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Approaches for Psychosocial Support Towards Orphans and Vulnerable Children by Community-based Workers in the Vhembe District, South Africa

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Research Article

Keywords: Approaches, psychosocial support, orphans and vulnerable children, community-based workers

Posted Date: March 29th, 2024

DOI: https://doi.org/10.21203/rs.3.rs-4111323/v1

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Additional Declarations: No competing interests reported.

Abstract

Introduction: The OVC crisis has raised the need for alternative solutions to OVC's problems. These new alternatives gave prominence to the growth of CBOs and their interventions. Community-based interventions are a crucial component of the response to make sure components of the response to ensure that the demands of OVCs are mitigated as they offer initial support and act as well-being nets.

Methods: A qualitative exploratory-descriptive design was used to explore possible approaches to psychosocial support for OVC from community workers. This study was conducted in four municipalities of Vhembe district: Thulamela, Makhado, Collins Chabane and Musina. The population consisted of community workers working with AIDS-vulnerable and orphaned children in the Vhembe district. Data were collected in focus group discussions with community staff using a focus group discussion guide with open-ended questions. The data were analysed according to Tesch's open data analysis guide to analyse qualitative data. The measures to ensure trustworthiness included transferability, conformability, credibility, and dependability.

Results: Analysis data generated the following theme and subthemes: Psychosocial interventions provided Physical support, educational support, psycho-educational support, activities and socialisation, caregivers support and involvement and inter-professional referral.

Conclusion: Community - based organisations are providing psychosocial support interventions to OVC. Conversely, the study also revealed that community –based organisations are experiencing challenges when delivering those services to OVC.

1. INTRODUCTION

Over 16 million children worldwide live without one or both parents due to acquired immunodeficiency syndrome (AIDS) and other related factors. In many cases, more children are at risk because of chronically ill parents or the social and economic impacts of living in communities with high HIV prevalence (Marais et al., 2014). According to Betancourt et al. (2013) OVCs are affected by a variety of social and economic difficulties, psychosocial distress, stigmatization, grief, discrimination, isolation and economic disadvantage, loss of educational opportunities, burdensome domestic responsibilities and fear for one's future. Because of these challenges OVCs face, communities have responded to their challenges by initiating support for OVCs through Community-Based Organizations (CBOs).

The plague of HIV and AIDS has ruined the family structure that served as a means of providing protection networks and caring for OVCs (Fraser et al., 2011). The extended families and community adhered to the idea of Unhu/Ubuntu, rooted in the African culture of caring for one another within families and communities. The presence of nuclear and extended families is profoundly affected by HIV and AIDS. Masuka et al. (2012) propose that the extended family culture of care has begun to disintegrate and that the well-being net that these extended families offer to OVCs is experiencing enormous social and financial changes that directly impact the care and corroborate provided to OVCs. The OVC crisis has

raised the need for alternative solutions to the problems of OVCs. These new alternatives gave prominence to the growth of CBOs and their interventions (Hafebo, 2013).

A leading NGO focusing on psychosocial assistance for OVCs is the Regional Psychosocial Support Initiative (REPSSI). The Southern African Development Community Orphans and other Vulnerable Children and Youth(SADCOVCY) Framework and Business Plan and the draft minimum service package for OVCY were developed in partnership] with REPSSI (REPSSI, 2011). REPSSI aims to alleviate the psychosocial effects of poverty, conflict, HIV and AIDS among children and young populations in Eastern and Southern Africa. In collaboration with governments, advancement agencies, global organizations and other NGOs, it offers technical leadership, knowledge advancement and capacity-building programs. These are intended to encourage regionally coordinated responses to support the psychosocial well-being of OVCs and their families (REPSSI, 2011). REPSSI partners encompass non-profit organizations working directly with children as well as government agencies seeking to help OVCs.

