EVALUATING THE EFFECTIVENESS OF PSYCHOSOCIAL SERVICES RENDERED BY THE GODISANANG OVC PROGRAMME TO OVC IN RUSTENBURG

by

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DEDICATION

This study is dedicated to my wonderful husband, Edgar Neswiswa, and our son, Khano. You are more than I could have asked for, from God. You have always believed in me, supported and cared for me wholeheartedly. I love you.

DECLARATION

I, Kabaro Grace Neswiswa, hereby declare that the dissertation for the master's degree in social behaviour studies in HIV/AIDS at Unisa, hereby submitted by me, has not previously been submitted for a master's at this or any other institution, and that this is my own original work in design and execution. All reference materials contained therein have been duly acknowledged.

Signature: …………………………   Date: …………………………………

ABSTRACT

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This quantitative study was aimed at determining the value of the psychosocial services rendered by the staff members of the Godisanang OVC programme to OVC in Rustenburg in order to make recommendations on how these services could be improved. Fifteen caregivers, who were employed by the Godisanang OVC programme, were interviewed in October 2013. Data was presented in the form of statistics, tables and numbers.

This study revealed that the psychosocial services that are rendered by the Godisanang OVC programme to OVC are of value. Therefore, it is recommended that the psychosocial services be extended to other regions of Rustenburg.

KEY WORDS: Evaluating Effectiveness Psychosocial Services Programme

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LIST OF ACRONYMS AND ABBREVIATIONS

OVC   : Orphans and vulnerable children

RBN   : Royal Bafokeng Nation

Macharora : Four villages in the northern region of the RBN - Mafenya, Chaneng, Robega and Rasimone

HIV   : Human immunodeficiency virus

AIDS   : Acquired immunodeficiency syndrome

PEPFAR   : The United States President's Emergency Plan for Aids Relief

DSD   : Department of Social Development

USAID   : United States Agency for International Development

UN   : United Nations

UNAIDS   : The Joint United Nations Programme on HIV/AIDS

CHAPTER ONE

SITUATING THE RESEARCH PROBLEM

1. 1. INTRODUCTION AND BACKGROUND TO THE STUDY

This chapter briefly introduces what this study is about. It explains the conceptual setting, statement of the problem, motivation of the study, aims and objectives of the study, the research questions, scope and limitations of the study, the significance of the study, dissemination of the research results, definition of key terms and structure of the dissertation.

The main purpose of this study was to determine the value of the psychosocial services rendered by staff members of the Godisanang OVC programme to orphans and vulnerable children (OVC) in Rustenburg and to make recommendations on how these services could be improved. The Godisanang OVC programme is an initiative of the Royal Bafokeng Administration (RBA) under the auspices of the Department of Health and Social Development. It started as a project which was first piloted in Macharora (in the northern region of the Royal Bafokeng Nation) in 2005 and it was recently rolled out to Phokeng, the capital region of the Royal Bafokeng Nation (Godisanang profile document 2009:3). The Godisanang profile document further states the need to extend the services to the other remaining regions. The extension of these services is proposed despite the fact that there has not been any scientific data gathered to determine the value of such services or whether or not these services are really meeting the needs of OVC. The researcher realised that there was a need to evaluate the effectiveness of services rendered to OVC by staff members of the Godisanang OVC programme before it is rolled out to other regions.

This study is quantitative in nature. A survey design with a semi-structured and self-administered questionnaire was used to collect data from the respondents. A probability sampling with a systematic random procedure was used to select the participants. This study was conducted during the month of September 2013 at the Godisanang OVC sites, Rustenburg, Bojanala District Municipality in the North-West province. Data were primarily obtained from caregivers who were employed by the Godisanang OVC programme in Rustenburg.

1.2. RATIONALE OF THE STUDY

There are several programmes that render psychosocial services to OVC in the Rustenburg municipality such as the Godisanang OVC programme, save our children (SOS) morning star place of safety and other home based care organizations. Such services have been established to respond to the growing needs of AIDS orphans and those children who are vulnerable to the many social ills in the area. According to Larson (2010:1), more information is needed on programme activities and the services provided by these organisations in order to improve on the gaps and to be able to evaluate OVC support services. However, there is a tendency to spontaneously conduct evaluations without proper data collection about what is being evaluated according to Patton, cited in De Vos, Strydom, Fouche and Delport (2005:369). This could perhaps be the reason why many services, even if it is evaluated on a monthly or quarterly basis, do not show any improvement or do meet the desired results. It is, therefore, important that all services be properly evaluated in order to enhance service delivery. This is where this study fits in, because it seeks to provide evidence-based data and results regarding the effectiveness of services rendered to OVC by the Godisanang OVC programme, in line with PEPFAR's and the Department of Social Development's (DSD) OVC best practice models. The results of the study will inform the Godisanang OVC programme managers and stakeholders who, in turn, will be able to develop strategies to improve service delivery where necessary. This also will assist them to identify areas of concern, enable them to re-allocate resources, empower them assess the accountability of employees or simply to evaluate the progress of the overall services rendered by the programme.

1.3. STATEMENT OF THE PROBLEM

As part of their programme monitoring, OVC programmes are required to report [to funders] on "how well a service is carried out and determine if the service is being implemented as intended or if adjustments in implementation strategies are needed" (Larson 2010:2). "Indeed, contemporary concern over the allocation of scarce resources makes it more essential than ever to evaluate the effectiveness of social interventions" so that decision-makers are able to choose how to allocate such

resources for their optimal use (De Vos et al 2005:369, 382). The psychosocial services rendered by the Godisanang OVC programme are currently being rolled out to other regions of the Royal Bafokeng Nation, in Rustenburg, despite a lack of thorough, evidence-based data to prove that these services are effective or of benefit to OVC, who are the programme beneficiaries. A question therefore arises about why large funds are continuously invested into the psychosocial services rendered by the Godisanang OVC programme and how these funds are applied, considering that these services may not be meeting the needs of its target group. It is also possible that the Godisanang OVC programme funders and stakeholders may sometimes undermine the effectiveness of the psychosocial services and the impact these service is making on the lives of OVC, simply because proper evaluations have not been done.

1.4. AIM OF THE STUDY

The "aim" of a study functions as an ideal indication of the direction of the research in question. According to Kwake (2007:14) with the assistance of an aim, a study is able to translate and process a set of objectives.

The aim of this study was to determine the value of the psychosocial services rendered by the Godisanang OVC programme to OVC in Rustenburg and to make recommendations on how these services could be improved.

1. 5. OBJECTIVES OF THE STUDY

Objectives are specific steps taken in order to find a solution to a given problem. They are derived from the aim or purpose of a study and are by its very nature specific, measurable, achievable, realistic and timely (Kwake 2007:15).

The main objectives of this study were to:

- determine the types of services rendered to OVC by the Godisanang OVC programme
- identify the benefits of the psychosocial services rendered to OVC
- identify the challenges around rendering psychosocial services to OVC

- determine what must be done to enhance or improve psychosocial services rendered to OVC

1.6. RESEARCH QUESTIONS

A research question has three criteria, which are as indicated below:

- it expresses a relation between two concepts or constructs; it is stated clearly and unambiguously in question form; and
- It implies possibilities of empirical testing.

Thus, in order to realise the objectives of the study, the following research questions were posed:

- What types of services are rendered to OVC by the Godisanang OVC programme?
- What are the benefits of the services rendered by the Godisanang OVC programme to OVC?
- What are the challenges encountered around rendering the services?
- What must be done to enhance or improve the services rendered?

1. 7. SIGNIFICANCE OF THE STUDY

The importance of a study is judged by the contribution it makes towards furthering research and knowledge (Kwake 2007:18). As it stands, this study could potentially benefit other OVC institutions that are in the process of establishing or simply improving psychosocial services intended to benefit OVC. Analysts who are in the process of researching and framing policies about local and international OVC best practices could also benefit from this study as it considers ways in which the rendering of psychosocial services to OVC could be improved. The outcome of this study is also intended to benefit the Royal Bafokeng Nation (RBN) and the district Department of Social Development (DSD) as they have formed a partnership in caring for OVC in the Bojanala District Municipality through the rendering of psychosocial services. Students, academics, researchers, the OVC programme donors, as well as the communities affected, are all expected to benefit from this

study in some way. This study also intends to add value to the lives of all OVC and their immediate families, as they are the main beneficiaries of the psychosocial services rendered in OVC programmes. In addition, the managers and stakeholders of the Godisanang OVC programme could gain from scientifically proven data regarding their service delivery, which can assist them in terms of decision-making, developing and amending policies and, ultimately, result in improvements in the lives of OVC.

1.8. SCOPE AND LIMITATIONS OF THE STUDY

The scope of a study includes the area, extent or latitude a study can cover, while the limitation of a study takes into account the restrictions that are imposed on the research (Mugenda & Mugenda 1999:41). Restrictions can also arise from the type of study that is conducted (Kwake 2007:20).

The section below presents the conceptual scope, focus, research environment, the time factor and the methodological framework of the study.

1.8.1. Conceptual scope

Most of this study is descriptive and therefore quantitative in its approach.

1.8.2. Focus

This study focused on the evaluation of the effectiveness of psychosocial services rendered by the Godisanang OVC programme to OVC in Rustenburg. The interest lay in determining the types of services they offer, the benefits of these psychosocial services, the challenges around service delivery and ways to enhance psychosocial services rendered to OVC.

1.8.3. Research environment

The researcher limited the study to the Godisanang OVC programme in the Rustenburg municipality precinct, in the North West province, because of the availability of participants and the ability for the researcher to easily access the facilities where the organisation is located. The researcher also deemed the

environment of the study of high importance, since it is within her scope of work. Purposive sampling was therefore used in choosing the programme, which then influenced the environment where the study was to be conducted.

1.8. 4. The time factor

The study only focused on one institution in the Rustenburg municipality precinct. It would, however, have been interesting to conduct a study on two or more programmes that render psychosocial services to OVC in the district or in the North West province. This would have allowed the researcher to compare the results, thereby giving broader findings on OVC service evaluation. This, however, would have required more time, resources and expertise, which the researcher did not have. The study therefore focused on the Godisanang OVC programme, a sample of 15 participants was deemed suitable, given the study population of 40 caregivers who were rendering psychosocial services in the programme.

1.8.5. Methodological scope

The survey research method was used to collect quantitative data from the participants.

1.9. DISSEMINATION OF THE RESEARCH RESULTS

Ocholla (1999:141) stated that possessing information without disseminating it is useless and, thus, also makes the research incomplete. The results of this study will be disseminated through community awareness campaigns, conferences, via local community and Unisa libraries.

1.10. DEFINITIONS OF KEY TERMS

- **An orphaned child:** UNICEF UNAIDS and USAID (World Bank [Sa]) define an orphan as a child who is between 0 to 17 years old, whose mother or father or both are dead.
- **A vulnerable child** is a "child whose survival, care, protection or development may be compromised due to a particular condition, situation

or circumstances and which prevents the fulfilment of his or her rights" (DSD 2010:6) .

- **A child**, according to the UN Convention on the rights of the child, is defined as a human being below the age of 18 years (World Bank [Sa]:1).

- **Effective** means "producing a desired or intended result" (*Oxford English Dictionary* 2006:456).

- **Programme evaluation** is defined by Patton, cited in De Vos et al (2005: 369), as the systematic collection of information about the activities, characteristics and outcomes of a programme to make judgements about the programme or inform decisions about future programming. Evaluation is attributing value to an intervention by gathering reliable information about it in a systematic way for the purposes of making more informed decisions (Qvretveit 2005:9)

- **Service** is defined as an act of assistance or the action or process of serving (Oxford English Dictionary 2006:1315). For the purpose of this study, a service refers to any action of assistance rendered by the Godisanang OVC programme to OVC.

- **Psychosocial services:** the effort to meet on-going emotional, social and spiritual needs of OVC (Nugent & Masuku 2007:1).

1.11 STRUCTURE OF THE DISSERTATION

This section focuses on how the study has been divided. The researcher has divided the study into 5 chapters and each is explained as follows:

Chapter 1: Situating the research problem

This chapter briefly introduces the study and what it is about. It explains the conceptual setting, statement of the problem, motivation for the study, aims and objectives of the study, the research questions, the scope and limitations of the study, the significance of the study, dissemination of the research results, definitions of key terms and the structure of the dissertation.

Chapter 2: Literature review

This chapter focuses on the review of relevant research focusing on the objectives of the study. The literature that has been reviewed focused on determining the types of services rendered to OVC, the benefits of psychosocial services, challenges around service delivery and what can be done to improve service delivery. This section also gives an overview of the theoretical framework within which this study will be conducted and analysed.

Chapter 3: Research methodology

This chapter deals with the overall plan of how the study was conducted. The aim of this chapter is to give a detailed description and explanation of the research design and method, target population, research instrument, data collection procedures and ethical considerations.

Chapter 4: Data presentation and analysis

This chapter focuses on the presentation and analysis of the collected data. Data is presented in this chapter in a form of tables, statistics, percentages, figures and descriptions.

Chapter 5: Summary of results, conclusions and recommendations

This chapter presents a summary and interpretation of the results of the study, the conclusions and recommendations that the researcher arrived at that will help future researchers or scholars who may be interested in a similar field.

1.12. SUMMARY

This chapter briefly explained what this study was about. Its main emphasis was to situate the research problem. It explains the conceptual setting, statement of the problem, motivation for the study, aims and objectives of the study, the research questions, the scope and limitations of the study, the significance of the study, dissemination of the research results, definitions of key terms and the structure of the dissertation.

The next chapter (Chapter 2) presents the literature review on relevant research based on the objectives of the study. The main emphasis of the literature review was to determine the types of services rendered to OVC, the benefits of psychosocial services, the challenges around service delivery and what can be done to improve service delivery. This section also gives an overview of the theoretical framework within which this study will be conducted and analysed.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter presents a broader framework of relevant research and theories within the ambit of OVC service evaluation, which the researcher has consulted as a benchmark of this study. According to Neuman (2012:74) the literature review "is a carefully crafted summary of the recent studies on a topic with key findings and research methods". It can help the researcher to narrow down a broad topic and also indicate the state of knowledge on a topic. For the purpose of this study, the literature review was done based on the objectives, which are as follows:

- to determine the types of services rendered to OVC by the Godisanang OVC programme
- to identify the benefits of the psychosocial services rendered to OVC
- to identify the challenges around rendering the psychosocial services to OVC
- to determine what must be done to enhance or improve psychosocial services rendered to OVC

2.2. BACKGROUND ON OVC PROGRAMME AND SERVICE EVALUATION

According to PEPFAR (2012:8) the HIV/AIDS epidemic has left a terrible impact on children and their families with many children, 90 percent of which live in sub-Saharan Africa, losing their parents. As a result of the social effects of the epidemic, many children who are affected remain highly vulnerable to many social ills such as abuse, living on the streets or forced into exploitive labour. There are thus millions of children who have been orphaned or made vulnerable because of HIV/AIDS and this makes OVC-targeted interventions important, since it has to be structured to meet their specific needs (PEPFAR 2006:12, 16). According to the Department of Social Development (DSD) (2010:3), children orphaned due to AIDS experience more psychological distress than children who have parents. There is thus a need to develop evidence-based policies and to implement sound practices for the care and support of orphans and children made vulnerable because of the impact of HIV/AIDS

(PEPFAR 2006:1). Such policies, when they are implemented, also need to be evaluated to check if they are producing the desired results.

