bronfenbrenner’s bio-ecological systems theory which holds that development reflects the influence of several environmental systems. Bronfenbrenner conceptualised the child’s environment as having different interconnected layers nested together with agents that influence the child’s development with varying degrees of directness (McGuickin & Minton, 2014). Thus, parents, guardians, caregivers and the family have a direct influence on the child’s socialisation within the microsystem. At this level, the child interacts with his/her family face to face. The school, peers and neighbourhood form the mesosystem whose interaction with the child socialises him/her to influence his/her development. Mesosystem in this case is about the connections and interrelationships between the home and school. Parental/guardian support for OVC in this case will have a direct relationship on how the child performs in school and at home.

Bronfenbrenner (1979) maintained that the family influences all aspects of a child’s development including language, nutrition, security, health and beliefs. Thus, a child who attends school is a product of his/her family. The relationships children develop in school become critical to their positive development due to the amount of time they spend in school. It is in the school that children develop relationships with adults outside their family for the first time. These connections help children develop cognitively and emotionally (Addison, 1992). OVC however, may not have such an advantage due to the challenges they go through both at home and in school that are likely to impact negatively in their education. Thus requiring education interventions that would enable them overcome these challenges.

Research methodology

A mixed method approach involving descriptive and qualitative designs were utilised in this study (Creswell, 2012, Tashakkori & Teddlie, 1998). Self-report questionnaires for learners and educators were designed to capture both descriptive and qualitative data concurrently through structured and unstructured questions.
The study was carried out in public primary schools in Soweto. Learners in grade seven were targeted for the study as they were perceived to be able to read and answer questions in English. The study targeted public primary schools since OVC cannot afford the cost in private schools. One hundred and seven participants from seven public primary schools participated in the study, involving forty two teachers and sixty five OVC (43 boys and 22 girls). The OVC in grade seven who participated in the study were aged between ten and sixteen years with majority aged twelve (33.8%) and thirteen (36.9%).

Questionnaires for educators and learners were utilised to seek information on educational support provided for OVC, with a focus on the challenges experienced by teachers in supporting these children. The questionnaires also sought information on the possible interventions that could be utilised to mitigate the challenges. The questionnaires were piloted in March 2015 in one public primary school in Soweto where nine learners and six teachers filled the learner and teacher questionnaires respectively. The questionnaires were validated using “respondent validation” (Silverman, 2001, p. 235) where participants in the pilot were taken through their responses in the questionnaire to establish whether the questions and responses matched their own experiences. Suggestions given by participants were utilised to improve the questionnaire used to collect data for this study. Actual data collection was conducted in May and June 2014.

A triangulation of data sources (descriptive and qualitative data from structured and unstructured questions) and respondents (learners and teachers) were utilised to enhance reliability of the findings (Creswell, 2012; Tashakkori & Teddlie, 1998). To enhance trustworthiness of qualitative data actual words of the participants have been used to report the findings of the study.

Data from structured questions were captured into the statistical package for social sciences (SPSS) which were processed and presented in descriptive statistics involving frequencies and percentages on tables ready for analysis. Qualitative data from unstructured questions, were typed into text, coded and categorised into themes ready for analysis. Qualitative data were analysed alongside descriptive data to provide an overview of the educational support, challenges and possible interventions to mitigate the identified challenges.

**Ethical considerations**

Ethical clearance to conduct the study was acquired from the Ethics Committee of the Faculty of Education at the university where the authors were employed. Clearance to conduct the study in public primary schools was granted by the Gauteng Department of Education. Further clearance to access public primary schools in Soweto was granted by the District Director, Johannesburg Central District. Permission to conduct the study in schools was granted by the principals of schools. Written consent to participate in the study was sought from parents/guardians for learners and from teachers who participated in the study. To enhance confidentiality, no names of participants or schools are mentioned in this article. Letters of the alphabet have been used to identify the schools.
that participated while participants have been assigned codes to identify learners and teachers and the schools they came from. For instance learners are given the code ‘L’ while teachers are given the code ‘T’. Each code is given a number to show whether the participant was number 1, 2 or 3 from a given school, such as school ‘A’, ‘B’ or ‘C’. Therefore in establishing who said what the codes will be indicated as follows: L1SA denoting learner 1 from school A, T6SC denoting teacher 6 from school C.