The United States President's Emergency Plan for AIDS Relief (U.S. PEPFAR, 2012) suggests that community members act as first responders, identifying and responding to OVCs in crisis before governments become aware of them and monitoring their safety represented on their behalf. The community is the first to know about the plight of the OVCs as they live among them. The community can also be the first point of contact for these OVCs in financial or psychosocial distress. Penner et al. (2020) shares similar views as PEPFAR (2012) that community-based interventions are a crucial component of the response to make sure that the demands of OVCs are mitigated as they offer initial support and act as well-being nets. Omwa and Titeca (2011) posit that community-based interventions are the most economical means to meet the demands of OVCs because resources are accessed within community structures. According to them, a typical OVC community response initiative is characterized by voluntariness, a consultative decision-making process, etc.

2. METHODOLOGY

2.1 Study design

A qualitative exploratory, descriptive design was used to explore possible approaches for psychosocial support towards OVCs from the community-based workers. The researcher used the obtained information to develop a program.

2.2 Study setting

This study was conducted within the four municipalities in the Vhembe district: Thulamela, Makhado, Collins Chabane and Musina municipality.

2.3 Population

The population comprised community-based workers working with children made orphaned and vulnerable by AIDS within the Vhembe district. The target population was inclusive of community-based

workers working for community-based organizations rendering services to orphans and vulnerable children in the Vhembe district.

2.4 Sample and sample size

The researcher purposively selected four community-based centres within the Vhembe district. The researcher obtained the database of all community-based centres dealing with OVCs in the Vhembe district. The researcher appointed an experienced assistant researcher for selection and data collection to avoid bias among participants. However, the sample size was determined by data saturation (Thus, the point at which no new information, themes or concepts emerged).

2.5 Data collection

Data were collected through focus group discussions with the community workers to explore possible approaches to psychosocial support for orphans and vulnerable children using a focus group discussion guide with open-ended questions. The researcher used the focus group discussion because the researcher wanted to bring in data that reflected different opinions, perceptions and views regarding possible approaches to psychosocial support for OVC. Focus group discussions were conducted with community-based workers. This enabled participants to explore possible approaches to psychosocial support for orphans and children at risk. The focus group discussions were conducted in the participants' preferred language, namely Tshivenda, to ensure that participants understood the research question. Participants were also free to express themselves in the language of their choice. The focus group discussions took place in the community-based centres and lasted two hours per focus group. The researcher introduced the stage to the participant, asked permission to record it on a smartphone, and informed the participant that the researcher would listen as moderator and transcriber. The moderator takes notes with a pen and notebook. The researcher also explained the process of collecting data and then transitioning to asking questions and stimulating a conversation about probing.

2.6 Pre-test

The researcher conducted the pre-testing procedure in Makhado Township; those who participated in the pre-tests were not part of the main study. The pre-test was conducted in a focus group. The researcher wants to find out whether the question encourages easy argument and discussion or whether it is inflexible. After testing the focus group guide, the researcher also asked participants to provide their feedback on the clarity and validity of the guide. For focus group discussions, pre-tests take place on one day for one hour.

2.7 Data analysis

In this study, Tesch's open coding data analysis guide to analyse qualitative data, according to Creswell (2015), was implemented. Researchers listen to audio recordings and transcribe them verbatim. The transcripts are then read aloud individually to clearly understand what the participants said. Similar categories were scribbled and grouped, and similar topics were grouped into subtopics. Subtopics were then grouped into columns. A list was created for each topic, and related topics were grouped into

columns. The researcher then shortened the themes to codes and wrote them next to the relevant sections. The researcher presented the analysis results using tables organized by themes, categories, and subcategories.

2.8 Measures to Ensure Trustworthiness

To enhance the trustworthiness of this study, several measures were implemented, encompassing transferability, confirmability, credibility, and dependability. Transferability was assured by adhering to rigorous research procedures and transparently reporting data, facilitating the potential transfer of the study's findings to similar contexts. Confirmability was ensured through the involvement of independent reviewers who meticulously assessed the research to validate the accuracy and consistency of the collected information, thus allowing for external verification. Credibility was established through a multi-phase mixed-methods approach, where findings from each stage reinforced the credibility of the others by closely attending to key elements during the analysis. Dependability, which relates to the stability of findings over time, was maintained through comprehensive documentation of the research methodology and data, including the categorization and thematic organization of data and the retention and accessibility of all materials for audit trail purposes, promoting the consistency and reliability of the study's outcomes (Korstjens & Moser, 2018).