This brings us to evaluation research and related concepts.

Evaluation research is a "type of applied research in which one tries to determine how well a programme or policy is working or reaching its goals and objectives" (Neuman 2012:393). An evaluation is the assessment of the impact of a project or programme and the extent to which stated objectives have been achieved (Gosling & Edwards 2006:108). The following are necessary to carry out an evaluation:

- Clear measurable objectives
- Indicators
- Information about the indicators that can be used to check if there has been any as a result of the work done

According to De Vos et al (2005:368), programme evaluation originally focused on measuring whether the goals and objectives of the programme have been met or whether an intervention is effective. This, however, has changed, since there are now many types of evaluation that may be done, for example, to improve a programme or simply assess the needs of a specific programme. Gosling and Edwards (2005:5) define programme evaluation as an assessment of a programme which has different purposes, including verifying whether objectives have been achieved, what impact it had on different stakeholders and how it can improve in the future. It determines whether a social intervention is producing the intended results or not (Babbie 2007:350). According to Porter (1999), cited in Mamburu (2004:261), "the central purpose of programme evaluation is focused on answering specific practical questions [goals] about the social programme". Qvretveit (2005:26) says that programme evaluation is a necessity considering the mostly limited resources that are available to render a service and it, therefore, helps the programme managers to justify how they allocate resources. Qvretveit (2005:26) also notes that this helps the managers of the programme, especially when they need to expand the programme, to be able to benchmark what has been working well and where to

improve. This will subsequently guide them to make proper decisions on whether to continue or discontinue a service or programme.

2.2.1. Key evaluation criteria for psychosocial programmes

According to the Action for the rights of children (ARC resource pack 2009:40) the following are key evaluation criteria for psychosocial programmes:

- Relevance

This concerns the extent to which programmes have addressed important needs and whether the needs are met according to current policy guidance.

- Efficiency

Generally this involves looking at the number of people a programme has reached in relation to the resources expended. It can be seen as a measure of how well desired objectives have been achieved.

- Effectiveness

Effectiveness needs to be measured in terms of the outcomes of a programme. This looks at what has come about as a result of the programme that has made a change for children, their families and their community.

- Coordination

Usually coordination refers to the effectiveness of collaboration and communication between service providers.

- Coherence

This means that the work has been consistent with the approach and principles set down in policy.

2.3. DEFINING OVC

OVC is an acronym for orphans and vulnerable children. An orphaned child, according to UNICEF, UNAIDS and USAID (World Bank [Sa]:1), is a child who is between 0 to 17 years old and whose mother or father or both are dead.

A vulnerable child, on the other hand, is defined as a "child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstances and which prevents the fulfilment of his or her rights" (DSD 2010:6). PEPFAR (2006:2) defines a vulnerable child as one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously threatened. According to the Ugandan Ministry of Gender, Labour and Social Development (2005:1), such a child normally is living in a situation that exposes him or her to significant physical, emotional or mental harm, for example:

- street children
- child-headed households
- children living in institutions
- children affected by conflict, war or natural disaster
- children with psychosocial or physical vulnerability
- unsupervised children and child labourers

2. 4. DEFINING PSYCHOSOCIAL SUPPORT SERVICES

The word "psychosocial" is a combination of the words "psychological" and "social", which emphasises the close relationship between the psychological aspects of an individual's life and social experiences as well as the environment they live in (DSD 2010:10). This approach also takes into consideration the spiritual aspect of an individual (Nugent & Masuku 2007:1).

According to Van Berg (2006:17), citing Namibia (2003), psychosocial support is "an ongoing process of meeting the physical, emotional, social, mental and spiritual needs of children, all of which are essential elements for meaningful and positive

human development". Nugent and Masuku (2007:1) define psychosocial support as the effort to meet the ongoing emotional, social and spiritual needs of OVC. Psychosocial services then describe a continuum of care and support which is aimed at ensuring the social, emotional and psychological wellbeing of individuals, their families and the community (DSD 2010:11). It is about encouraging better connections or relationships between people and building a sense of self-worth and community. It is also about promoting everyday consistent care and support in the family and the community (STOP AIDS NOW 2011:16). This also leads to psychosocial wellbeing, which is the positive age-and stage-appropriate outcome of children's physical, social and psychological development. This includes the child's ability to successfully accomplish expected tasks at a particular stage or age of development and the child's capacity to deal with social and emotional challenges.

The following table indicates aspects that fall within the ambit of the psychosocial concept.

Table 2.1. Examples of indicators for the three domains of psychosocial concept (adapted from STOP AIDS NOW 2011:18).

EMOTIONAL WELL-BEING INDICATORS	SOCIAL WELL-BEING INDICATORS	SKILLS AND KNOWLEDGE
- Trust - Meaning and hope for the future - Positive feelings, thoughts and emotions - Sense of control - Courage - Love - Sense of security - Self-motivation - Sense of belonging	- Integration into the community without feeling stigmatised or different - Forming and maintaining positive social relationships with caregivers, peers and positive role models - Strong attachments to caring adults and/or peer groups in the community - Sense of acceptance - Sense of identity - Play and social interaction - Social competence at interacting with adults and other children - Assuming socially appropriate roles - Ability to assist others - Positive social behaviour	- Resolving conflicts - Ability to sustain a livelihood - High self-esteem/self confidence - Making rational decisions - Setting realistic goals - Assertiveness - Understanding - Communication - Problem solving - Relationship building - Self-control

According to PEPFAR (2006:16), psychosocial services are offered on three levels, namely:

Child level

- Present gender-sensitive life skills and experimental learning opportunities to OVC and help to build resilience and self-esteem.
- Focus on activities that encourage the integration of OVC into traditional support systems within the community.
- Improve links between children affected by HIV/AIDS and their communities.
- Offer OVC referral to counselling.
- Focus on the rehabilitation and reintegration of children who are living outside of family care.

Caregiver level

- Strengthen the capacity of caregivers to listen to and talk with children effectively,
- Facilitate activities that assist children to express their feels and experiences and how they perceive their loss. The establishment of a secure attachment between a caregiver and child is also important (Bryant, Bryant, Williams, Ndambuki & Erwin 2012:3588). Caregivers therefore help in the preservation of the child's attachment and personal history such as a memory box methodologies and rendering art therapy.

Systems level

- Increase community awareness on the psychosocial needs of children and the responsive roles community members can take to improve social or psychological wellness of OVC.
- Provide opportunities for networking, training for frontline staff members.
- Establish culturally relevant measures to promote psychosocial well-being and factors that contribute to improved child welfare.

2.4.1. Psychosocial support strategies

In order to improve the well-being of vulnerable children, different psychosocial support techniques and approaches are available (STOP AIDS NOW 2011:18-32). Such strategies are as follows:

2.4.1.1. Strategy 1: Community mobilisation

This is about promoting community ownership and full involvement in the child care support programme cycle. Activities include social mobilisation meetings with community leaders and parents to sensitise them about child care and to get their support.

2.4.1.2. Strategy 2: Capacity building

Capacity building of families and communities is important, since they are the primary caregivers and they can be regarded as the first line of response to the needs of children.

2.4.1.3. Strategy 3: Life skills educational programmes

This is a strategy to provide children with necessary skills for peer support and for seeking support from caregivers and other adults. The activities that one can use to engage children and help develop life skills include the use of the house metaphor, role-playing and brainstorming.

2.4.1.4. Strategy 4: Information, education and communication

Materials, including posters and flyers, can be used to promote the psychosocial wellbeing of vulnerable children. Other programmes includes video shows, television and radio programmes and peer education sessions.

2.4.1.5. Strategy 5: Creating safe spaces

Safe places are areas where children can share experiences, feelings and thoughts about the challenges of life and how to address them. Safe spaces are important as it build children's capacities and promote positive living and behaviour change.

2.4.1.6. Strategy 6: Counselling

Counselling facilitates behaviour change and improves the child's self-image and self-esteem. Where necessary individual counselling and ground therapy is provided to parents or guardians of the children concerned.

2.4.1.7. Strategy 7: Memory approaches

Memory work includes tools which enables service providers to assist families and children to talk about present difficulties, cope with illness, death grief and plan for the future. The emphasis of memory box is to help children to share and make sense of their sad stories of the past, to draw strength from these experiences and develop coping mechanisms.

2.4.1.8. Strategy 8: Resilience building

Resilience is the ability to successfully cope with change or misfortune. Resilient children are able to regain their balance and keep going even in challenging circumstances. Resilient children show characteristics such as social competency, confidence, the ability to adapt to change and they have realistic goals and expectations about the future.

2.4.1.9. Strategy 9: Coordination of psychosocial support services

Coordination of psychosocial support services for vulnerable children is important as it promotes the harmonisation of services and efforts, linkages and referrals, and information-sharing. This is important for all stakeholders who are rendering psychosocial support to OVC.

2.4.1.10. Strategy 10: Mainstreaming psychosocial care and support through child participation

All psychosocial support providers should ensure that services, programmes and policies designed for vulnerable children and communities respond holistically to the needs and rights of children and communities. The focus should be on making sure

that children and communities remain at the forefront in terms of participation, especially regarding issues relevant to their lives.

2.4.2. PSYCHOSOCIAL SUPPORT TOOLS

Psychosocial support tools are practical and playful instruments that help children to express themselves (STOP AIDS NOW, 2011:32-54). The relevant tools include:

- Tree of life
- Memory book
- Memory box
- Memory blanket
- Memory rug
- Hero book
- Games with rules
- Psychological first aid
- "I have…I am…I can"
- Experimental learning games

2.5. TYPES OF SERVICES RENDERED TO OVC

According to (PEPFAR 2006:7-9) a multi-sectoral approach is needed to address the needs of OVC and core interventions (services) should focus on the following areas:

2.5.1. Food and nutritional support

All people need to consume adequate quantities of food of sufficient quality for their health and wellbeing (Gosling & Edwards 2006:162). OVC are often challenged with regard to food security, due to the loss of their parents and sometimes lack of support from the families. Services that are rendered to OVC should ensure that individuals and households are able to get sufficient and appropriate food to meet their short- and long-term nutritional needs (Sabates-Wheeler & Pelham 2006:33). Food and nutrition are important components of OVC support and more sustainable solutions to deal with food insecurity should be identified (PEPFAR 2006:7).

Provision of food and nutritional support helps OVC and their households to maintain their health and wellbeing.

2.5.2. Shelter and care

The international federation reference centre for psychosocial support (2009:41) states that having no place to live and relocating to another temporary place often results in a complete breakdown of one's social network. Most children are left destitute as a result of losing their parents, which leaves them vulnerable to abuse and could lead to stunted development (PEPFAR 2006:7). Services to support OVC should therefore ensure that they have proper shelter and that they are protected from harm physically or otherwise. Regarding shelter and care, Dawes, Van der Merwe and Brandt (2004:367) advocate that efforts should be made to ensure that children remain within their communities of origin rather than being placed in institutional care, which has detrimental effects on the development of OVC.

2.5.3. Protection

Child protection is very important in all communities. Children who are made vulnerable due to the impact of HIV/AIDS are often exposed to abuse; exploitation and violence and they, therefore, need to be protected from such (PEPFAR 2012:53). The DSD (2010:13) notes that the protection of children from all forms of violence and abuse by their families and communities is crucial. OVC services should empower OVC, their carers and community members so that they are able to respond immediately to circumstances and conditions that result in the violation of the rights of children (Sabates-Wheeler & Pelham 2006:33). The provision of legal assistance and shelter is also included in protection services.

Gosling and Edwards (2006:162) say that the situation with regard to child protection can be examined by looking at children's access to basic entitlements, which leads to the prevention of the following:

- the risks to child development
- sexual exploitation
- malnutrition

- recruitment into armed forces
- risks of abduction or trafficking

2.5.4. Education

All children have the right to education. Schools serve as important resource centres to meet the broader needs of OVC and communities (PEPFAR 2006:9). In addition to this, PEPFAR says that schools also provide children with a safe, structured environment, emotional support, supervision by adults and an opportunity to learn and develop social networks. In other words, children who remain in schools are less vulnerable to social issues than those who do not. Sabates-Wheeler and Pelham (2006:34) state that one of the challenges in terms of education is the issue of retaining OVC, particularly girl children, in schools due to the many challenges they face. Activities to support OVC regarding education should thus focus on helping them access formal education, alternative education programmes or vocational training (Uganda: Ministry of Gender, Labour and Social Development 2005:3). Children, who are empowered through education, stand a good chance of becoming economically independent, instead of being dependent on their families.

2.5.5. Economic strengthening

OVC are frequently faced with issues that require financial provision. Linking OVC and their families with programmes that provide economic opportunities or income generating projects is important because it helps them to provide for themselves and allows them to be financially independent (PEPFAR 2006:9). Support services include helping vulnerable children and their households to generate enough income or resources to meet their basic needs (Uganda: Ministry of Gender, Labour and Social Development 2005:3). Such needs include, among others, shelter, health, nutrition and schooling costs. They should be empowered to continue to provide for themselves in the future as well.

2.5.6. Health care

According to Ladas (2014:112) health behaviours are highly complex and embedded in larger psychosocial, environmental and economic context. OVC therefore fail to

reach health services, because they cannot afford the fees or often have to travel long distances to access health facilities (Sabates-Wheeler & Pelham 2006:34). PEPFAR (2006:8) advocates that OVC programmes must take active measures to fulfil the health needs of children at every age level. PEPFAR (2012:7) indicates that support should, therefore, aim to improve children's and families' access to health and nutritional services, which can be done through the following:

- a child-focused family-centred approach to health and nutrition through early childhood development centres and school-based programmes;
- effective integration with existing planned child-focused community and home-based activities; and
- reducing access barriers to health services through social protection schemes.

2.5.7. Psychosocial support

Psychosocial support is understood as the ability for OVC and their carers to provide positive and meaningful psychological and social support to their families and the society in which they live (Sabates-Wheeler & Pelham 2006:33). Psychosocial support services are as important as physical health, particularly for children, since they are in the process of development (Gosling & Edwards 2006:162). PEPFAR (2012:7) intends for their interventions to prioritise psychosocial interventions that build on existing resources and maintain children in stable and affectionate environments through the following initiatives:

- parents and family support programmes
- peer and social group interventions
- mentorship programmes
- community caregiver support

According to Gumede (2009:27), citing Gilborn et al (2006), psychosocial support services can be rendered in two categories, namely:

- directly and specifically (for example, through interpersonal moral support, counselling, spiritual support or the creation of, for instance, memory books) or
- Indirectly (for example, through school and nutritional support).

