

**Livelihoods in child-headed households and state intervention: a case study of the Orphans
and Vulnerable Children's Project in East London**

by

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University of Fort Hare
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**Submitted in partial fulfilment of the requirements for the degree of Master of Social
Science (Rural Development) at the University of Fort Hare.**

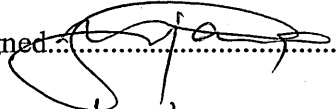
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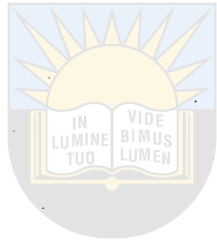
DECLARATION:

I Unati Ngconjana declare that this research project is a product of my own work and where I have used the ideas and words of others, I have referenced these correctly.

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SUPERVISOR'S CONFIRMATION

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ABSTRACT

Research literature indicates that the rise of mortality rates among adults due to poverty, HIV/AIDS, crime, violence and motor-vehicle accidents has led to the increase of orphaned and vulnerable children (OVC). This increase of orphaned and vulnerable children has in turn contributed to the increase in numbers of child-headed households (CHH). In the face of this increase of orphaned children, extended families' resources have become depleted, resulting in their inability and reluctance to take in their relatives' orphaned children once the parents pass away.

According to current research literature, CHHs are regarded as the worst form of exposure to vulnerability for children. This research report examines livelihoods in CHHs and the impact of the state intervention in the form of an Orphaned and Vulnerable Children's Project implemented by the Department of Education in East London, which is in the Eastern Cape Province, South Africa. The research takes the form of a case study of the Berlin Cluster which consists of five public schools in the OVC Project, which was introduced in 2007 and is currently implemented in 30 schools in East London.

Firstly, the research assessed whether CHH numbers are increasing or decreasing within the project schools and what are the contributing factors to the increase or decrease. Secondly, the research explored the strategies that children living in CHHs employ to gain livelihoods and the outcomes these strategies yield. Thirdly, the impact of the OVC Project in improving the livelihood acquisition of CHHs and other vulnerable children within the project schools was investigated. Lastly, the extent to which the project implementation reflects the National and International Policy Guidelines was considered.

The theoretical framework that the research is based on is the Social Protection Theoretical Framework. This research is qualitative in nature. The research study is empirical and a qualitative design (case study) is utilized. The instruments used for collecting data were focus group discussions and in-depth interviews.

The findings of the research fieldwork in the participating schools suggest that the CHHs are decreasing, although arguments were raised against the sufficiency of the recognized definition of CHHs. The findings indicate that the CHH definition may need to be reviewed so as to be inclusive, as the current definition excludes other vulnerable children who are seen as living in similar circumstances as the children living in CHHs. Children living in CHHs depend on government social grants and donations for livelihoods, and are not worse off than the other vulnerable children. The OVC Project does have a positive impact in terms of improving livelihood acquisition for children who live in CHHs and other vulnerable children. However, the challenges that are reported raise questions about the sustainability of the project and the fate of these vulnerable children should the Department of Education cease its implementation.

Key Words: Child-headed households, orphaned and vulnerable children, livelihoods, government intervention, vulnerability, poverty, households, orphans, Foster Care Grant, Child Support Grant.

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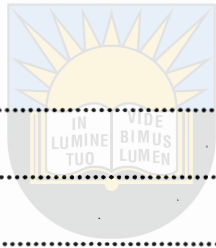
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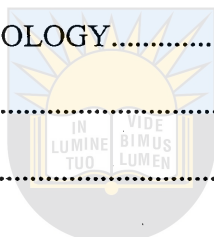
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LIST OF ABBREVIATIONS AND ACRONYMS

CHH	Child-headed household
CMR	Christelike Maatplike Raad
CSTL	Care and Support for Teaching and Learning
DFID	Department for International Development
DOE	Department of Education
DOH	Department of Health
DOHA	Department of Home Affairs
DOSD	Department of Social Development
HAC	Health Advisory Committee
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
NGO	Non Governmental Organisation
NMCF	Nelson Mandela Children's Fund
OVC	Orphans and vulnerable children
SASSA	South African Social Security Agency
SAPS	South African Police Services
SP	Social Protection
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development



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CHAPTER 1

1.1 Introduction

According to research conducted by the South African Department of Social Development [DOSD] and the University of South Africa [UNISA] (2008:18), the rise in morbidity and mortality rates among adults as a result of HIV&AIDS, poverty, crime, violence and motor vehicle accidents has led to an increase in the number of orphans and vulnerable children (OVC). Due to this increase in orphan-hood and destitution among children, families and communities are failing to respond in the traditional manner of taking in children into extended families (Freeman & Nkomo 2006:504; Phillips 2011; Meintjies et al 2010:43 and Maqoko & Dreyer 2007:718). In the indigenous South African family system, when parents passed away the relatives (extended family) or, in their absence, close family friends took over the responsibility of parenting the orphaned children or any child whose parents were absent. However, in modern societies this tradition is gradually being eroded (Lalthapersad-Pillay, 2008).