3. RESULTS

The study was carried out in selected four drop-in centres within the four municipalities in the Vhembe district. The average time spent on one focus group discussion was 45 to 60 minutes.

3.1 Demographic data of participants

NO	Centre	Educational Background	Age	Gender	Years of service in community – based organizations	Role in the CBO
1	A	Matric	55	F	Twelve years	Manager
2	A	Matric, certificate in counselling	50	F	Ten years	Site facilitator
3	A	Matric	48	F	Ten years	Child minder
4	A	Grade 10,certificate in counselling	37	F	Six years	Volunteer
5	A	Grade 11,certificate in Home based care	41	F	Four years	Volunteer
6	A	Grade 9 and orientation course on storytelling	38	F	Two years	Volunteer
7	A	Grade 12	35	F	Six years	Volunteer
8	A	Grade 12	31	F	Three years	Volunteer
9	A	Grade 12,certificate in counselling	30	F	Four years	Volunteer
10	A	Grade 12	28	F	One and half year	Volunteer
11	B	Matric,ECD Level 4 qualification,HIV/AIDS counselling certificate	54	F	Fourteen years	Manager
12	B	Grade 12,Home based care certificate, counselling certificate	38	F	Eight years	Child minder
13	B	Grade 12,certificate in office management,HIV/AIDS counselling certificate	40	M	Six years	Site facilitator
14	B	Grade 9	45	M	Four years	Volunteer
15	B	Grade 12	27	F	Two years	Volunteer
16	B	Grade 12,certificate in Home Based care and OVC counseling	35	F	Ten years	Volunteer supervisor
17	B	Grade 12,certificate in counselling	41	F	Seven years	Child minder
18	C	Matric,ECD Level 4 certificate,HIV/AIDS counselling certificate	47	F	Nine years	Manager

The table above indicates a total of twenty-nine participants who participated in the focus group discussions. Ten participants were from Centre A, 7 participants were from centre B. In centre C and D, Six participants participated in focus groups discussions. Participants ages ranges between twenty-three and fifty-five years. Regarding work experience, the longest-serving participant has been in the CBO work for 14 years. All participants, except two, were females which confirm the generally held view that females are often the ones who are providing care to OVC.

3.2 Themes and Subthemes

Analysis data generated the following theme and subthemes as displayed in (Table 1). Psychosocial interventions provided: Physical support, educational support, psycho-educational support, activities and socialisation, caregiver support and involvement and inter-professional referral.

3.2.1 Theme 1. Psychosocial interventions were provided.

Findings from the focus group discussions revealed that the community-based organizations are providing the following psychosocial interventions to OVC: physical support, educational support, psycho-educational support, psychological support, activities and socialisation, caregiver support and involvement, and inter-professional referral.

Table 1
Theme and subthemes

THEMES	SUBTHEMES
1. Psychosocial interventions provided	● 1.1 Physical support
	● 1.2 Educational support
	● 1.3 Psycho-educational support
	● 1.4 Psychological support
	● 1.5 Activities and Socialization
	● 1.6 Caregiver support and involvement
	● 1.7 Inter-professional referral

Physical support

Findings from the FGD indicated that the community-based organizations are offering physical support to the OVC by making sure that they are provided with school uniforms, cooking food for them, providing them with clothes, looking for donations to cater for their needs and making sure that they have someone to talk to when necessary. In support of this view, some participants in FGD C reported that:

“Sometimes we can plan a trip but when time arrives, we find that we do not have enough money. Thus, to give the kids courage, we would invite the children and cook for them and play with them for the whole

day, and everyone leaves home happy afterwards". (female participant number 20, age 38,).