The following figure shows the relationship between different psychosocial services rendered to OVC.
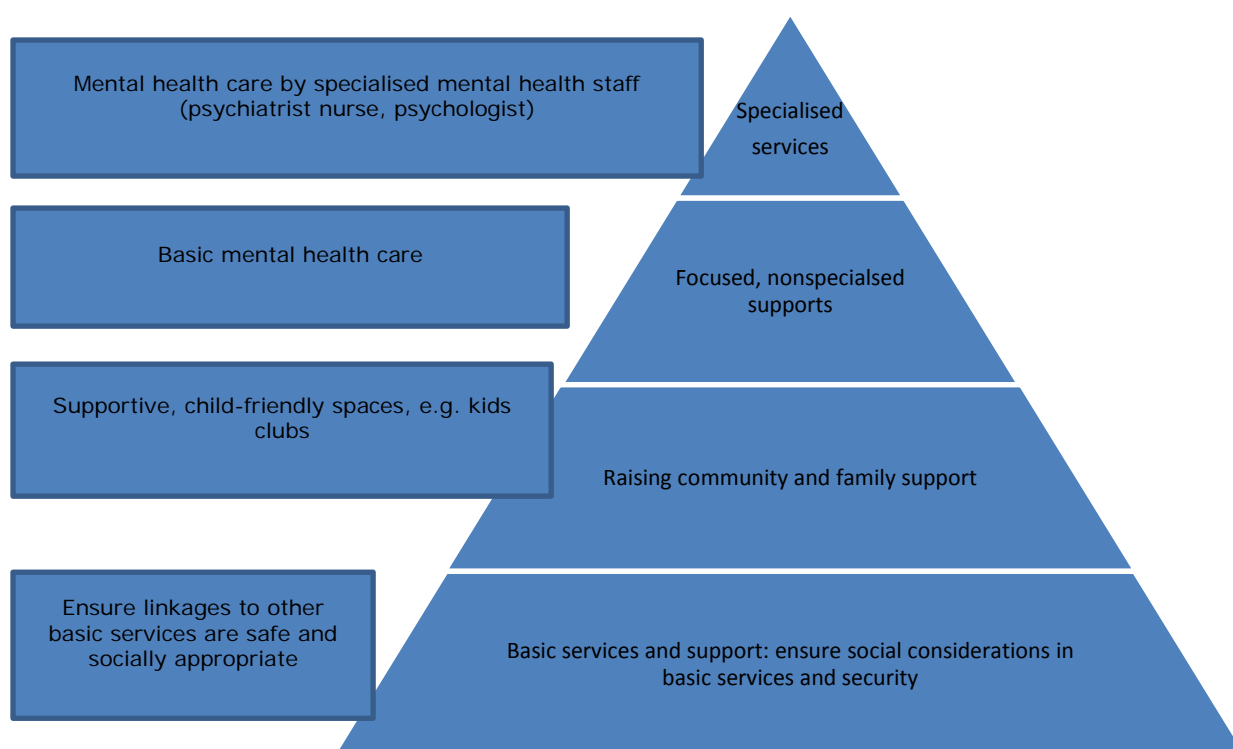
Figure 2. 1. Psychosocial intervention pyramid (adapted from PEPFAR 2012:33)

2.6. OVC SERVICE EFFECTIVENESS

The word "effective" means "producing a desired or intended result" (Oxford English Dictionary 2006:456). Effectiveness, therefore, is the extent to which desired or intended results are produced or achieved. Service evaluation falls within the context of implementation evaluation. Qvretveit (2005:43) defines implementation evaluation as an evaluation which evaluates how well or the extent to which a treatment,

service or policy was implemented. According to USAID (2010:2), it is important to assess the extent to which the needs of children are being met through services rendered. PEPFAR (2006:10) notes that effective services must result in a reduction in vulnerability and an improvement in the wellbeing of OVC, regardless of the level or type of intervention. In order to evaluate improved well-being and to ensure effective, quality OVC programmes, there is also a need to conduct monitoring and evaluation. Additionally, standard service delivery guidelines should be developed to assure a systematic approach to effective delivery of service to children (USAID 2010:3).

Martin, Mathambo and Richter (2011:7) state that although measuring the extent to which a result has been realised is crucial, there are also challenges because measuring effectiveness is difficult due to the following factors:

- lack of a baseline in relation to OVC
- lack of clarity about who qualifies as an OVC
- lack of information about how many OVC are receiving care and support and where they were located

According to Martin, Mathambo and Richter (2011:55), training provided on succession planning and psychosocial support has ensured effective widespread dissemination of knowledge and information about the essential matters regarding the material and emotional wellbeing of OVC. The development of training modules and guidelines for future use in the design and implementation of projects has also proven more effective in improving the coverage of home- and community-based care.

2.7. GUIDING PRINCIPLES FOR THE IMPLEMENTATION OF OVC SERVICES

According to PEPFAR (2006:4) OVC programmes should ensure that the services they render meet the following principles:

2.7.1. Focus on the best interests of the child and his or her family

Care must be taken to ensure that services to and materials provided for OVC do not generate conflict in their social groups and families, but bring unity and reduce social marginalisation and stigmatisation. Decisions that need to be taken about the life of a child should therefore focus on the best interest of the child and the family as well as their rights (DSD 2010:13). Each child's views reflect their reality and this must be weighed against the best interest of the child when any decisions are taken (*ARC resource pack* 2009:20). The best interest of the child, therefore, becomes fundamental.

2.7.2. Prioritise family or household care

According to PEPFAR (2012:13), families are the first line of support and defence for children. They carry critical strength, even in the most resource-deprived settings. Support services should enable vulnerable children to remain in a loving family situation where they can maintain stability, care, predictability and protection rather than being placed in institutional care. "Previous studies have demonstrated that parental loss and orphanage placement can be stressful and can negatively affect the psychological well-being of children" (Yendork & Somhlaba 2014: 28) DSD (2010:13) agrees that the best form of care for children is with their families and communities, hence children should remain with their families and within known cultural context. Programmes should also take into consideration the needs of other children or siblings in the household and not only single out a specific child. The focus should, therefore, be on empowering families to care for their children rather than other people caring for them.

2.7.3. Bolster families and communities

Families have important roles to play in raising children. Support services should seek to strengthen the capacities of families and communities to make informed decisions regarding who needs what care and how best to provide this care. According to Woodman, Gilbert, Glaser, Allister & Brandon (2014:342) Service providers should use their contact with families to respond to vulnerable and maltreated children. Community ownership is central in ensuring that members of

the community participate in programmes that concern children within their communities (PEPFAR 2012:11).

2.7.4. Nurture meaningful participation of children

The more people actively participate in decisions and activities that are important to them, the more likely it is that they will develop greater self-confidence and self-esteem (REPSSI 2009:13). Often children are never consulted when decisions are made by families about them and their future. This leaves them feeling isolated. Children, however, have the right to participate in issues concerning their lives. Therefore, support services and intervention should encourage the participation of children and their families. Such participation should be encouraged in a way that is appropriate to the age of a child (DSD 2010:13). Children should be encouraged to have an active role in the design and implementation of programmes (*ARC resource pack* 2009:20).

According to REPSSI (2009:7-10) child participation is crucial and yields rich outcomes for all involved. Some of the benefits of child participation include the following:

- encourages growth in competence and confidence
- contributes towards capacity development such as personal skills that enable them to protect themselves
- enables children to make a significant contribution to their families, communities and society as a whole
- empowers children regarding their rights
- also brings fun in the lives of the children.

2.7.5. Promote action on gender disparities

Promoting action on gender disparities takes into account the situation, dynamics and needs of each member of the community – women, men, girls and boys – in order to better achieve the programme objectives (*ARC resource pack* 2009:20). Careful attention should be given to ensure that the different needs of boys and girls are identified and addressed appropriately, according to their developmental stage.

Children should accept themselves for who they are and respect each other's differences.

2.7.6. Respond to country context

Activities rendered should be contextually relevant and responsive to the issues affecting the country or area where the OVC reside. OVC interventions should thus be linked with other relevant services that jointly aim to develop the communities and the country as a whole.

2.7.7. strengthen networks and systems

Services should strengthen social networks and system creating a good environment for proper referrals and multidisciplinary coordination. Interventions should focus on creating integrated programming for psychosocial support mainstreamed into all services and levels of a child's life (DSD 2010:14).

2.7.8. Link HIV/AIDS prevention, treatment and care programmes

Services rendered to OVC should not be isolated from HIV/AIDS comprehensive care and support. OVC who are living with HIV/AIDS should easily access comprehensive care and support services regarding HIV/AIDS. This helps to better manage their challenges.

2.7.9. Support capacity of host-country structures

Intervention services rendered should be done within the context of supporting and strengthening existing structures such as non-governmental organisations (NGOs) and faith-based organisations (FBOs) within the country and create coordination of services.

2.7. 10. Strengthen networks and systems.

Networks and systems such as education and health within communities offer opportunities for referral mechanism and case management therefore needs to be strengthened in order to deliver comprehensive support to children.

2.8. OTHER IMPORTANT PRINCIPLES

For the purpose of this study the following principles are important also important:

2.8.1. Children's right to life, survival and development

The overall objective of psychosocial interventions is to re-establish a state of wellbeing that is crucial for and promotes the healthy development of the child. This includes developing practical steps that can be taken to protect children from harm and exposure to violence.

2.8.2. Doing no harm

There is often a potential or possibility to cause harm when rendering psychosocial services. This is because psychosocial support interventions deal with highly sensitive issues. Psychosocial providers may reduce the risk of harm in the following ways.

- Informed consent

Informed consent means that participants should be well-informed about their rights and the purposes of the intervention in order to voluntarily agree to participate (Neuman 2012:59). Consent should be obtained from the children and their families with full knowledge of what will happen and the probable effects on the child.

- Confidentiality

Confidentiality indicates the handling of information in a confidential manner. Psychosocial assessments and interventions should respect confidentiality, including when the interventions are undertaken in groups. Anonymity, when communicating about the interventions, should be ensured. Anonymity means that participants remain nameless (Neuman 2012:62).

- Honesty and objectivity

Psychosocial workers must not mislead the beneficiaries and must tell them the truth in an age-appropriate manner and to the degree to which it contributes to their long-term development.

- Responsibility

Psychosocial workers must take responsibility for the impact of their interventions. This implies that they should make an accurate assessment of the risk involved and choose the appropriate methodology for optimum benefits and minimal risks for the beneficiaries.

2.9. THE BENEFITS OF PSYCHOSOCIAL SERVICES RENDERED TO OVC

The rendering of psychosocial services to OVC benefits them in many ways. Children in general need love, emotional support and social interaction in order for them to form and build healthy long-term relationships with peers and to be able to express their feelings without fear of stigma and discrimination (USAID 2007:24). Psychosocial support services also helps vulnerable children and their caregivers to cope with the mental and emotional challenges related to the death of their parents or loved ones and of living in extreme poverty and abuse (Uganda: Ministry of Gender, Labour and Social Development 2005:82). The psychosocial effects of these problems may make it hard for them to participate in everyday life, hence psychosocial support helps to make sense of their bad experiences and move forward with their lives. The International Federation Reference Centre for Psychosocial Support (2009:25, 32) adds that psychosocial support helps people recover after a crisis has disrupted their lives, thus reducing the development of mental health problems.

When a psychosocial intervention is successful, it brings back control and confidence into the lives of those affected resulting in increased social, physical and psychological wellbeing (STOP AIDS NOW 2011:18). Psychosocial interventions also bring positive change for children regarding their skills and knowledge, emotional and social wellbeing (*ARC resource pack* 2009:12).

According to Van der Berg (2006:57, 58) the provision of psychosocial support involves building children's resilience and looking into and working on the building up of resources or tools in support of the child. It further involves material resources, education and time set apart for listening to the child's needs. Psychosocial support therefore recognises that physical or material support in the form of clothes, food,

shelter and money is not enough if the emotional and psychosocial well-being is neglected. This kind of support thus can provide children with an opportunity to be developed to their full potential (*ARC resource pack* 2009:15).

The core principles which underpin psychosocial care fall within a children's rights perspective, which ensures children of the protection from harm, the best interests of the child, child participation, family-based care, Ubuntu and social development (DSD 2010:3). USAID (2007:24) indicates that children and families who participate in psychosocial support services are helped to identify and build on their strength, develop skills to manage change, access appropriate community support and resources, and improve functioning in their daily activities. Psychosocial services also help children and families to build self-esteem and process and manage stressful situations in a better way.

According to DSD (2010:7, 8, 11) other benefits of psychosocial support to OVC includes the following:

- ensures the social, emotional and psychological wellbeing of OVC, their families and communities
- offers hope and strengthening the resilience of family systems
- prevents the development of serious symptoms that may require specialised therapy later in life
- offers affirmation and positive regard which children need to help them to develop positive relationships with family, friends and community
- ensures that the child's basic rights are realised, for example: protection, nutrition, health care and participation

2.10. CHALLENGES AROUND RENDERING SERVICES TO OVC

OVC experience many challenges due to their vulnerability to social issues. This has an impact on the way services to OVC are rendered. Sabates-Wheeler and Pelham (2006:13) note some challenges that can affect OVC such as fragmented households, increased number of girls involved in commercial sex, increased number of child-headed families and early pregnancies.

Chernet (2001:4-5) discusses the general challenges that are associated with OVC who are residing in orphanages. Such challenges include:

- unaccompanied and orphaned minors
- inadequate funding to support programmes designed for the children
- shortage of trained personnel and inadequate skills training
- lack of long-term strategic planning
- insufficient funds allocated to OVC programmes, which lead to poor evaluations, monitoring and data tracking systems (PEPFAR 2012:68)

These challenges further lead to OVC developing a sense of loneliness, hopelessness, dependency on adults for all their needs, low self-esteem, and lack of participation in issues affecting their lives. Other challenges includes lack of adequate documentation, false information provided, staff members advising children to claim to be orphans and children with physical and mental problems unable to give proper information (Chernet 2001:9).

According to the Ugandan Ministry of Gender, Labour and Social Development (2005:83) other common psychosocial challenges that OVC experience are as follows:

- Children may be stigmatised resulting in isolation and loneliness.
- Children often have to take responsibilities and roles on their own such as labour, child-rearing and early marriages.
- Children often feel sad, lonely and unable to cope with the death or illness of their parents.
- Children, who were affected by conflict situations, may be seriously traumatised and struggle to sleep, concentrate or function normally.
- Children may lack the love, care and guidance they need to develop as responsible members of the community, especially if their caregivers are ill or absent.