The erosion of the extended family structure, together with evolving trends in social structures, such as single parenthood, migration (which leaves families more vulnerable as members are far from their extended families) and divorce, a new form of family structure known as the 'child-headed household' (CHH) has emerged, which, according to DOSD and UNISA (2008:18), is multifaceted and complex. Phillips (2011) states that child-headed households not only impact on the traditional societal structure but also affect the development and well-being of children and the realization of their rights.

Lalthapersad-Pillay (2008) observes that it is the usual practise in most African communities for orphaned children to be taken in by the extended family; however, the HIV/AIDS epidemic and other social and environmental factors have put a strain on this practise. Further

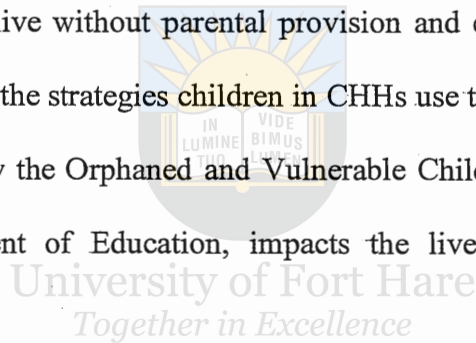
explanations offered by Lalthapersad-Pillay (2008:151) for the decrease in this practice include: the high numbers of children who are orphaned and need to be absorbed by the extended family, decreasing numbers of adults who can act as care givers, financial implications of care and abounding poverty in communities, and the growth of the nuclear family structure.

It is emphasised that, as much as most scholarly literature shows that the major factor contributing to the increase of child-headed households is HIV/AIDS, other contributing factors are equally important (Thomas, 2009:820; Phillips, 2011 and Lalthapersad-Pillay, 2008:150). Catastrophic events like civil conflicts, humanitarian emergencies and epidemics are attracting some scholarly interest in demographic studies on how these affect the demographics of populations (Thomas, 2009). The interest in OVC is sparked by the need to understand how demographic shocks affect social adjustment processes for children. Such demographic shocks include the impact of wars, epidemics and other emergencies on fertility, mortality and migration processes (Thomas, 2009:820).

To underscore the growing numbers of CHHs in South Africa, statistics according to the General Household Survey of 2005 indicate that approximately 118,500 children live in CHHs. The figure equates to 0.7 % of all children aged between 0-7 years and 0.6% of all households. The highest number of CHHs was found in Limpopo (39%), Eastern Cape (23%) and KwaZulu Natal (13%) (Lalthapersad-Pillay 2008:152). Meintjies et al (2010) caution, however, that these numbers are purely a reflection of child-only households and do not include households where there are resident incapacitated adults who are the child-head's responsibility. The research by Meintjies et al (2010) further indicates that in some parts of South Africa children as young as 6-11 years were heading a household in 2001.

1.2 Rationale of the study

With research literature indicating the Eastern Cape as one of the provinces with the highest numbers of children who live in CHHs, it is worthwhile exploring the government's response in halting this dire pattern of events and to assess the effectiveness of such an intervention. Although scholars have often focused on identifying factors that 'create' CHHs, the effects on traditional family structure and the socio-economic dynamics of CHHs, little information exists on the state intervention strategies in the CHH discourse, especially in the Eastern Cape Province. The purpose of this current research, therefore, is to assess the role of the state in assisting children who live without parental provision and care. The study will, in addition, assist in understanding the strategies children in CHHs use to attain livelihoods, and also investigate how specifically the Orphaned and Vulnerable Children's Project, which is implemented by the Department of Education, impacts the lives of CHHs and other vulnerable children.



1.3 Statement of the problem

Research indicates that many children in sub-Saharan Africa, including orphans, children in CHHs, and children affected and infected by HIV/AIDS, are victims of poverty and social instability. The circumstances in which these children grow up negatively affect their health, education, economic stability, food security, family life, connections to social institutions, and human rights, and they generally also face more struggles than deemed normal for children (DOSD and UNISA, 2008 and Phillips, 2011).

Richter and Rama (2006:10) note that governments have been the slowest to act, as by 2003 only 13% of the national policies of the countries in sub-Saharan Africa referred to orphans and vulnerable children. Lalthapersad-Pillay (2008:148) states, "Government response needs

to be timeous and intervention must speak to the needs of the orphans in crisis in order to deal effectively with their developmental needs.”

According to a study conducted by Thomas (2009:821) in Rwanda, orphan status (which many of the children living in CHHs bear) is generally associated with less favourable socio-economic and psychosocial well-being. Sloth-Nielsen (2009:113) argues that any assessment of the levels of destitution, desperation and societal disintegration must rank the increasing phenomenon of children living in households without adult caregivers as one of the most pressing concerns facing South Africa today.

Concern for CHHs stems from the lack of adult supervision and provision, resulting in children being forced to take the parenting role and responsibilities at an early age, which then affects all the children concerned (Evans, 2010:4). The act of children taking care of other children challenges universal models of childhood as a protected life phase free of adult responsibilities (Evans, 2010). This exposes children to many forms of exploitation and rights violation as they attempt to provide livelihoods for themselves with limited or non-existent resources (Rau, 2002:3).