"Children without parents when they go home, they are given food to eat at home. We also assist children with material assistance such clothes we get from donations". (female participant number 22 age 33)

Educational support

Findings from the focus group revealed that the community-based organizations are giving educational support to OVC by assisting them with homework, career guidance, and assisting them with improving their reading skills. The following quotes from different focus group discussions:

"We assist the kids with career guidance from grade 10 to grade 12."(female participant number 11, age 54).

"and we also assist the kids with their homework writing." (female participant number 12, age 38).

"A child comes to our organization struggling to read; we teach the child to read fluently." (Female participant number 16, age 35).

"The program that we see working includes assisting the kids with homework because we look at their quarterly academic performances, and the results show that children are improving." (Female participant number 18, age 47).

Psycho-educational support

The results from the focus group discussions revealed that the community-based organizations are providing psycho-educational support by educating them about gender-based violence issues, health issues, and different forms of abuse, peer pressure and self-esteem. These findings were supported by the following quotes from the focus group discussions reported:

"*We also have songs that were recorded by the organisation, which talk about gender-based violence, social issues, and public health issues; we can see that they are learning something because they become free, play with each other, and just enjoy being here." (Male participant number 13, age 40).*

"*During educational awareness classes, we make sure that we visualise any topic we are focusing on; for example, if the topic is about GBV, we ensure that there is a projected video of a movie about GBV." (Participant number 17, age 41, female).*

"Behaviour change-through social behaviour, we organise programs on which we can identify children's problems. We also make groups because sometimes you find that the child suffers from peer pressure, so we group them and educate them about self-esteem and awareness." (Female participant number 18, age 47).

"*so they do all things being done here, every week we have a schedule which indicates dates of educational programs, and hygiene as well in order for the kids to know themselves and also be self-confident because we are dealing with children who do not stay with their parents and do not have parents at all, so we tell them even if you are an orphan or vulnerable there is also the future with great advantages." (female participant number 25, age 44).*

"We also do awareness among these children so that they can be aware of what they might experience, this includes including teenage pregnancy, abuse, and substance abuse. We tell them the disadvantages, and we also tell them where to go in case they are being abuse are being abused; we also build the children's self-confidence, and we teach them about the adolescence stage so that they should not be surprised when they see changes in their bodies". (participant number 26, age 39, female).

Psychological support

The findings from the focus group discussions show that the community-based organizations are providing support to OVC by providing psychological support through home visits, counselling, creating a memory box and grief counselling. The following quotes from the focus group discussion supported the following findings:

"*We also give psychosocial assistance to these children because some come with mental health issues depending on the home background they are coming from; these children get counselling regarding their home situations, and this also makes them feel that their home situation is not different from other children's situations"(participant number 22,age 33,female).*

We also give psychosocial assistance to these children because some come with mental health issues depending on the home background they are coming from; these children get counselling regarding their home situations, and this also makes them feel that their home situation is not different from other children's situations"(pparticipant number 22,age 33,female).

"To children who lost their parents, we do grief work where we guide them on how to accept the situation of losing their parents, we communicate with them, and we also do a memory box where they put pictures of their parents inside the box, they put things which their parents loved a lot, when the child feels like they miss the parent they open the memory box and watch the parent and then heal."(Female participant number 24, age 48).

"*To contact with children suffering from depression, we do home visits, and we find that the background of the child is not favourable."(Participant number 5, age 41, female).*

Activities and socialisation

The focus group discussions revealed that the community-based organizations are supporting OVC using different activities and socialisation, and the following quotes from the focus group discussions supported this:

“We also make sure that the kids do not grow up in the streets, where they will end up stealing or committing crimes, what we do is that we ensure that after school, there is many activities the children do, such as Tshigombela [Tshivenda dance for girls or females], shavhambevha [a game wherein someone act as a cat and another one as a rat, then the other sings while the one who is a cat running after the one who is a rat, the song is run rat, the cat bite], sports and other activities so we take these children as our very own.”(female participant number 9, age 30).