2.11. WHAT CAN BE DONE TO IMPROVE SERVICE DELIVERY TO OVC?

According to DSD (2010: 30) much of psychosocial work is difficult to measure, hence there is a need for such services to be creatively conceptualised so that they can be easily measured. More information is needed on intended programme outcomes in order to track down the progress. There is also a need to continue to develop the evidence base for OVC programme implementation and to conduct programme monitoring to determine how well a service is carried out (Larson 2010:2).

Programmes should provide children with support that is appropriate for their age and situation (PEPFAR 2006:9). Such programmes should also offer emotional and psychosocial support for staff who are working with OVC to prevent burnout. Van Dyk (2008:420) also agrees that occupational burnout and its consequences, such as lack of capacity to give compassionate care, must be prevented at all costs. This helps to ensure there is smooth rendering of services to OVC by staff members or caregivers.

There is also a need to improve the quality of OVC monitoring and evaluation systems. Strong monitoring and evaluation systems are important foundations to improve the effectiveness of OVC programmes. Well-designed programme evaluations are necessary to confirm whether OVC programmes are achieving the desired results and that those results can be linked with the interventions or services rendered to OVC (PEPFAR 2012:68). More systematic monitoring systems should be set to ensure that OVC's needs are indeed being met (DSD 2010:30). This will also assist programme managers to identify areas where they need to concentrate their efforts to ensure that OVC's psychosocial needs are met. Without systematic monitoring systems, it would be difficult therefore to ensure effectiveness of the services rendered.

OVC partners should also strengthen information management and accountability mechanisms (PEPFAR 2012:66). Improving data collection systems, analysis and dissemination will contribute to improvements in other key areas such as in government, civil society organisations and within the community. According to Van

Dyk (2008:349, 350) psychosocial support should preferably be provided by the child's own community. This helps to improve services rendered to OVC. This is because children are able to identify with the cultural systems and values of the community within which they were born and raised. Communities, together with government, could also establish resources in the community where children can access and receive support. Such resources include:

- community based caregivers
- the development of life skills programmes and extracurricular activities in schools
- youth camps where the child's development is aided through experiential learning programmes
- youth clubs offering day programmes and out of school activities
- church youth groups that nurture spiritual growth
- vocational training projects to equip children with vocational skills
- self-help projects designed to provide income generating opportunities for young people

2.11.1. FIVE STEPS TO IMPROVE EFFECTIVE PSYCHOSOCIAL PROGRAMMING

According to Zhou (2012:36) individual nations can improve effective psychosocial programming through the following steps:

- Conduct an OVC situation analysis

Zhou (2012:26) states that the first step to designing effective psychosocial programming is to identify the unique risk factors the OVC in each region are faced with.

- Develop a national plan of action specific to OVC

The second step is to develop a national plan of action specific to OVC. This helps to promote effective psychosocial support for all OVC.

- Integrate psychosocial programming across sectors

Countries should coordinate psychosocial support services from all sections in order to achieve improved services to OVC.

- Connect existing actors and interventions

There is a need for collaboration between multiple partners and government to address the full scope of the OVC problem. Collaboration may be between government and other sectors such as NGOs, faith-based organisations and others.

- Define concrete targets and monitor outcomes

The success of psychosocial programmes is dependent on effective goal-setting and monitoring. The targets set should be linked to concrete numbers and have a fixed timeframe.

2.12. THEORETICAL FRAMEWORK

The researcher has chosen the empowerment theory, as well as the systems or ecological theory, as the theoretical framework for this study due to their relevance to individual, group and community work.

2.12.1. Empowerment theory

According to Albrektsson (2008:9), citing Adams (2003:8), empowerment is the "means by which individuals, groups and communities become able to take control of their circumstances and achieve their own goals". In social work, empowerment is explained as helping people to help themselves. Payne (2005:301) says that "empowerment involves challenging oppression and making it possible for people to take charge of matters which affect them". De Vos et al (2005:386), citing Fetterman (2001:1), write about empowerment evaluation and define it as "the use of evaluation concepts, techniques and findings to foster improvement and self-determination". He further argues that the process of empowerment evaluation is voluntarily in the sense that it encourages participation, examining issues of concern and enables the participants to find new opportunities, realise existing resources and eventually redefine their future roles. The researcher is of the opinion that this theory is relevant because it addresses issues relating to the objectives of this study which includes identifying the types of services rendered to OVC, challenges around rending these

services as well as determining what must be done to enhance or improve psychosocial services rendered by the Godisanang OVC programme to OVC.

2.12.2. Systems or ecological theory

The systems or ecological theory is concerned with people, social change and social order and how they relate to each other (Payne 2005:142). It basically encourages working with individuals to fit in with the present social order to change social issues. The systems theory focuses on connections between resources of families and groups and how they function. According to Bronfenbrenner (1994:37), one must consider the entire ecological system in order to understand human development. This theory implies that the researcher must consider all the available community resources, the stakeholders and then look at the systems or relationship between them to try to understand ways in which the lives of OVC in a specific community can be improved.

Bronfenbrenner (1994:39-40) suggests five socially organised subsystems that help support human development; these are micro-, meso-, exo-, macro- and chrono-systems. These systems are explained further below.

2.12.2.1. Micro-systems

A microsystem is a pattern of activities, social roles and interpersonal relations experienced by the developing person while in the process of interacting with particular physical, social and symbolic features that influences his/her growth with the environment, for example family and schools (Bronfenbrenner 1994:39). This refers to personal factors that increase a person's risk of acquiring HIV such as substance abuse (Adkins 2010:4). Bronfenbrenner thus argues that a person's immediate environment has an influence in their development, for example, if OVC are raised in healthy family set-ups, they have a better chance of becoming better adults later in life. This then tells of the power of surrounding factors in a person's life and development.

2.12.2.2. Meso-sytems

The meso-system is the linkages and processes taking place between two or more settings where the developing person lives, for example, the relationship between the home and the school environment (Bronfenbrenner 1994:40). It is said that school is a continuation of the home, in the sense that schools perpetuate similar values as those in the home. When children are at school, they are dependent on their teachers for guidance, support and parenting until they return home where their parent resume the same responsibilities.

2.12.2.3. Exo-systems

The exo-system is the connections and processes taking place between two or more settings, even if one of these settings only indirectly influences the developing person,, since s/he does not directly live in that environment, for example, the relationship between a child's home and the parents' workplace. Adkins (2010:4), citing El-Bassel (2009), states that the exo-system seeks to understand the external stressors that influence the immediate environment and increase the likelihood of engaging in risky sexual behaviour such as poverty, lack of health insurance and resources.

2.12.2.4. Macro-systems

According to Bronfenbrenner (1994:40), the macro-system consists of the overarching pattern of micro-, meso- and exo-systems characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, materials resources, customs, life-style, etcetera, that are embedded in each of these broader systems. This basically indicates that simply giving people condoms does not ensure their use, since individuals may not use condoms due to the lack of ability to negotiate condom use and other factors of sexual coercion. To some cultures, like the Venda culture, for a man to marry more than one woman (polygamy) is considered normal and the issue of condom usage in such a relationship is a taboo. This means that, in order for such behaviour to change, the community, individuals and families need to be involved until they regard the practice of polygamy as high-risk behaviour which could result in contracting HIV and AIDS.

2.12.2.5. Chrono-sytems

The chrono-system includes change or consistency over time in a person's growth as well as the environment in which that person lives, for example, changes in employment, residence or the death of a loved one (Bronfenbrenner 1994:40). It is thus very important to consider the chrono-systems in the life of a person and how they influence a person's life.

2.13. SUMMARY

The literature shows that evaluating the effectiveness of services rendered to OVC is important as it determines whether the services are meeting the needs of OVC as planned. There are many types of services that can be rendered to OVC in different programmes, such as housing and protection, but the researcher has realised, based on the literature reviewed, that the psychosocial support services to OVC are of high importance as they ensure the social, emotional and psychological wellbeing of OVC, their families and the community they live in.

The literature further reveals that children need to be loved, appreciated and cared for as they progress through the different developmental stages and psychosocial support appears to be the backbone of such healthy development. Psychosocial support services help vulnerable children and their caregivers to cope with the mental and emotional challenges related to the loss of a parent, living in extreme poverty and experiencing abuse. It is thus crucial to monitor and evaluate the effectiveness of such services available to OVC, to be able to track progress or determine whether the desired objectives are achieved as was initially planned.

There are also challenges around the rendering of psychosocial services to OVC that need to be identified and dealt with as depicted from the literature. Such challenges include inadequate information, loneliness, absenteeism, abuse and exploitation of children. These challenges often hinder smooth service delivery and often caregivers can assist OVC in dealing with such issues through monitoring and evaluation. The literature further shows a need to develop systems to ensure proper monitoring and evaluation, with clear objectives, in order to improve service delivery to OVC service delivery. Stakeholder collaboration regarding OVC psychosocial

support to OVC and their families and their participation in the development of programmes concerning them should be highly stressed.

The empowerment and the systems theories, due to their relevance to in individual, group and community work, have been used to provide the theoretical framework within which this study has been conducted.

The next chapter (Chapter 3) discusses the research methodology that was adopted to carry out this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter outlines the methodology that was employed in this study. The main purpose of this chapter was to give a detailed description and explanation of the research design and method, target population, research instrument, data collection procedures and ethical considerations applicable in this study. A quantitative method was chosen, which also required that a survey design, in this case a semi-structured questionnaire, be employed to collect data from the respondents. A probability sampling method of a systematic random type was applied to select 15 participants for this study.

3.2. RESEARCH METHOD

A quantitative methodology was used to conduct this study. Quantitative research is the type of research in which a researcher emphasises precisely measureable variables, the testing of hypotheses that are linked to a general causal explanation and the use of hard data in the form of numbers (Neuman 2012:88). The researcher chose this method because this study was focused on determining the value of the services rendered by the Godisanang OVC programme. This was done by describing the types of services rendered, identifying the benefits and challenges around the services rendered and, finally, determining what needs to be done to improve service delivery. This study was therefore not focused on exploring the identified aspects, but rather describing them to gain a broader understanding of the needs of OVC.

3.3. RESEARCH DESIGN

According to Musandiwa (2004:18), citing Bless and Smith (1995:60), a research design can be understood as the planning of any scientific research and this acts as a guideline for the researcher when collecting, analysing and interpreting observed facts. A survey was used as a suitable design to collect data. A survey is a technique

where questions are measures of variables and all respondents answer the same questions (Neuman 2012:173).

The researcher went to the Godisanang OVC sites and gave all the respondents a questionnaire, which they all had to answer. A survey was more relevant for this study, because it is descriptive in its focus, in other words, the participants were only requested to give their general opinions and views about the subject matter and it was not expected of them to explore their answers on a deeper level.

3.4. TARGET POPULATION

A target population is the totality of persons, events, organisation units, case records or other sampling units that the research problem is concerned about (De Vos et al 2005:194). Data was primarily obtained from the caregivers who were employed by the Godisanang OVC programme and, specifically, about the services they render, because they are the ones implementing the services on a daily basis. Another reason for choosing this population was the availability or accessibility of the population to the researcher, with the only provision made by the employer that arrangements be made in advance.

The Godisanang OVC programme, where the respondents were drawn from, had four sites located in the northern region and three other sites in the region of the capital, with a total population of about 40 caregivers. The caregivers consisted of three males and 37 females, between the ages of 20 and 45. All of them indicated the characteristics associated with a middle-class, socio-economic status.

3.5. AREA OF STUDY

This study was conducted at the Godisanang OVC cites in Rustenburg, in the Bojanala district municipality, North West province. This area was chosen because it is easily accessible to the researcher.

3.6. SAMPLING

Sampling involves a process of selecting a small collection of cases or units that closely reproduces features of interests in a larger collection of cases called the population (Neuman 2012:146). The researcher employed a probability sampling method with a systematic random procedure to select the respondents. This was done by enlisting all the caregivers who were employed by the Godisanang OVC programme and assigning each caregiver a number or identity. The researcher started by selecting the first participant randomly and then selected the rest according to a particular interval (De Vos et al 2005:200). For example, out of the population of 40 caregivers on the list, the researcher randomly chose the third participant, who then became the first in the sample and, subsequently, chose every alternate participant on the list until the desired sample was reached. This procedure was selected because it gives all the participants in the population an equal known chance of being selected (De Vos et al 2005:199).

TABLE 3.1 EXAMPLE OF THE SYSTEMATIC RANDOM SAMPLE

LIST OF POPULATION	SELECTED PARTICIPANT
Caregiver 1	
Caregiver 2	
Caregiver 3	✓
Caregiver 4	
Caregiver 5	✓
Caregiver 6	
Caregiver 7	✓
Caregiver 8	

3.6.1. Sample size

Sampling, as previously mentioned, is the process of selecting a small collection of cases or units from a population (Neuman 2012:146), therefore, a sample size

simply indicates the number of those small cases selected for the study. According to De Vos et al (2005:194), the size of the sample can impact on the statistical test by making it either insensitive or overly sensitive; hence the size should be balanced. Fifteen caregivers out of the population of 40 were chosen as a sample in this study.

3.7. RESEARCH INSTRUMENT

The researcher used a self-administered, semi-structured questionnaire as a suitable instrument to collect data. A questionnaire is a set of questions on a form, which is completed by the respondents in respect of a research project (*New Dictionary of Social Work* cited in De Vos et al 2005:166).

The researcher gave each participant their own questionnaire to complete. The questionnaire provided space for the participants to write or they could just tick the appropriate answers. This instrument was chosen because it saves time and ensures that the same questions are asked in the same sequence to the participants.

3.8. PILOT STUDY

Pilot testing ensures that errors, concerning the data instrument or questions, are rectified immediately at little cost (De Vos et al 2005:171,172). The researcher piloted the questionnaire on three caregivers from the same population, but excluded them from the sample of the actual study. The researcher only used the Phokeng sites (three centres) for the pilot study, because the area is easily accessible. The participants were chosen according to the systematic random sampling procedure applied in the main study. The participants were requested to answer the questions and later they were asked to give feedback on their experiences of answering the questionnaire. Their inputs were used to make the necessary adjustments to the instrument used for the actual study.

3.9. DATA COLLECTION PROCEDURE

The researcher employed data collection techniques from the quantitative methodology, because of the nature of the study. According to Bless and Smith

(1995:105), data collection is a method which is used to gather information from the respondents. A semi-structured self-administered questionnaire was be used.

Permission was given by the Godisanang OVC programme manager for the researcher to conduct the study. The data gathering process (a semi-structured, self-administered questionnaire) was conducted at the OVC sites where respective participants were deployed. All questionnaires were hand-delivered to the participants and they could complete the questionnaire in their spare time. This was done in the morning, during school hours, when the OVC were still at school, because the caregivers use this time to do administrative and office work. The completed questionnaires were collected by the researcher the following day. Data was presented in the form of tables, percentages and statistics.