**Results and discussions of the findings**

The results of this study are presented and discussed under three themes that emerged from data analysis, namely: provision of educational support for OVC, challenges experienced by teachers in providing educational support for OVC and possible intervention measures to mitigate the challenges.

**Provision of educational support for OVC**

National economic development can be enhanced by investing in quality education where there are enough teachers and educational learning tools for children (Baxen, Nsubuga & Botha 2014; Robeyns, 200; Tikly, 2011). This calls for all learners to acquire quality education regardless of their status. Our study revealed that the government through the implementation of a no fee policy in schools, enabled OVC to access their basic education. This was confirmed by 57 (88%) learners indicating that the government paid their fees and 48 (74%) learners indicating that this support enabled many of them to access education. Sixty four (98.5%) learners and 36 (85%) teachers revealed that the schools provided books and stationery for all children while 46 (71%) learners revealed that different organisations provided school uniforms for them.

Findings further revealed that schools through the government soup kitchens provided meals to OVC where 63 (96%) learners and 38 (90.5%) teachers confirmed this fact. Fifty eight (89.2%) learners and 30 (71.4%) teachers indicated that teachers encouraged learners who were not performing well to work hard in order to improve in their academic performance. This support is geared towards ensuring that all children regardless of their status are able to access basic education.

It is observable from the above findings that the department of education, the schools and other stakeholders have done their best to ensure that OVC in public primary schools are supported to acquire their basic education. However, looking at the percentages, one can tell that there is a small percentage of OVC who are not getting the kind of support reported. Therefore it is important to explore the challenges teachers experience in meeting the educational needs for OVC.

**Challenges in providing educational support for OVC**

The challenges discussed in this section relates to: teachers’ support for OVC, provision of feeding program, and support from guardians/parents.
Teacher's support for OVC

Schools and other educational service providers have always been aware of children or adolescents in their midst struggling to stay in school due to difficult or even catastrophic life circumstances (OSFESP & OSISA, 2012). The difficulties learners experience may be worsened if teachers are not able to identify such learners in good time for adequate intervention. Findings from our study indicated that the challenges deterring teachers from supporting OVC include lack of sufficient time for individual attention to OVC. As one teacher said, “we have no sufficient time to support individual children” (T2SA). Though the teacher did not give a specific reason why they do not have sufficient time, it could be possible that having a syllabus to cover within a given period coupled with having a large number of learners who need individual attention can be contributing factors for lacking sufficient time for individual attention. Wood and Goba (2011) noted that teachers trained in life orientation felt a sense of being marginalised by their colleagues who left OVC for them to deal with. On the other hand OVC experienced stigma which was challenging for life orientation teachers who could not prevent it from happening. The teachers also revealed that they would work for long hours so as to attend to the needs of OVC as well as attend to their lessons and assessment (Wood & Goba, 2011).

Reading and writing were other challenges that OVC struggled with. Twenty six (40%) learners reported that they were not able to write like other children while 14 (23%) indicated they were not able to read like others. This was confirmed by a teacher who revealed that “some OVC struggle in reading and writing” (T3SC). This challenge could be connected to lack of sufficient time for teachers to attend to learners individually, leaving OVC struggling on their own. Without the ability to read and write the child’s learning process may be affected negatively as reading and writing are core activities in the learning process of all subjects studied in school.

Lack of concentration among OVC, submitting school work late and not doing their school/homework were other challenges cited as likely to have negative influence on OVC’s education. Teachers from different schools mentioned “OVC lack concentration in school work” (T3SC), and “OVC submit their school work late” (T3SC). The experiences OVC go through at home and in school may influence how they concentrate and do their school work. Mwoma & Pillay (2015) noted that parents/guardians were not supportive to OVC in relation to homework. Pillay (2011) revealed that learners from child headed households lacked support and they mostly had negative experiences in their homes characterised by abject poverty. As a result of their poverty stricken conditions, they were often sad, depressed and angry, which could negatively affect their concentration and academic performance.