“Children when they come, they get excited when playing and dancing traditional Venda dance such as Tshigombela [Tshivenda dance for girls or females]. This really excites them, and they feel at home.”(participant 17, age 41, female).

“During holidays, we take them on trips so that they should not envy others with parents who can afford them.”(Female participant number 19, age 40).

“The activities include playing soccer with them to keep them busy from being in the streets where they can engage in substance abuse or dating, we do indigenous games traditional dances such as gumboot, Tshigombela, Malende (Tshivenda traditional dance for girls and boys/ female and males), .”(participant 27, age 33, female).

3.7 Caregiver support and involvement

The findings from the focus group revealed that community-based organizations provide support towards OVC through caregiver support and involvement. These findings were supported by the following quotes from the focus group discussions which indicated:

“Whenever we admit children at the beginning of the year, the form has information regarding the kind of support children need, whether it's psychosocial support or any support. We use the forms to see that this child is from this kind of family, and they require this kind of support. Then, we plan based on the response we get from the guardian or parents.”(female participant number 11, age 54).

“Most of the children who get taken care of by guardians they do not get good treatment because you find that at home there is no food and school uniform, even money to eat at school. We also offer parenting skills and counselling to the guardian telling them about the consequences and disadvantages of a child not getting support from home.” (Participant number 26, age 39, female).

3.8 Inter-professional referral

The findings from the focus group revealed that community-based organizations are providing support to OVC through inter-professional referral. The following quotes supported the focus group findings:

“If we find that the child has a problem which is beyond us, we normally refer them to social workers.” (female participant number 9, age 30).

“When it comes to policies, we do not see any need for change because, for now, we are following well the one we are guided with. For instance, if a child has a situation beyond our control, we refer them to SASSA, and then the social workers will handle the case.”(participant number 21, age 25, female).

“If the child has a problem, we refer him/her to a specialist or experts in that field, such as social workers; if it’s a case of abuse, we can refer the child to the police station and psychologist.”(female participant 22, age 33).

“Sometimes we refer the child based on the change in behaviour; we find that this is because the child does not have parents, or no one is taking care of them, so we refer them to social workers.”(participant number 25, age 44, female).

4. DISCUSSION

In the realm of support for Orphans and Vulnerable Children (OVC), community-based organizations play a pivotal role, extending various forms of assistance. One facet of this support is physical, where these organizations ensure that OVC receives essential provisions like school uniforms, cooked meals, clothing, and even financial contributions for school fees, as elucidated by the findings from focus group discussions. These findings align with the research conducted by Omwa and Titeca (2011), affirming that community members actively engage in OVC care initiatives by contributing resources for their basic needs, including uniforms, food, and clothing. Additionally, some communities cultivate food gardens, with produce distributed to OVC for sustenance or sold to fund school uniforms.

Educational support is another critical dimension of aid these community-based organisations provide, as they offer assistance with homework, provide career guidance, and help enhance reading skills among OVC. This support echoes the findings from studies conducted by Durlak et al. (2010) ,Mwoma et al. (2015),Gatsi(2015), Chitiyo et al.(2010)and Mampane (2017), illustrating that community social support programs, such as after-school centres, offer various strategies to assist families in providing academic support for their children, including homework aid and educational programs. Furthermore, Schenk et al. (2010) underscore the role of community-based interventions in educational support, including paying school fees and providing school uniforms.

Moving into psychoeducational support, community-based organizations are actively involved in educating OVC on a range of topics, including gender-based violence, health, different forms of abuse, peer pressure, and self-esteem. These findings resonate with the research conducted by Mampane (2017) and Durlak et al. (2010), highlighting that community social support programs encompass life skills programs to develop vital social and personal skills.