3.10. ETHICAL CONSIDERATIONS

Ethics are a set of moral principles which are widely accepted by a group and serves as a guide of what is right or wrong (De Vos et al 2005:57). The researcher received a letter from Unisa's Senate Higher Degrees Committee containing confirmation of ethical clearance, thus allowing the researcher to continue with the study. The following ethics are applicable in this study:

3.10.1. Avoidance of harm

The researcher has minimised the harm by informing the participants beforehand of any risk involved, such as anxiety of being asked questions about their own job. The participants were motivated to feel free and relaxed during the interview. Debriefing was offered, where necessary, to all participants who were showing signs of emotional stress during or after the data gathering process. Referral of such participants to relevant service providers for further intervention was done to minimise any emotional harm.

3.10.2. Informed consent

The participants were requested to sign a consent form as proof of voluntary participation. This was done after the researcher fully explained to the participants

the objectives of the study. The researcher also requested permission from the participants to use a tape recorder, while also taking notes, as a way of gathering additional data. This was also reflected on the consent form to indicate that the participants were informed and have agreed to be recorded.

3.10.3. Reimbursement of participants

The researcher did not intend to pay the participants in any manner, but planned to reimburse those who would have to use their own transport to get to the interview should the venue be changed. This was explained to the participants before the study commenced and was also reflected on the consent form which was signed by the participants.

3.10.4. Anonymity

The researcher did not ask the respondents their names as it was not necessary to do so. Numbers were used as identification, instead of their real names, in the questionnaire. Thus, it would be difficult for someone to link an individual participant to a specific questionnaire or answers.

3.10.5. Privacy and confidentiality

The researcher has made sure that any information that is directly linked to individual participants and/or their private lives would not be divulged without their consent. The researcher has also standardised the questions in the questionnaire so that it would not be required of the participants to answer questions regarding their private and confidential information. The researcher also eliminated all those questions which the participants in the pilot study felt uncomfortable with, as they feared that it infringed on their privacy or threatened confidentiality.

3. 11. SUMMARY

This chapter discussed the research methodology. The main focus of this chapter was to explain different methods and procedures employed by the researcher to collect and analyse the data. This study was quantitative in nature. The researcher used a survey design with a semi-structured questionnaire to collect data. A non-

probability sampling with a systematic random procedure was used to select the participants. Fifteen participants, from the total population of 40 participants, were used in this study. The ethics that were applicable in this study were informed consent, avoidance of harm, anonymity, privacy and confidentiality as well as reimbursement of participants.

The next chapter (Chapter 4) focuses on the presentation and analysis of the collected data.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1. INTRODUCTION

This chapter focuses on the presentation and analysis of the data. The researcher collected the data from the 15 caregivers employed by the Godisanang OVC programme in Rustenburg. Data was collected on 30 and 31 October 2013. Presentation and analysis of data was done in line with the objectives of the study and the sequence in which questions were asked in the questionnaire was followed. In this chapter the data is presented in the form of tables, figures, statistics, percentages and descriptions.

A semi-structured questionnaire, which consisted of five sections, was used and the outline is as follows:

- Section 1: Demographic information
- Section 2: Types of services rendered
- Section 3: The benefits of services rendered
- Section 4: Challenges around service delivery
- Section 5: Improving service delivery

4.2. DEMOGRAPHIC PROFILE OF RESPONDENTS

In this section, the respondents were asked to indicate their personal details, namely, age range, gender and educational qualification. Table 4.1 below illustrates the responses.

TABLE 4.1: DEMOGRAPHIC INFORMATION OF THE RESPONDENTS (N=15)

AGE	N	%
20-30 years	8	53
31-40 years	4	27
Over 40 years	3	20
Total	**15**	**100%**
GENDER	**N**	**%**
Male	1	7
Female	14	93
Total	**15**	**100%**
EDUCATIONAL LEVEL	**N**	**%**
Grade 12	10	67
College	2	13
University	1	7
Other	2	13
Total	**15**	**100%**

The table above shows that the majority of respondents (8 or 53%) were between the ages of 20-30 with majority of them being females.

4.3. AGE OF THE RESPONDENTS

The respondents were asked to indicate their age. The results are presented on the table below.

TABLE 4.2: AGE OF THE RESPONDENTS (N=15)

AGE	N	%
20-30 years	8	53
31-40 years	4	27
Over 40 years	3	20
Total	**15**	**100%**

The figure above shows that the majority of respondents (8 or 53%) were between the ages of 20 and 30. Only four (27%) of the respondents were between 31 and 40. Three (20%) of the respondents were over 40.

4.4. GENDER OF THE RESPONDENTS

The respondents were required to indicate their gender. Table 4.3 below summarises the results.

TABLE 4.3: GENDER OF THE RESPONDENTS (N=15)

GENDER	N	%
Male	1	7
Female	14	93
Total	**15**	**100%**

Table 4.3 above shows that the majority of the respondents (14 or 93%) are female, while only one (7%) of the respondents is a male.

4.5. EDUCATIONAL LEVEL OF THE PARTICIPANTS

The respondents were also required to indicate their educational level. The responses are illustrated in table 4.4 below.

TABLE 4.4: EDUCATIONAL LEVEL OF THE RESPONDENTS (N=15)

EDUCATIONAL LEVEL	N	%
Grade 12	10	67
College	2	13
University	1	7
Other	2	13
Total	**15**	**100%**

The results, as shown in table 4.4 above, demonstrate that the majority of respondents (10 or 67%) had completed Grade 12, while only one (7%) had a university qualification. Two (13%) of the respondents had other qualifications.

4.6. TYPES OF SERVICES RENDERED

The respondents were asked to list the types of services rendered to OVC. It was important for this study to find out from the respondents what types of services they rendered. This question was also meant to establish if all the respondents were aware of the various types of services that could be made available to OVC. The respondents had this to say:

- "homework assistance, home visits, Counselling, support groups, traditional dancing- monitor attendance at school, monitor performance at school, helping OVC to have documents"
- "Nutrition services, advocacy and lobbying children's rights, material assistance- referral services and after school centre services
- "psychosocial support, nutrition services, advocacy and lobbying for children's rights, material assistance, referral services and afterschool centre services"
- "advocacy and lobbying for children 's rights, nutrition services, psychosocial support, afterschool services, referral services and material assistance"
- "food parcel, Counselling, interactive play, bereavement Counselling, HIV prevention education, food plates, clinical support groups, school work assistance"

- "food nutrition, basic social services, aftercare services, family and parental care- protection from abuse, application for birth, referrals"
- "psychosocial services, nutrition, referrals, aftercare centre services, advocacy and lobby for children's rights, Counselling"
- "Provide quality care, conducting home visits, implement activities, ensure client confidentiality, facilitating communication identify emotional, educational, health, social and economic needs"
- "spiritual support, educational support, health care, psychological care, home visits-child protection, shelter, household economic strengthening"
- "home visits, homework assistance, support groups, behaviour change, social skills- interactive play, counselling"
- "home visits, nutrition, homework assistance, counselling-advocacy and lobbying children's rights, educational support, health care support, shelter
- "homework assistance, referrals, advocacy, food plates, extra-mural activities, counselling, support group sessions"
- "Counselling, food plates, homework, extra mural, food plates audits, referrals, support group sessions, advocacy"
- "Homework assistance, advocacy, support groups, food plates, psychosocial services, referrals, activities, support groups
- "Counselling, interactive play, emotional support, behaviour change, life planning"

The findings above clearly show that all of the respondents were aware of the types of services rendered, although there seems to be no stability in terms of the number as well as the types of services rendered. Interestingly, the respondents used different words or concepts to describe the same services. For example, some respondents used the phrase "material assistance", while others referred to the same services as "food parcels". Some respondents referred to "after school services", while others spoke of "after-care services".

4.7. TYPES OF PSYCHOSOCIAL SUPPORT

In a follow-up question the respondents were required to choose, from the types of services they had listed, those that they considered to be psychosocial support. It was important to determine if the respondents are able to distinguish between psychosocial support services and other types of services. This was also meant to ultimately find out from the respondents if they fully understood the concept "psychosocial support". The following were their responses:

- "Counselling, support group, helping OVC to have identity documents"
- "Nutrition, referrals services, afterschool centre services"
- "Psychosocial support"
- "After school centre services e.g. support groups".
- "Clinical support groups, provision of Counselling, HIV prevention programme, bereavement Counselling"
- "Basic social services, aftercare services, protection from abuse, family and parental care"
- "Counselling services, support groups, spiritual support, extramural activities, life skills training, mentoring, memory boxes"
- "Provide quality care, conducting home visits, implement activities, ensure client confidentiality, facilitating communication identify emotional, educational, health, social and economic needs"
- "Spiritual support, health care, educational support, psychological care, household strengthening"
- Feelings Counselling, support group"
- "Counselling, emotional support, support groups, spiritual support, home visits, individual support, social support, educational support"
- "Counselling, extra mural activities, support group sessions"
- "Activities, extra mural activities, support group sessions, homework assistance"
- "Sessions, support groups, Counselling, extra mural activities"
- "Counselling, emotional support"

The findings above reveal that most of the respondents seem to think that "counselling services" and "support groups" fall within the category "psychosocial support". None of the respondents seems to agree that all the services rendered by the organisation fall within the continuum of psychosocial support. Thus, there seems to be a confusion regarding the services that fall within psychosocial support and what does not. The researcher is of the opinion that all the services that the respondents are rendering fall in the category of "psychosocial support", taking into consideration the following definitions of what psychosocial support is:

According to Van Berg (2006:17), citing Namibia (2003:22), psychosocial support is "an on-going process of meeting the physical, emotional, social, mental and spiritual needs of children, all of which are essential elements for meaningful and positive human development". Nugent and Masuku (2007:1) define psychosocial support as the effort to meet the on-going emotional, social and spiritual needs of OVC. Psychosocial services describe a continuum of care and support and is aimed at ensuring the social, emotional and psychological wellbeing of individuals, their families and communities (DSD 2010:11). Based on these definitions, it is clear that all the services that are rendered by the respondents fall within the ambit of "psychosocial support".

4.8. THE BENEFITS OF PSYCHOSOCIAL SERVICES

The respondents were asked to comment on the benefits of the psychosocial services rendered. It was important to identify the benefits of the psychosocial services they render to OVC, since there are different benefits. The following is what the respondents had to say:

- "They get love, support and we motivate them and we help them to make good choice about their lives and to build self-esteem and confidence"
- "They are well balanced emotionally, physically and psychologically- When we start with this programme you could see that these children are not happy and now they are very happy…"

- "They benefit more about knowing their rights- The nutrition and love they get from the centre-. They know the importance about education-We put a smile on their faces by sharing anything with them"
- "They usually come broken and lost but psychosocial support helps them to have high self-esteem and spiritual upliftment"
- "They learn how to take care and protect themselves, they know their rights, also get nutritional food- Most they feel loved again, while their guardians treat them well at home"
- "Behavioural change in children can be identified…"
- "Children's rights are not being violated-They get support from community members-They get proper care, love and support after loss they have experienced"
- "Their future become bright…they are also helped to cope with their loss-they become strong…"
- "…we build a productive relationship with our community…"
- "It's whereby they get to talk about their problems and get assistance or even being referred to the relevant professional person for further assistance".
- "It helps children to cope…and share their feelings"
- "They benefit mostly educational support…Most of them change their bad behaviour and be good children…."
- "Behavioural changes in their lives are identified…if there is any signs of abuse it can be noticed and dealt with"
- "Behaviour change can be identified…noticed and dealt with…and reported"

The responses above indicate that there are indeed different benefits gained from psychosocial services. The findings seem to suggest that the benefits gained from psychosocial services differ from one person to another, depending on the needs of the individual. For example, some OVC benefit from educational support, getting proper care, receiving love and support, while others benefit simply from being protected from abuse.

4.9. ARE SERVICES MAKING A DIFFERENCE TO OVC?

The respondents were further requested to indicate how they determine if the services they are rendering are making a difference in the lives of OVC. It was important for this study to establish the ways in which the respondents measure the impact of the services they render. The respondents had this to say:

- "I do home visit and visit at school to monitor their performance and I also usually talk to them when they are at the centre"
- "When you go for home visit, you have to sit down with a guardian and talk about the behaviour of a child…"
- "Children who were troublesome change for the better and more open to talk about other issues and interact more positively with others"
- "by doing the home visits …by also doing aftercare at our centre and monitoring the children"
- "We check by home visits and support groups and do one on one sessions"
- "By the time you do one on one session with the kids you notice, that whatever you have been doing with them there is a progress the child become comfortable with you and able to talk what is she/he bothered with"
- "You do your interventions and regular check-up and also you can see the change in a person"
- "We do home visits…to check whether their behaviour or life style is changing and every 3 months we do an evaluation on them to see if our programme brings change"
- "When their level of confidence, a good self-esteem, adapting well to their environment and responsive to their school work and positive construction to their daily doings"
- "By seeing differences in children's life and children being open about their problems to carers, so they could be assisted. Doing home visits, whereby we have a good and open relationship with guardian"
- "By doing home visits and check if they are still in the same behaviour that they wherein when I first visited them. Then I will make sure that at least I check them twice in week to see if they are in the same bad behaviour"

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- "Children who were troublesome change for better and more open to talk about their issues and interact more positively with others"
- "There are children who were violent, they have changed…"
- "One on one sessions to know their feelings-express their views…-do home visit to check their well-being"

The responses above clearly indicate that most of the respondents use home visits as a way to conduct regular check-ups or to assess and confirm the progress the OVC are making compared to when they first enrolled in the programme. It seems that the home visits assist them to get feedback from the guardians or other family members. Some respondents mentioned that they also talk to the children to get their opinions about their individual progress. Some of the respondents also indicated that they monitor the progress of OVC by comparing the behaviour they display now, to their behaviour they displayed when they first enrolled in the programme. It is clear that the respondents conduct regular monitoring to determine if the services they render are effective or not. However, it seems there is no standard monitoring system as respondents seem to be using different or unstandardised tools to determine effectiveness. According to PEPFAR (2012:68), there is a need to improve the quality of OVC monitoring and evaluation systems. Strong monitoring and evaluation systems are important foundations to improve the effectiveness of the OVC programme. Well-designed programme evaluations are necessary to confirm whether the OVC programme is achieving the desired results and whether these results can be linked with the interventions or services rendered to OVC.

4.10. DIFFERENCES BETWEEN REGISTERED AND NON-REGISTERED OVC

This question focused on determining whether or not the respondents believed that there were clear differences between OVC who were recipients of care and support from the Godisanang OVC programme and those who are not. The respondents were required to answer by indicating whether they "strongly agree", "strongly disagree" and whether they are "not sure" about it. The responses are illustrated in the table below.