Low self-esteem among OVC was found to be a contributing factor to poor performance in education as T6SA said “self-esteem is … [related to] low morale and their performances are disturbed”. High numbers of OVC were also reported to be a challenge for teachers to meet their educational needs, as another teacher stated, “the number of OVC is increasing and somehow I cannot afford to meet their educational needs” (T3SE).
This was worsened by guardians/parents of OVC not cooperating with teachers whenever invited to school on education matters. One teacher from school E reported this by saying: “guardians do not honour their school invitations” (T2SE).

Absenteeism and lateness to school were other challenges likely to negatively influence OVC’s academic performance. Teachers from different schools reported that: “they don’t come to school regularly” (T1SE); “there is poor school attendance, and they come late” (T6SB). Although our study did not focus on the reasons why OVC absent themselves from school, reasons given by Mishra and Bignami-Van Assche (2008) and those by Ebersohn and Eloff may apply to our case. Mishra and Bignami-Van Assche (2008) revealed that various reasons could make OVC be at greater risk of absenteeism and dropping out of school. The reasons according to them would include inability to pay fees, need to help with household labour or having to stay at home to care for sick parents or younger children. Ebersohn and Eloff (2002) also observed that the marked decline in school attendance in the South African education landscape is due to the effects of HIV/AIDS, sickness, poverty and stigma, child labour or caring for sick relatives. The reasons given could attempt to explain why OVC in our study could not attend school regularly which is likely to impact negatively in their performance in education.

**School feeding program**

Food and nutrition are important components for OVC’s support (PEPFAR, 2006). USAID and CRS (2008) pointed out that school feeding programs can enable children in general and OVC in particular to access education by addressing hunger and the need to work to survive. Findings from our study revealed that although schools had feeding programs, some OVC lacked meals in their homes compelling them to come to school without having breakfast. One teacher observed “some OVC have no food at home, they come to school hungry” (T3SB), and another said “some OVC have no breakfast when they come to school” (T7SB). Eight (12%) learners also confirmed this fact that OVC did not have meals at home. Due to lack of food at home, some OVC would even come to school when they were sick to have one meal a day provided in school. While teachers saw the feeding program as useful, learners had a different view where they reported that they are usually not served enough food at school. Learners from school A, had this to say: “my problem is having meals in school” (L3SA), “they don’t give us much food in school” (L7SA).

Some schools are trying to provide food parcels for OVC to take home, but they experience further challenges in providing enough for family members. For others some OVC lacked lunch boxes to carry the food home. One teacher said “we have a shortage of resources as the school has insufficient means to meet them half way because they should take food parcels home” (T3SG), and another remarked “OVC often do not have a lunch box to carry food home” (T5SA).
Support from guardians/parents

Ebersohn and Eloff, (2002) observed that due to the death of parents and close relatives as a result of HIV/AIDS, families have been disrupted causing an increase of destitute and abandoned children in South Africa. They further argue that when parents die, some orphans are left under the care of aged grandparents or under older siblings to care for them. This was supported by findings from our study where OVC were reported to be relocating from relative to relative while others could not do their homework indicating that they lacked supervision and support in their home. Teachers from different schools reported this by saying: “other learners change their location often moving from relative to relative” (T2SE), and “they don’t have a support from the people they are staying with, especially with homework” (T1SC).

Cleanliness among OVC was another challenge indicating that OVC are not supervised at home to ensure personal hygiene. Teachers reported this by saying: “they are often very dirty even on Mondays suggesting that they have no one to take care of them over the weekend” (T5SA), “some of the OVC come to school with dirty clothing” (T4SB). Sund (2006) observed that parents/guardians have the greatest responsibility to protect their children by supervising them. Being the first teachers and protectors of their children, parents have a primary responsibility of ensuring that children have a conducive social environment at home.

Bronfenbrenner (1979) identified the home as the microsystem where children are socialised to learn how to interact with other social agents in society. Supervision of children by parents/guardians ensures that children become responsible and are not rendered vulnerable to the law by becoming violent to other children or by destroying property (Sund, 2006). Supervision at home could include ensuring that children are encouraged to do home/schoolwork, observe personal hygiene, and that parents/guardians work hand in hand with teachers to ensure that OVC attend school regularly as these were major negative challenges reported to be influencing the education for OVC.