Psychological support is a fundamental aspect of the assistance provided to OVC by community-based organizations, encompassing home visits, counselling services, memory box creation, and grief counselling. Sitienei and Pillay (2019) validate these findings, emphasizing the importance of psychological support for OVC through counselling services, which can help them address personal and

psychological challenges. The literature further elucidates the positive impact of counselling, including increased self-acceptance, self-esteem, emotional management, and the ability to change self-defeating behaviours (Mwoma et al., 2015; Kvalsvig et al., 2015 and Ngwenya, 2015). Nzeleni (2015) also underscores the crucial role of counselling services in the lives of OVCs. A memory box is considered a crucial component since it helps create memories through well designed activities with the child and family members (Erbersohn et al., 2010).Memory boxes and counselling work together to enhance wellbeing. According to McMahan (2017), kids benefit from these kinds of activities because they give them consistency and care. Children receive group therapy while creating memory boxes. According to Berry et al. (2013), home visits are thought of as a means or vehicle for delivering community-based treatments. These visits enable community-based workers and other members of the community to identify children and families in need.

Activities and socialization are harnessed by community-based organizations to support OVC, enabling them to engage in various activities and interact with peers, ultimately boosting their self-confidence. These findings are in harmony with Nyathi (2022), who emphasizes the significance of peer support for OVC, with the children expressing the joy and self-assurance derived from participating in these activities.

Lastly, inter-professional referral emerges as a valuable form of support provided by community-based organizations, as they facilitate reporting cases of abuse to relevant authorities. These findings are in sync with Schenk et al.'s (2010) study in Zimbabwe, which emphasizes community members' role in ensuring legal protection for OVC through reporting cases of abuse to the appropriate authorities. Mampane (2017) and Adelekan et al. (2017) also underscores access to organized activities, health care facilities and social workers as essential components of community social support programs, further reinforcing the significance of inter-professional referral in OVC care.

5. CONCLUSION

This study sheds light on the multifaceted nature of psychosocial interventions extended to Orphans and Vulnerable Children (OVC) by community-based organizations. The findings underscore the diversity and richness of support mechanisms encompassing various dimensions. These include physical assistance, including providing essential resources like school uniforms, cooked meals, clothing, and even financial contributions for educational needs. Educational support is crucial, as community-based organizations actively enhance OVC's academic journeys through homework assistance, career guidance, and reading skills improvement. Moreover, psycho-educational interventions play a pivotal role, with OVC receiving valuable education on topics like gender-based violence, health, abuse, peer pressure, and self-esteem. Psychological support is another vital facet, encompassing home visits, counselling, memory box creation, and grief counselling. Furthermore, activities and socialization opportunities are harnessed to enhance OVC's self-confidence and overall well-being. Caregiver support and involvement are integral to this ecosystem, ensuring a holistic approach to OVC care. Lastly, inter-professional referral mechanisms facilitate reporting abuse cases, ensuring legal protection for OVC. Collectively, these findings paint a

comprehensive picture of the multifaceted psychosocial interventions vital for promoting the well-being and development of OVC in the community.

Declarations

ETHICS STATEMENT

Ethics approval from the University of Venda Research Ethics Social Sciences Committee, ethical **clearance number: FHS/23/PH/05/0707** and Limpopo Department of Social Development was received. The research was conducted in accordance with the declaration of Helsinki. Informed consent was obtained from all the participants before the commencement of the study. Confidentiality and anonymity were ensured throughout the collection of data and analysis.

ACKNOWLEDGEMENT

Special thanks to all the community-based organizations and workers who voluntarily participated in the study.

FUNDING DECLARATION

The study is not funded.

CONSENT FOR PUBLICATION

Not applicable in this manuscript.

Availability of data and materials

The datasets generated and /or analysed during the current study are not publicly available due to confidentiality issues, but are available from the corresponding author on reasonable request.

DISCLOSURE

Authors have no conflict of interest to declare. All co-authors have authorized the submitting author to submit the research article. The article is original, has not been published by any other journal or is not under consideration for publication by another journal.

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