TABLE 4.5: DIFFERENCES BETWEEN REGISTERED AND NON-REGISTERED OVC (N=15)

THERE ARE CLEAR DIFFERENCES BETWEEN REGISTERED AND NON-REGISTERED OVC?	N	%
I strongly agree	8	53
I strongly disagree	2	13
I'm not quite sure	5	33
Total	**15**	**100%**

Table 4.5 above shows that more than half of the respondents in this study (8 or 53%) strongly believed that there were visible differences between children who were registered with the Godisanang OVC programme and those who were not. Two (13%) of them reported that there were no clear differences (strongly disagreed), whilst 5 (33%) reported that they were not quite sure.

4.11. CHALLENGES AROUND RENDERING SERVICES TO OVC

This category focused on finding out the challenges that the respondents most often encountered when rendering services. Three questions were asked in this category. The table below summarises the responses.

TABLE 4.6: CHALLENGES ENCOUNTERED AROUND RENDERING SERVICES
(N=15)

DO YOU EXPERIENCE CHALLENGES IN RENDERING SERVICES TO OVC	Yes	No (%)	Total
Sometimes	12 (80	3 (20)	15 (100)
More often	2 (13)	13 (87)	15 (100)
Always	1 (7)	93 (14)	15 (100)
Never	0 (0)	0 (0)	15 (100)
CHALLENGES OFTEN ENCOUNTERED	**Yes (%)**	**No (%)**	**Total**
Lack of funds	3 (20)	12 (80)	15 (100)
Absenteeism by OVC	3 (20)	12 (80)	15 (100)
Lack of accessibility to services	6 (40)	9 (60)	15 (100)
Poor support from colleagues	2 (13)	13 (87)	15 (100)
Poor support from senior management	4 (27)	11 (73)	15 (100)
Poor support from stakeholders	2 (13)	13 (87)	15 (100)
others	2 (13)	13 (87)	15 (100)
DEALING WITH ABSENTEEISM BY OVC	**Y (%)**	**% N**	**Total**
Encourage them to come	6 (40)	8 (40)	15 (100)
Inform their guardians	5 (33)	10 (67)	15 (100)
Conduct home visits	8 (53)	6 (40)	15 (100)
Deregister them	2 (13)	13 (87)	15 (100)
All of the above	2 (13)	13 (87)	15 (100)

The table above indicates that the majority (12 or 80%) of the respondents reported that they sometimes experienced challenges in rendering services. In addition, when it comes to the types of challenges that the respondents mostly encountered, the results show that less than half (6 or 40%) indicated that their biggest challenge was lack of accessibility to services by OVC, while two (13%) reported poor support from colleagues and stakeholders, respectively, and two (13%) stated other reasons. Moreover, the results show that the majority (8 or 53%) of the respondents indicated

that they usually conduct home visits, followed by six (40%) of the respondents who say they encourage OVC to come to the centres in order to deal with the challenges of absenteeism.

4.12. CHALLENGES ENCOUNTERED IN SERVICE RENDERING

Respondents were asked to rate how often they experienced challenges in rendering services. The results are presented in table 4.7 below.

TABLE 4.7: CHALLENGES ENCOUNTERED IN SERVICE RENDERING (N=15)

DO YOU EXPERIENCE CHALLENGES IN RENDERING SERVICES TO OVC	Yes	No (%)	Total
Sometimes	12 (80	3 (20)	15 (100)
More often	2 (13)	13 (87)	15 (100)
Always	1 (7)	93 (14)	15 (100)
Never	0 (0)	0 (0)	15 (100)

Table 4.7 above illustrates that the majority (12 or 80%) of the respondents reported that they "sometimes" experienced challenges when rendering services. Less than a quarter of the respondents (2 or 13%) indicated that they encountered challenges "more often", while only one (1 or 7%) respondent revealed that he/she "always" encountered problems.

4.13. CHALLENGES OFTEN ENCOUNTERED IN SERVICE RENDERING

The respondents were required to tick, from the list given, the types of challenges they often encountered in terms of service delivery. Binary choice questions providing for a "Yes" or "No" answer was used to measure their responses. The responses are demonstrated in table 4.8 below.

TABLE 4.8: CHALLENGES OFTEN ENCOUNTERED IN SERVICE RENDERING (N=15).

CHALLENGES OFTEN ENCOUNTERED	Yes (%)	No (%)	Total
Lack of funds	3 (20)	12 (80)	15 (100)
Absenteeism by OVC	3 (20)	12 (80)	15 (100)
Lack of accessibility to services	6 (40)	9 (60)	15 (100)
Poor support from colleagues	2 (13)	13 (87)	15 (100)
Poor support from senior management	4 (27)	11 (73)	15 (100)
Poor support from stakeholders	2 (13)	13 (87)	15 (100)
Others	2 (13)	13 (87)	15 (100)

Table 4.8 above shows that when it comes to types of challenges most encountered, an average number of respondents (6 or 40%) indicated that their biggest challenge was accessibility to services by OVC. Four (27%) reported poor support from senior management as one of the challenges often experienced. Moreover, the results show that two (13%) of the respondents reported poor support from colleagues and stakeholders, respectively. The researcher is of the opinion that there cannot not be effective rendering of services if the respondents do not have the support of their colleagues. According to PEPFAR (2006:9), programmes should offer emotional and psychosocial support for staff who are working with OVC to prevent burnout. Van Dyk (2008:420) agrees that occupational burnout and its consequences, such as lack of capacity to give compassionate care, must be prevented at all costs. This helps to ensure that there is smooth rendering of services to OVC by staff members or caregivers. Two (13%) also reported that there were other reasons for the challenges they encountered around service delivery, while three (20%) of the respondents indicated lack of funds and absenteeism, respectively, as some of the challenges they often encountered.

4.14. DEALING WITH ABSENTEEISM

Respondents were provided with a list of possible ways of dealing with absenteeism. Binary choice questions providing for a "Yes" or "No" answer was used to measure their responses. Table 4.9 below shows the results.

TABLE 4.9: DEALING WITH ABSENTEEISM BY OVC (N=15)

DEALING WITH ABSENTEEISM BY OVC	Yes (%)	% No	Total
Encourage them to come	6 (40)	8 (40)	15 (100)
Inform their guardians	5 (33)	10 (67)	15 (100)
Conduct home visits	8 (53)	6 (40)	15 (100)
Deregister them	2 (13)	13 (87)	15 (100)
All of the above	2 (13)	13 (87)	15 (100)

It can be seen from the information provided in the table above that the majority (8 or 53%) of the respondents usually conduct home visits, followed by six (40%) respondents, who choose to encourage OVC to come to the centres. In addition, the table depicts that five (33%) of the respondents choose to inform the guardians about the absenteeism, while only two (13%) reported that they would make use of all of the options, including de-registering OVC from the programme.

4.15. IMPROVING SERVICE DELIVERY

The main theme in this category was to find out from the respondents what they thought should be done to enhance or improve service delivery. The respondents were asked to indicate the number of children under their supervision, how accessible services were, how satisfied they were with service delivery and to rate their level of service delivery. The respondents were also required to tick, from the list given, what they thought could be done to improve service delivery. Table 4.10 below summarises their responses.

TABLE 4.10: WAYS OF IMPROVING SERVICE DELIVERY (N=15)

SATISFACTION WITH REGARD TO SERVICE DELIVERY	YES	NO	Total
Yes	9 (60)	6 (40)	15 (100 %)
No	6 (40)	9 (60)	15 (100 %)
LEVEL OF SERVICE DELIVERY	Yes	No	Total
Poor	1(7)	14 (93)	15 (100 %)
Average	7 (47)	8 (53)	15 (100 %)
Good	7 (47)	8 (53)	15 (100 %)
Excellent	0 (0)	15 (100)	15 (100 %)
ENHANCING/IMPROVING SERVICE DELIVERY	Yes (%)	No (%)	Total (%)
Ensure on-going capacity building	9 (60)	6 (40)	15 (100%)
Increase human resources	9 (60)	6 (40)	15 (100%)
Face-to-face interventions	5 (33)	10 (67)	15 (100%)
Increase stakeholder participation	7 (47)	8 (53)	15 (100%)
Nothing can be done	0 (0)	15 (100)	15 (100%)

The table above shows that the majority (9 or 60%) of the respondents were satisfied with the level of service delivery, while six (40%) seemed to be unsatisfied. On a follow-up question, the respondents were required to rate their level of service delivery on a rating scale with the option "poor", "average", "good" or "excellent". Seven (47%) said that their level of service delivery was average, while another seven (47%) indicated that their level of service delivery was good. Only one (7%) of the respondents said that his/her service delivery was poor. The results further shows that three out of (every) five (9 or 60 %) of the respondents believe that increasing human resources and ensuring ongoing capacity building could help to improve service delivery. Seven (47%) respondents said that there is a need to increase stakeholder participation, while only five (33%) said there is a need to increase face-to-face intervention. Moreover, the results reveal that all (15 or 100%)

of the respondents believed that there is something that can be done to improve service delivery.

4.16 CHILDREN UNDER SUPERVISION

The respondents were asked to indicate the number of children under their supervision. It was necessary for this study to establish the number of children that each respondent is supervising to gauge effectiveness. The results are presented in table 4.11 below.

TABLE 4.11: NUMBER OF CHILDREN UNDER SUPERVISION (N=15)

CHILDREN UNDER SUPERVISION	YES	NO	Total
Less than 5	0 (0)	15 (100)	15 (100 %)
More than 10	3 (20)	12 (80)	15 (100 %)
More than 15	5 (33)	10 (67)	15 (100 %)
More than 20	7 (47)	8 (53)	15 (100 %)

The table above shows that the majority (7 or 47%) of the respondents had more than 20 children under their care. In addition, it can be seen that none (0%) of the respondents had fewer than five children under their supervision.

4.17. ACCESSIBILITY OF SERVICES

The respondents were required to indicate the level of access to services by OVC. Table 4.12 below summarises the responses.

TABLE 4.12: LEVEL OF ACCESS TO SERVICES (N=15)

ACCESSIBILITY OF SERVICES	YES	NO	Total
Very accessible	5 (33)	10 (67)	15 (100%)
Partially accessible	10 (67)	5 (33)	15 (100%)
Not accessible	0 (0)	15 (100)	15 (100%)

The table above shows that all the respondents (15 or 100%) said that the services were accessible though at different levels. The majority of the respondents (10 or 67%) said that the services were partially accessible, while five (33%) were of the opinion that services were very accessible.

4.18 SATISFACTION WITH REGARD TO SERVICE DELIVERY

In this section, the respondents were asked to indicate if they were satisfied with service delivery. Binary choice questions providing for a "Yes" or "No" answer was used to measure their responses. Table 4.13 below indicates their responses.

TABLE 4.13: SATISFACTION WITH REGARD TO SERVICE DELIVERY (N=15)

SATISFACTION WITH REGARD TO SERVICE DELIVERY	YES	NO	Total
Yes	9 (60)	6 (40)	15 (100 %)
No	6 (40)	9 (60)	15 (100 %)

Table 4.13 above illustrates that the majority of the respondents (9 or 60%) were satisfied with the service delivery, while six (40%) were not satisfied.

4.19. LEVEL OF SERVICE DELIVERY

The respondents were asked to rate their level of service delivery on a rating scale with the options "poor", "average", "good" or "excellent". It was important for this study to gauge respondents' level of satisfaction in terms of service delivery in order to determine effectiveness of services. It was also necessary to establish the level of service delivery so that effective strategies could be introduced to alleviate challenges, if there were any. The results are summarised on the table below.

TABLE 4.14: LEVEL OF SERVICE DELIVERY (N=15)

LEVEL OF SERVICE DELIVERY	Yes	No	Total
Poor	1(7)	14 (93)	15 (100 %)
Average	7 (47)	8 (53)	15 (100 %)
Good	7 (47)	8 (53)	15 (100 %)
Excellent	0 (0)	15 (100)	15 (100 %)

Table 4.14 above shows that seven (47%) of the respondents said that the level of service delivery was average, while another seven (47%) indicated that the level of service delivery was good. Only one (7%) of the respondents said that service delivery was poor. Interestingly, none of the respondents seemed to think that the level of service delivery was excellent.

4.20 ENHANCEMENT OF SERVICE DELIVERY

The respondents were provided with a list of possible ways of enhancing service delivery, as applicable to their situation. It was important for this study to determine what could be done to improve service delivery. Table 4.15 below shows their response.

TABLE 4.15: ENHANCEMENT OF SERVICE DELIVERY (N=15)

ENHANCING SERVICE DELIVERY	Yes (%)	No (%)	Total (%)
Ensure on-going capacity building	9 (60)	6 (40)	15 (100%)
Increase human resources	9 (60)	6 (40)	15 (100%)
Face-to-face interventions	5 (33)	10 (67)	15 (100%)
Increase stakeholder participation	7 (47)	8 (53)	15 (100%)
Nothing can be done	0 (0)	15 (100)	15 (100%)

It is clear from the table above that all of the respondents (15 or 100%) believed that there was something that could be done to improve service delivery. Nine (60%) of the respondents suggested that increasing human resources and ensuring ongoing capacity building could help to enhance service delivery. Seven (47%) said that there

is a need to increase stakeholder participation, while only five (33%) said there was a need to increase face-to-face interventions.

4.21. DISCUSSION OF THE RESULTS OF THE STUDY

The following section presents the discussion of the major study results. The same sequence that was used in the data presentation will be followed.

4.21.1. DEMOGRAPHIC PROFILE OF RESPONDENTS

The study revealed that the majority of respondents were between the ages of 20 and 30. This means that the Godisanang OVC programme had young employees who may continue to work for the programme for many years. However, young people are still gaining experience and may be looking for other or better opportunities in other companies, hence, their stay in the company may not be guaranteed. Regarding the gender of the respondents, the results show that the majority (14 or 93%) were female with only one (7%) male. The researcher is of the opinion that the reason for this could be because females or mothers are generally assumed to be better suited to be childrearers, therefore, they find it natural to take on roles that involve taking care of children, unlike their male counterparts (Jackson 2013: 125).

The study further revealed that the majority of the respondents (10 or 67%) had a Grade 12 school leaving certificate, while only one (7 %) had a university qualification. Two (13%) of the respondents had other types of qualifications, which they did not specify. The employment criteria specified by the Godisanang programme require that all the caregivers have a Grade 12 certificate, therefore, most of the employees are in possession of a Grade 12 school leaving certificate. The fact that most of the respondents have Grade 12 means that they meet the minimum employment criteria. This also means that the respondents also have a chance to access tertiary institutions should they choose to further their studies. This also makes it possible for the respondents to gain employment in other sectors that require Grade 12 as a basic criterion for admission.