Intervention strategies in providing educational support for OVC

The environment in which the child lives plays a critical role in ensuring that the child’s basic needs are met. Bronfenbrenner (1979) through his ecological systems theory argued that the ecological systems surrounding the child directly or indirectly influence his/her development. The system represents the family, school, the government and the culture and each of these play a role directly or indirectly in the child’s education. Neal and Neal (2013) maintained that these systems are networked where each system is defined in terms of the social relationships surrounding the child and the different levels relating to one another in an overlapping but non-nested way. They further argued that the family is a microsystem where the child has direct experiences and interactions with family members face to face. Mesosystem according to them, could involve the interaction between the parents and teachers about the child’s behaviour both at home and in school in relation to his/her education (Neal & Neal, 2013). For instance, a child may not be involved in
making the education policies but these policies will influence the child’s school experiences. Cultural influences or ideologies may also influence the child’s educational experiences. For instance, societies that emphasise the importance of teachers being accountable on the standards of education in the community school, will have implications on how children will perform in their education (Neal & Neal, 2013). Therefore, in coming up with intervention strategies, the family, the school and the government will play a key role in ensuring that OVC are supported to acquire quality basic education.

Supporting OVC with school work

Mwoma & Pillay (2015) maintained that in supporting OVC, life orientation skills are critical for OVC especially those taking care of their ailing parents/guardians. However this support was missing as 54% of the teachers and 31% of the OVC indicated that they are not taught how to care for sick persons at home, implying the children struggle on their own. This may have indirect influence on their participation in education as they may not attend school regularly or do homework.

Among the strategies identified that could be used to improve support for OVC with school work at the meso and exosystem levels is the need for government to employ more teachers to support OVC after school hours. One teacher stated “the Department of Education should employ extra teachers to help after school hours with school work so that they must not be left behind” (T3SC). Another said “teachers can remain with them and help them with their homework” (T1SE).

Home visits and having information for OVC were reported to be further strategies that involve the micro and mesosystem levels that could be used to establish the challenges OVC go through while at home and how best they can be helped. In supporting this strategy, teachers said “the teachers should visit homes to verify and have enough information in order to support OVC accordingly” (T3SG), and “as a registered teacher, I should know the status of every learner in my class as this will make it easier to know who needs help where” (T2SD).

Participants also suggested that there should be a social worker in each school, to whom OVC could be referred for further support. One teacher from school C supported this strategy by saying: “If they (government) could put one social worker in school so that when children experience difficulties, they can be referred to them” (T2SC). Learners from different schools also revealed that they needed extra time, extra lessons and devoted teachers to support them. This was captured in the following words: “We should be given extra time and extra lessons” (L2SC), “We can be helped by going to school weekend and having more teachers in the school and more classrooms” (L8SA). A learner from school G, was of the opinion that learners who cannot read and write should be given extra practice: “I think the reading problem can be solved by helping the children who can’t read by influencing them to practice harder. The ones who can’t write very well by starting to teach them spelling” (L2SG).
Findings further indicated that for OVC to be supported effectively there is need for a collective responsibility from teachers, parents/guardians, and government to ensure that OVC are supported in their educational needs. Each of these stakeholders should play their roles effectively to support OVC both at home and in school in line with Bronfenbrenner’s (1979) findings that the home, the school, the government and the community at large have a critical role in a child’s development and learning.

**Provision of feeding programs**

Feeding children is very important in ensuring that they have energy to play and learn and have good health. Findings from our study indicated that some children came to school without breakfast, indicating that they could be starving at home. To mitigate this, interviewees suggested that there is a need to provide food parcels for OVC to take home. Teachers from different schools supported this strategy by saying: “these learners need support in totality … they need to be given food parcels on a daily basis to take home” (T4SD), and “we (the school/government) must supply these learners with more food” (T5SA). One learner from school E supported this by saying: “if I am thinking of solving the problem at home we should be given some food and soup to eat” (L2SE). This finding is consistent with Santa-Ana et al’s (2011) findings revealing that various intervention strategies to improve children’s nutrition may include the provision of vouchers to purchase food, or even the provision of cooked meals.