4.21.2. TYPES OF SERVICES RENDERED

This category was about the types of services rendered. The study revealed that there are different types of services rendered to OVC and that the respondents were aware of the services they render, although there seems to be no stability in terms of the number of various services available to OVC. The fact that there are different types of services means that OVC are able to benefit from a variety of services in line with their individual needs. In addition, if the respondents are aware of the different types of services, it means that they are in a position to easily identify the relevant services most suitable to the needs of individual OVC. Interestingly, the respondents used different words or concepts to describe the same services. For example, some respondents used the word "material assistance", while others referred to the same services as "food parcels". Some respondents also preferred "after-school services", while others would use "after-care services". The researcher is of the opinion that the use of different words to describe the same type of service creates confusion among the respondents, the beneficiaries of the services as well as other stakeholders.

4.21.3. TYPES OF PSYCHOSOCIAL SUPPORT

The results of the study reveal that there seems to be some confusion regarding which services fall within the category "psychosocial support" and which do not. Most of the respondents seem to think that the services that include counselling and support groups are the ones that fall within the scope of psychosocial support, whereas in actual fact all the services they are rendering fall within the continuum of psychosocial support. According to Van Berg (2006:17), citing Namibia (2003:22), psychosocial support is "an ongoing process of meeting the physical, emotional, social, mental and spiritual needs of children, all of which are essential elements for meaningful and positive human development". Nugent and Masuku (2007:1) define psychosocial support as the effort to meet ongoing emotional, social and spiritual needs of OVC. Psychosocial services describe a continuum of care and support and aims at ensuring the social, emotional and psychological wellbeing of individuals, their families and communities (DSD 2010:11). Based on these definitions, it is clear

that all the services that are rendered by the respondents fall within the ambit of psychosocial support.

The researcher is of the opinion that if the respondents are confused about the types of psychosocial services they render, they may also be confusing the OVC and other stakeholders.

4.21.4. THE BENEFITS OF PSYCHOSOCIAL SERVICES

The respondents were asked to comment on the benefits of the psychosocial services rendered, since there are different benefits that OVC can gain from the programme. The study revealed that there are indeed different benefits that can be gained from psychosocial services such as good health, food and educational and material support. Other benefits include children feeling loved, motivated and building positive self-esteem. The study suggests that OVC benefit differently depending on their individual needs. PEPFAR (2006:7-9) supports this opinion by indicating that a multi-sectoral approach is needed to address the needs of OVC. This means that OVC are able to benefit more, individually, from the psychosocial services rendered. This also confirms the value of the psychosocial support services rendered to each OVC. In addition, this indicates that the services rendered to OVC by the respondents are in line with the principle of individuality, which requires that each person be viewed as an individual, not just as part of a collective.

4.21.5. ARE SERVICES MAKING A DIFFERENCE TO OVC?

The respondents were further requested to indicate whether the services they were rendering were making a difference in the lives of OVC. It was important for this study to establish the ways in which the respondents were measuring the impact of the services they were rendering. This would help them to track their progress and also to confirm whether the services they are rendering are relevant, need adjustment and whether the programme is indeed making a difference in the lives of OVC.

The study revealed that most of the respondents used home visits to check-up on OVC or to assess and confirm whether there has been progress in the behaviour of OVC compared to when they first enrolled in the programme. It seems that the home visits allow them to interact and get feedback from the guardians or other family members. The researcher is of the opinion that involving the families is a good way of determining if the services are making a difference in the lives of OVC, because their primary guardians would be the first people who would recognise any changes in the lives of the OVC. Some respondents mentioned that they also talk to the OVC to get their opinions about their individual progress. Others indicated that they monitor the OVC's progress by comparing their current behaviour to the behaviour displayed when they first enrolled in the programme. It is clear that the respondents conduct regular monitoring to determine if the services they are rendering are effective or not.

However, it seems there is no standard monitoring system as respondents seem to be using different or unstandardised tools to determine effectiveness. According to PEPFAR (2012:68), there is a need to improve the quality of OVC monitoring and evaluation systems. Strong monitoring and evaluation systems are important foundations to improve the effectiveness of OVC intervention programmes. Well-designed programme evaluations are necessary to confirm whether the OVC intervention programmes are achieving the desired results and, in turn, those results can be linked with the interventions or services rendered to OVC. De Vos et al (2005:386), citing Fetterman (2001:1), writes about empowerment evaluation theory and defines it as "the use of evaluation concepts, techniques and findings to foster improvement and self-determination". This simply indicates that the respondents can use the current data, systems and information to improve the quality of OVC monitoring and evaluation systems.

This item focused on determining whether or not the respondents believed that there were noticeable differences between OVC who were recipients of care and support from the Godisanang OVC programme and those who were not.

The study revealed that there were visible differences between children who are registered with the Godisanang OVC programme and those who are not. The researcher is of the opinion that if anyone can see the difference between OVC who are receiving care and support from the programme and those who are not, it could only mean that, indeed, the programme does bring positive changes to the lives of OVC. This means that all OVC who are not registered with the programme should be advised to do so, based on the positive impact the programme has had on OVC.

4.21.7. CHALLENGES AROUND RENDERING SERVICES TO OVC

This category focused on finding out the challenges that the respondents often encounter around service rendering. The study revealed that there are challenges that the respondents encounter around service rending to OVC. However, the study reveals that the challenges around service rendering are not experienced equally by the respondents. For example, some of the respondents indicated that they "sometimes" experience challenges, while others said they encounter challenges "more often" and still others said they experienced challenges "all the time". The researcher is of the opinion that, just like in any other organisation, there would be challenges in terms of service rendering. This means that there is a need for the organisation to further investigate the nature and causes of these challenges and how best such challenges could be avoided.

In terms of the types of challenges most encountered by the respondents, the study revealed that lack of access to services by OVC was the biggest challenge. This means that OVC may stay in the same situation for an extended period, because they are unable to access relevant services. The researcher strongly believes that this is one area where the respondents need to serve as a bridge between the community and the organisation in order to make sure that OVC have access to the

relevant services. This might also mean that the respondents will have to bring the relevant services to the OVC, where they struggle to access services. Lack of access to services may also be ascribed to the fact that OVC often need holistic or multi-disciplinary services, from different service providers and some of these alternative services may not be easily accessible. For example, there are OVC who may need occupational therapy, but who struggle to get access to a service provider due to, for example, lack of funds for transport or a poor referral system.

The study further revealed that poor support from colleagues and stakeholders were challenges that the respondents encountered around service rendering. This could impact on the smooth rendering of services if the respondents do not have the support of their colleagues and other stakeholders. The researcher believes that support among colleagues and stakeholders is critical as it motivates people to work harder. Collegial support also serves as a debriefing platform where colleagues have the opportunity to share their experiences in a supportive environment.

According to PEPFAR (2006:9), programmes should offer emotional and psychosocial support for staff who are working with OVC to prevent burnout. Van Dyk (2008:420) also agrees that occupational burnout and its consequences, such as lack of capacity to give compassionate care, must be prevented at all costs. This would also help to ensure that staff members or caregivers render effective services to OVC. The systems theory is concerned with people, social change and social order and how they relate with each other (Payne 2005:142). It basically encourages working with individuals to fit in with the present social order to change social issues.

Regarding methods adopted by respondents to deal with the challenges of absenteeism by OVC, the study revealed that the respondents choose to conduct home visits, followed by encouraging OVC to come to the centres. Some of the respondents informed the guardians of the OVC about the absenteeism, while a few of the respondents used all of the options, including de-registering the OVC from the programme. It is clear that the respondents do make follow-up visits on the OVC to find out if there are any challenges before they deregister them from the programme. The researcher thinks that it is very good that the respondents first investigate what is preventing the OVC from participating in the programme and ensure that he/she is

available to help the OVC, before taking them off the register. The results further reveal that there are OVC who are eventually removed from the register if they continue to be absent after proper interventions have been made.

4.21.8. IMPROVING SERVICE DELIVERY

The study revealed that most of respondents were satisfied with the level of service delivery. The fact that the majority of the respondents were satisfied indicates a positive attitude regarding service delivery. This positive attitude should potentially encourage the respondents about the important role they play in and the improvements they are bringing to the lives of OVC. In a follow-up question, the respondents were required to assess their level of service delivery on a rating scale with the options ranging from "poor", "average", "good" to "excellent". The study revealed that the respondents rated the level of service delivery as "good" or "average". This also supports the previous results, which indicated that the respondents were satisfied with service delivery.

The study revealed that all of the respondents believed that there was something that could be done to improve service delivery, which is a positive factor. The results further revealed that there is a need to increase human resources and to ensure on-going capacity building among the staff members, which could help to improve service delivery. This could be an indication that the respondents feel overburdened with their responsibilities, while at the same time it could indicate that they do not believe that they are capacitated enough to deal with their responsibilities. This means that the respondents need to be empowered and gain self-confidence in order to fulfil their day to day responsibilities.

Moreover the study reveals that there is also a need to increase stakeholder participation. This links to the finding that OVC experience challenges with regard to access to certain auxiliary services.

4.21.9. CHILDREN UNDER SUPERVISION

The study revealed that the respondents had more than 20 children under their care. This is not in line with international best practice models, which indicates that the adult (caregiver) to child ratio should be 1-20, in other words, each caregiver should not have more than 20 children under their care. In this instance the respondents are overburdened, which may lead to stress and burnout. This may ultimately render them ineffective in terms of service rendering.

4.21.10. ACCESSIBILITY OF SERVICES

The study shows that most of the respondents felt that the services to OVC were only partially accessible, while only five (33%) were of the opinion that services were very accessible. The researcher thinks that this could be an indication that there are services that OVC may struggle to access, while there are those that are easily accessible for them. It is a concern if OVC are struggling to access certain services while they are enrolled in the programme. This also impacts on the effectiveness of the services rendered. As previously suggested in this chapter, there are measures that need to be taken to make services accessible to OVC.

4.21.11. SUMMARY

This chapter was about the presentation of the results that was obtained from 15 respondents. The major results were that almost all the respondents (14 or 93%) in this study were female. The majority of the respondents are aware of the types of services they render, though there seems to be confusion regarding what falls within the category of psychosocial support. In terms of the benefits of psychosocial services, most of the responses confirm that OVC do benefit from the psychosocial support they get. The study results further reveal that the majority of the respondents (8 or 53%) conduct home visits as a monitoring tool, which helps them to assess and compare the child's progress and, in this way, gauge whether the services they are rendering are making a difference in the lives of OVC.

The results further show that there were visible differences between children who are cared for within the Godisanang OVC programme and those who were not part of the programme. In addition, the results of this study show that six (40%) of the respondents indicated that their biggest challenge the lack of access to services by OVC, while only two (13%) respondents reported that poor support from colleagues and stakeholders respectively. Two (13%) suggested other reasons for the challenges they encountered around service delivery.

Moreover, the results in this study show that nine (60%) of the respondents suggested that there was a need to increase human resources and ensure on-going capacity building of the staff in order to enhance service delivery.

The next chapter (Chapter 5) presents a summary of the results, the conclusions as well as the recommendations of the study as a whole.

CHAPTER FIVE

SUMMARY OF THE RESULTS, CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

This chapter focuses on the summary of the results, conclusions and recommendations, which will be done based on the interpretation of the results of the study.

5.2. SUMMARY OF THE RESULTS OF THE STUDY

The summary of the major study results will be discussed based on the objectives of the study as presented in Chapter 4. The main objectives of this study were to:

- determine the types of services rendered to OVC by the Godisanang OVC programme
- identify the benefits of the psychosocial services rendered to the OVC
- identify the challenges around rendering the psychosocial services to OVC
- determine what must be done to enhance psychosocial services rendered to OVC

The main purpose of this study was to determine the value of psychosocial services rendered by the Godisanang OVC programme to orphaned and vulnerable children (OVC) in Rustenburg and, based on the findings, to make recommendations on how these services could be improved.

5.2.1. DEMOGRAPHIC PROFILE OF RESPONDENTS

The study revealed that the majority of the respondents were young people between the ages of 20 and 30. This indicates that these young people may still work for the Godisanang OVC programme for many years. Regarding gender, the results show that the majority of the respondents were female. The majority of the respondents had completed Grade 12, while only one had a university qualification. This means that the respondents may still further their studies and/or gain other employment.

5.2.3. TYPES OF SERVICES RENDERED

The study revealed that there are different types of services rendered to OVC and respondents were aware of the services rendered. It seems, however, that there is no stability in terms of the various services rendered by the respondents, since they all listed different types of services. The respondents had also used different words or concepts to describe the same type of services, which may bring inconsistency in terms of the number and types of services rendered.

5.2.4. TYPES OF PSYCHOSOCIAL SUPPORT

There seems to be confusion among the respondents regarding the services that would be categorised under psychosocial support and what does not. Most of the respondents seemed to think that the services that include counselling and support groups are the ones that fall within the scope of psychosocial support, whereas in the actual fact, all the services they are rendering are within the continuum of psychosocial support. This confusion, if left unaddressed, may affect service delivery in the future.

5.2.5. THE BENEFITS OF PSYCHOSOCIAL SERVICES

The study revealed that there are different benefits that can be gained from psychosocial support services. It was also evident that the benefits differ with each individual child depending on the type of needs each one had. This is thus in line with the principle of individuality, which states that all people are different and, thus, have different needs. The systems theory, however, seems to have a different view regarding individuality, the main reason being that this theory is concerned with people, social change and social order and how they relate to each other (Payne 2005:142). This theory stresses the connections between resources of families and groups and how they function rather than just isolated parts, hence, one should consider the entire ecological systems in order to understand the benefits of the psychosocial services to OVC.

5.2.6. ARE SERVICES MAKING A DIFFERENCE TO OVC?

The study revealed that most of the respondents used home visits as a way to monitor and assess the progress of OVC. The home visits give them the opportunity to interact and get feedback from the guardians or other family members. This kind of intervention is also in line with the systems thinking derived from the systems theory, which the researcher has used as a theoretical framework for this study. The systems theory allows the respondents to involve other important role-players in the whole system. This shows that the respondents are not only focusing on the OVC and working in silos, but take into consideration other people in the system that are interested in OVC.

Some of the respondents indicated that they monitor the OVC progress by comparing their current behaviour to the behaviour displayed at the time they first enrolled in the programme. It is clear that the respondents conduct regular monitoring to determine if the services they are rendering are effective or not. However, it seems there is no standard monitoring system as respondents seem to be using different or unstandardised tools to determine effectiveness.

5.2.7 DIFFERENCES BETWEEN REGISTERED AND NON-REGISTERED OVC

The study revealed that there are visible differences between children who are registered within the Godisanang OVC programme and those who are not. This could only mean that the programme does indeed bring about positive changes to the lives of OVC. When applying the systems theory to this statement, it would imply that when the lives of the OVC improve, the community also improves, because OVC are part of the community. This also means that all OVC, who are not registered in the programme, should be advised to do so based on the positive impact the services that are rendered by the respondents have had on the lives of OVC.

5.2.8. CHALLENGES AROUND RENDERING SERVICES TO OVC

This category focused on finding out the challenges that the respondents often encounter around service rendering. The study reveals that there are challenges that the respondents encounter around service rending to OVC. However, these challenges around service rendering are experienced at different levels by the respondents.