USAID and CRS (2008) maintain that take home rations have been shown to promote participation, progression and retention of OVC in education. They further argue that, children who are not hungry are better able to concentrate in class. Therefore, providing food parcels for OVC is critical in ensuring that they do not go to school hungry.

**Support for OVC from guardians/parents**

McGuckin and Minton (2014) in supporting the ecological systems theory maintain that the environment in which a child grows up, plays a critical role in shaping the relationship between the child and his/her development. The family, school and neighbourhood has the most and earliest influence on the child’s development (Krishnan, 2010). The relationship at this level could be bi-directional. Bronfenbrenner (1979) wrote that the child’s family influence the behaviour of the child and vice versa. Thus providing the educational needs for OVC by family members and the school community is important in enhancing the educational performance of OVC. In addition, the family being the optimal environment for a child to develop, assistance programs should be designed to enable OVC to remain in a loving family situation to maintain stability, care, predictability and protection.

Findings from our study revealed that, in order for OVC to get adequate support from guardians/parents there is a need for workshops to sensitize them to the need to fully support OVC with school/homework and to supervise their personal hygiene at home. Two teachers added “guardians must be taken for a workshop on taking care of the
orphans since they are under their care” (T2SG), and “the department of education must support workshops for guardians of these poor learners” (T1SC).

PEPFAR (2006) maintained that supporting families helps build a protective environment for vulnerable children. Krishnan (2010) also pointed out that what happens in a microsystem such as home where a child lives, could influence what happens in the school and vice versa. It is imperative therefore, that capacity building for guardians/parents on the importance of supporting children under their care while at home and in school is an option that cannot be overlooked.

Regular home visits by social workers was another strategy deemed to be supportive especially for social workers to identify the various needs of OVC alongside the needs of parents/guardians with a view of identifying the appropriate ways of meeting those needs. Teachers stated “social workers should take responsibility by checking these OVC in their homes and support them” (T2SB), and “social workers must make follow-up visits to find out why these children do not attend school regularly” (T2SE).

Identifying needy guardians/parents for OVC and providing them with social grants was another strategy cited to ensure that they are able to purchase necessities for these children to promote their personal hygiene. Two participants supported this strategy by saying “social workers should take responsibility by checking OVC’s homes to support their guardians access social grants” (T2SB), and “if I am thinking of solving the problem at home I should be given some bathing or even washing soap” (L2SE). Although it was not clear on who should provide this kind of support, the government through social grants would be in a better position to provide for this need.

Conclusions

We would argue that although the government has supported OVC through a no fee policy, provision of learning materials and feeding programs, more needs to be done such as engaging teachers from the community to cope with the high numbers of OVC reported in public schools. This will give teachers time for individual attention and to coach OVC after school hours to avoid challenges in reading and writing.

Lack of food at home may have negative impact on the child’s health since a hungry child may not have energy to play and to actively participate in his/her learning. Therefore introducing feeding programs at home will ensure continuity of OVC having enough food at home and in school to promote their health and learning.

Absence from school and lateness may have negative impact on OVC’s academic performance. Research confirms that orphans from different countries in Sub-Saharan Africa including South Africa, experience lower school attendance than non-orphans (Bhargava, 2005, Case & Ardington, 2006, Operario et al., 2008). This requires government through schools to sensitize parents/guardians on the importance of sending OVC to school regularly and supervising them in their homework.
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References


Republic of South Africa (2003). *Plan of action: Improving access to free and quality basic education for all*. Pretoria: Department of Basic Education.  


http://www.education.gov.za/LinkClick.aspx?fileticket=0v%B9o3MwWY%3D&tabid=358&mid=1261

http://dx.doi.org/10.1177/1477878506060683

http://dx.doi.org/10.1111/j.1365-3156.2011.02856.x


http://dx.doi.org/10.1163/157181806779050159


http://dx.doi.org/10.1016/j.ijedudev.2010.06.001

http://dx.doi.org/10.1080/03050068.2011.541671

http://www.unicef.org/publications/index_22212.html


Education programming for orphans and vulnerable children affected by or vulnerable to HIV: Moving beyond school fees and uniforms. Final report December, 2008.  

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