According to the respondents, lack of access to services by OVC was the biggest challenge. The study further revealed that poor support from colleagues and stakeholders were also among the challenges that the respondents encountered around service rendering. Lack of support from colleagues and stakeholders indicates a dysfunctional system with dysfunctional relationships which, according to the systems theory, is not good for quality improvement. The National Association for Healthcare Quality (2005:2) suggests that "high-quality care is more likely in systems where relationships and interrelationships are considered important", thus, supporting the systems theory. The National Association for Healthcare Quality adds that when relationships are considered important, it results in effective communication, team building, conflict management, behavioural competencies and many other positive attributes.

With regard to the challenges of absenteeism by OVC, the study revealed that most of the respondents conducted home visits to address this problem, followed by encouraging OVC to come to the centres. Some of the respondents informed the guardians of the OVC, while a few of the respondents used all of the options available to deal with this challenge, including de-registering the OVC from the programme. The results further revealed that there are OVC who are eventually removed from the register, if they continue to be absent after proper interventions have been made.

5.2.9. IMPROVING SERVICE DELIVERY

The study revealed that most of respondents were satisfied with the level of service delivery, which is a positive factor in terms of service rendering. In the context of the systems theory one can safely state that this positive perception is also beneficial for OVC, since it translates into positivity in the delivery of services. In other words, if the respondents are satisfied with service delivery, this will also affect the OVC in a positive way. The study further reveals that the respondents rate their level of service delivery as good or average. All of the respondents believed that more can be done to improve service delivery.

The respondents also suggested that there is a need to increase human resources and for ongoing capacity building among the staff members which would, in turn, help to improve service delivery. The need for capacity building indicates that the respondents want to be more empowered to be able to effectively execute their day-to-day responsibilities. De Vos et al (2005:386), citing Fetterman (2001:1), write about "empowerment evaluation" and define it as "the use of evaluation concepts, techniques and findings to foster improvement and self-determination". He further argues that the process of empowerment evaluation is voluntary in the sense that it is attained through participation and examining issues of concern, which enables the participants to find new opportunities, realise existing resources and eventually redefine their future roles.

The study, moreover, reveal that there is also a need to increase stakeholder participation. According to Bronfenbrenner (1994:37), one must consider the entire ecological system to understand human development. This theory then implies that the researcher must consider available community resources, stakeholders and systems or relationships between them in an attempt to find ways to improve the lives of OVC in a specific community.

5.2.10. CHILDREN UNDER SUPERVISION

The study revealed that the respondents had more than 20 children under their care, which is not in line with international best practice models. Thus, the respondents are overburdened, which may lead to stress and burnout. This may ultimately render them less effective in terms of service rendering. It is recommended that the adult (caregiver) to child ratio be 1-20. This means that each caregiver should not have more than 20 children under their care.

5.2.11. ACCESSIBILITY OF SERVICES

The study shows that the services to OVC are partially accessible, according to most of the respondents, while others were of the opinion that services are very accessible.

5.3. CONCLUSIONS BASED ON THE RESULTS OF THE STUDY

The following conclusions are based on the results of the study:

More women than men take up the role of caregiver, as was evident in this study where almost all the respondents were female.

There are different types of services rendered to OVC and respondents were aware of the types of services. All the respondents in this study were able to indicate the different types of services rendered.

The study revealed that all the services that were rendered by the respondents fall within the continuum of psychosocial services. However, many respondents were not sure of what constitute psychosocial support services. The researcher, therefore, questions whether the respondents are rendering services properly, since they do not have a clear understanding of the services they are rendering.

There are also different benefits to be gained from the psychosocial services offered to OVC and the results suggest that the benefits of psychosocial services differ from one person to another, depending on the needs of the individual. For example, some

OVC benefited from educational support and from proper care and love, while others were simply protected from abuse.

Home visits are one of the most effective and preferred monitoring tools used by the respondents, which also allow them the opportunity to interact with the child's home environment, the guardians as well as other important family members. This helps the respondents to assess and confirm whether OVC are making progress compared to when they first enrolled in the programme. The respondents also conduct face-to-face interviews with the OVC, to get their individual opinions of the programme, which the researcher believes is another way to encourage active participation from OVC. The more people actively participate in decision-making processes and activities that are important to them, the more likely it is that they will develop greater self-confidence and self-esteem (REPSSI 2009:13). Often, children are not consulted when decisions are made about them and their futures by families. This leaves them feeling isolated. Children, however, have the right to participation in issues concerning their lives and, therefore, support services and intervention programmes should encourage the participation of children and their families. Such participation should be encouraged in a way that is appropriate to the age of the child (DSD 2010:13). Children should be encouraged to play an active role in the design and implementation of programmes (ARC resource pack 2009:20).

There is no standardised system used by the respondents to monitor if the services they are rendering are effective or to assess whether it is making a difference in the lives of OVC. The study revealed that the respondents use different tools to determine effectiveness even with the same interventions. According to PEPFAR (2012:68), there is a need to improve the quality of OVC monitoring and evaluation systems. Strong monitoring and evaluation systems are important foundations to improve the effectiveness of OVC programmes. Well-designed programme evaluations are necessary to confirm whether OVC programmes are achieving the desired results and to establish whether those results can be linked with the interventions or services rendered to OVC.

The respondents experienced different challenges in terms of service rendering and those challenges were experienced at different levels. For example, some respondents stated that they "often" experienced challenges, others stated that they "sometimes" or "always" experienced challenges. The biggest challenge experienced was lack of access to services by OVC, followed by poor support from senior management. Absenteeism by OVC is also a challenge and the respondents would usually address this by conducting home visits or, alternatively they would encourage OVC to come to the centres. Sabates-Wheeler and Pelham (2006:13) note some challenges that can affect OVC, such as fragmented households, the increasing number of girls becoming involved in commercial sex, the increasing number of child-headed families, early pregnancies, etcetera.

The respondents were satisfied with the level of service delivery, which the researcher believes is a positive aspect. If the respondents have a positive attitude about their work, it might encourage them to work harder.

A further conclusion, based on the study, is that the respondents feel overburdened with the current workload, as they have suggested that more human resources are required. The respondents also felt that they are not capacitated enough to deal with the workload, hence, they feel that there should be on-going capacity building.

The respondents are also responsible for more children than is acceptable compared to international norms and this may lead to burnout or stress.

5.4. RECOMMENDATIONS OF THE STUDY

Based on the results of the study, the following recommendations are made:

5.4.1 Recommendations for the Godisanang OVC programme

- The study recommends that the psychosocial services rendered to OVC be extended to other regions of the RBN and Rustenburg, because they are making a difference in the lives of the OVC.

- The Godisanang OVC programme management team should conduct a skills audit and provide on-going capacity building for the caregivers. There is also a need to explore the need for additional human resources to augment the current workload of the staff members. This will assist the staff members to deliver effective services.

- It is also recommended that the management team standardise the types of psychosocial services rendered to OVC, so that each caregiver is aware of the types of psychosocial services they render.

- There is also a need to standardise the monitoring tools or systems used to assess the impact of the services on OVC, so that there is uniformity.

- There should also be measures taken to strengthen home visit interventions by the staff members, because the results of the study have revealed that home visits are effective monitoring tools. If possible, there should be transport that takes caregivers to different OVC homes at least once a week. This would be, especially, helpful for those children who stay far away from the centre, which means that the caregivers have to walk long distances to locate the homes.

5.4.2. Recommendations for the stakeholders

- The researcher recommends that the current child care forums be strengthened. Such forums should consist of relevant stakeholders such as OVC representatives, family representatives, community members, educators, area social workers and any other stakeholder who is directly or indirectly linked to the programme. This forum should be used to address service rendering and the day-to-day challenges of OVC, including those identified in the study, such as lack of access to services, absenteeism and many others.

5.4.3. Recommendations for donors

- It is recommended that the current donors continue to support the rendering of the psychosocial services to OVC financially. This will ensure that the extension of the services to other regions of the RBN and Rustenburg is done effectively.

5.4.4. Recommendations for future researchers

- It is recommended that future researchers conduct a qualitative study to explore the effectiveness of the psychosocial services rendered to OVC, the benefits of these psychosocial services, the challenges as well the ways in which service delivery may be improved. Such studies should include the OVC as respondents, because they are the main beneficiaries of the services. This will ensure that there is more information available about the services rendered.

5.5. SUMMARY

This chapter focused on the summary of the results, conclusions and recommendations of the study. The main objectives of this study were to determine the types of services rendered to OVC by the Godisanang OVC programme, to identify the benefits of and challenges associated with the psychosocial services rendered to the OVC, and to determine what must be done to enhance or improve psychosocial services rendered to OVC. The main purpose of this study was to determine the value of psychosocial services rendered by the Godisanang OVC programme to orphaned and vulnerable children (OVC) in Rustenburg and to make recommendations on how these services could be improved. The results of the study revealed that the psychosocial services rendered by the Godisanang OVC programme to OVC were of value. The study also revealed the different ways in which service could be improved, such as ensuring on-going capacity building for staff members and increasing human resources.

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APPENDICES

Appendix A: Participant consent form

Greetings!

My name is Kabaro Neswiswa. I work for the Royal Bafokeng Health and Social Development Services entity as a social worker. I am currently an enrolled student with the University of South Africa (UNISA) for a master's degree in Social Behaviour Studies in HIV/AIDS. One of the requirements of the master's degree is that I should complete a dissertation, of a limited scope, on a research field of my choice. Bearing in mind my interest in OVC support programmes, I have considered it essential to choose your organisation as a suitable field of study and this letter serves to request your informed consent to participate in this study. Kindly note that permission to conduct the study has been granted by the manager of the Godisanang OVC programme, Mr Harold Msiza.

The title of my study is, "Evaluating the effectiveness of psychosocial services rendered by the Godisanang OVC programme to OVC in Rustenburg".

The main objectives of the study are:

- to determine the types of services rendered to OVC by the Godisanang OVC programme
- to identify the benefits of the psychosocial services rendered to the OVC
- to identify the challenges around rendering the psychosocial services to OVC to determine what must be done to enhance or improve the psychosocial services rendered to OVC

  .

Informed consent

Kindly take note of the following:

Your consent to participate in this study is voluntarily and you have the right to withdraw from the study at any given time. You do not need to ask for permission to

withdraw. There are also no consequences for withdrawing from the study or disagreeing to take part. As a participant, you will be asked questions which you may answer, in writing, to the best of your knowledge. I as the researcher will come to your place of work in order to explain further details to you about the study. These meetings will be done with the permission of your site manager and line supervisor and it is the responsibility of the researcher to make such arrangements.

It is important to note that there are no monetary benefits to be gained from taking part in this study. This means that you will not be paid in any manner for participating in this study. You may only be reimbursed for travel expenses, should you be required to travel elsewhere as a result of this study. Your name and identity will not be made public and your private and confidential information will not be divulged, unless you have granted the researcher permission to do so. This means that the information you provide to the researcher will also be handled with care to maintain confidentiality. The researcher may tape record your discussion with her and take notes where necessary during the interview in order for her to validate the data after the interview process.

Should you have any queries or need to verify certain information regarding the study, please feel free to contact the chairperson of the Unisa ethics committee, Dr ZL Jansen, on 012 429 6322

You may alternatively contact the researcher's supervisor, professor B Mbatha, on 012 429 8264 during office hours. The researcher's contact details are 0735138656/014 566 1293- Monday to Friday during office hours.

NB: I have read and understood the conditions involved in my taking part in this study as reflected above and hence give my consent.

I ....(print names and surname in full) hereby give my consent to participate in the study being conducted at ....Godisanang OVC centres by the researcher (Mrs

Kabaro Neswiswa) as part of the requirements for the Master's degree she has enrolled in at the University of South Africa (Unisa).

……………………………………….DATE signed.

The purpose of this study is to determine the value of the psychosocial services rendered by the Godisanang OVC programme to orphaned and vulnerable children (OVC) and to make recommendations on how these services could be improved.

The instrument will be guided by the following instructions:

i)   **Kindly answer all questions.**

ii)   **There is no right or wrong answer.**

iii)   **The interview will take approximately 45 minutes of your time. Mark with an X where relevant, e.g.**

Male	
	1
Female	✓ **2**

NB: all information gathered will be kept confidential.

Thank you kindly for your time.

SECTION 1: DEMOGRAPHIC INFORMATION

1.1. Age

20-30 years ☐

31-40 years ☐

Over 40 years ☐

1.2. Gender

Male ☐

Female ☐

1.3. Educational level

Grade 12	
College	
University	
Other, specify	

SECTION 2: TYPES OF SERVICES RENDERED TO OVC BY THE GODISANANG OVC PROGRAMME

2.1. What types of services are rendered to OVC by the Godisanang OVC programme? Kindly list them.

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2.2. From the types of services you have listed above, which ones do you consider as psychosocial support?

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2.3. How accessible are the psychosocial services you render to the OVC?

Very accessible	1
Partially accessible	2
Not accessible	3

SECTION 3: THE BENEFITS OF THE PSYCHOSOCIAL SERVICES RENDERED BY THE GODISANANG OVC PROGRAMME TO THE OVC

3.1. In your view, what would you say are the benefits of the psychosocial services rendered by the Godisanang OVC programme to OVC?

3.2. How do you measure the impact of the psychosocial services you are rendering to OVC?

3.3. In my opinion, anyone can clearly see the differences between OVC enrolled in the Godisanang OVC programme and those that are not.

I strongly agree	
I strongly disagree	
I'm not quite sure	

SECTION 4: CHALLENGES AROUND RENDERING THE SERVICES TO OVC

4.1. Do you ever experience challenges in rendering psychosocial services to OVC?

Sometimes	
More often	
Always	
Never	

4.2. If your answer to the previous question was yes, please indicate the challenges that you often encounter around rendering the services to OVC?

Tick the appropriate answers

Lack of funds	
Absenteeism by OVC	
Accessibility to services by OVC	
Poor support from colleagues	
Poor support from senior management	
Poor support from other stakeholders	
Other, please specify	

4.3. How do you deal with challenges of absenteeism by OVC? Choose the correct answer.

A. encourage them to come

B. inform their guardians about the challenge

C. conduct home visits

D. all of the above

SECTION 5: IMPROVING SERVICE DELIVERY

5.3. Are you satisfied with your level of psychosocial service delivery to OVC?

Yes/No

Y	N

5.4. How would you rate your level of psychosocial service delivery to OVC?

Poor ☐

Average ☐

Good ☐

Excellent ☐

5.5. What do you suggest should be done to enhance or improve the psychosocial services to OVC?

Ensure on-going capacity building of staff	
Increase human resources	
Increase face-to-face interventions with OVC	
Nothing can be done	

END OF QUESTIONS: THANK YOU SOO MUCH FOR YOUR TIME.

NB: For debriefing purposes

Please describe, briefly, your experiences while answering the questionnaire.

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