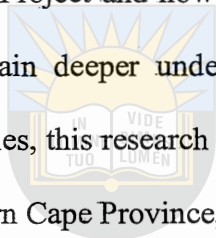
Freeman and Nkomo (2006) argue that, even though the extended family has been widely proposed as the most viable and preferred option for the placement of OVC, caution needs to be exercised against the expectations that the extended family can continue to absorb the full social, economic and psychological impact of the HIV/AIDS epidemic. Research conducted by Freeman and Nkomo (2006:503) show that the “orphan crisis” is impoverishing even working households, where caregivers lack sufficient resources to provide for basic needs. The authors further state that people’s willingness to help rear family member’s children is jeopardised by the economic and social difficulties that come with providing care for a child, so traditional and cultural practises are contested as financial resources become more limited.

The Joint United Nations Programme for HIV/AIDS [UNAIDS] (2009) observe that, although remarkable efforts have been made to integrate families and to care for the young under severe shortages due to poverty and stress, there is still a growing concern that families are finding it hard to cope and are perhaps reaching saturation point. International and national laws in most countries mandate governments to provide care for children who are permanently or temporarily deprived of parental care or ensure that there are suitable alternatives (UNAIDS, United Nations Children's Fund [UNICEF] & United States Agency for International Development [USAID], 2004). In reality the responsibility is with the extended family, and child-headed households are viewed as a violation of the children's right to alternative care, especially regarding the right to survival, protection, development and participation (UNAIDS, UNICEF, USAID, 2004).

According to Sloth-Nielsen (2009:117) South Africa has a range of constitutional provisions towards children living in CHHs, such as section 28(1) (b) of the Constitution which gives every child a right to family care or parental care or appropriate alternative care when removed from the family environment. This brings into question the appropriateness of CHHs on children's development and access to this particular right.

Levine (2001) states that there is a need for more research to be conducted on the impact of the absence of adult care and supervision on children who become orphans and those who live in CHHs, as available research indicates that education and health outcomes are affected negatively. Then, as children grow up in these adverse circumstances, they also become vulnerable to sexual abuse and exploitation, which exposes affected children to HIV/AIDS infections. These risks, in turn, are also likely to harm the children's future livelihoods, thereby perpetuating the cycle of poverty (Rau, 2002).

Levine (2001) acknowledges that there are no short cuts or quick solutions towards addressing the CHH phenomenon, but argues, however, that a sustained commitment to protecting and improving the lives of vulnerable children needs to link local actions with those at the national and global level. Further research is needed that will address the livelihood strategies of vulnerable social groups and the extent to which they are dependent on formal transfers such as state grants (Levine, 2001). The current project aimed to explore the dynamics involved in the livelihood strategies of CHHs and the impact that government intervention has on these livelihood strategies. The research also aimed at finding out what provincial policies are in use in the OVC Project and how they are linked with the national and international policies. In order to gain deeper understanding of the nature of state interventions for CHH's livelihood strategies, this research will undertake a case study of the East London OVC Project in Berlin, Eastern Cape Province, South Africa.



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1.4 Research Questions

The study sought to answer the following research questions:

- 1) What are the specific factors contributing to the increase in the number of child headed households in the Eastern Cape?
- 2) What are the livelihood strategies that children who live in child-headed households employ, and what outcomes do these strategies yield?
- 3) How does the state intervention in the form of Orphaned and Vulnerable Children's (OVC) Project, implemented by the Eastern Cape Department of Education, impact upon the CHHs livelihood acquisition and to what extent does the project implementation reflect the National and International Policy Guidelines?

1.5 Research Objectives

The research objectives were as follows:

- 1) to identify the specific factors that contribute to the increase in number of child headed households in the Eastern Cape,
- 2) to explore the livelihood strategies employed by children in child headed households and their outcomes, and
- 3) to assess the impact of the OVC project intervention by the Department of Education on CHH livelihoods and also the extent to which the project implementation reflects the National and International Policy Guidelines.



1.6 Significance of the study

The study will add value to literature evaluating the impact of current programmes implemented by the South African government in schools to help OVC to acquire better livelihoods despite their circumstances. The study evaluates the implementation of the development programme for vulnerable children in public schools through the OVC Project conducted by the Eastern Cape Department of Education (DOE) in East London. The evaluation involves how it impacts on CHH livelihoods, how the community and the OVCs view the programme, and how the staff of the Department of Education and the partners of the project perceive and implement the programme, all of which will serve to improve the advocacy of the programme in achieving its desired outcomes.

There is limited available literature on intervention models for OVC as much of the available research on the topic focuses on statistical analysis. To highlight this Vikan and Seely (2008:87) argue that the concern about orphaning of so many children is not new, but the challenge is in how to create adequate support for vulnerable children. This research is

focused on finding out if the government intervention adds value to the livelihoods of the OVC, particularly those in CHHs. Where value is added, the research assesses if this intervention is sustainable or is only short-term, so as to inform future planning for OVC intervention programmes in schools.

The purpose of this research is to explore livelihood strategies and livelihood outcomes in child-headed households and the role played by the state. The United Nations Convention on the Rights of the Child [CRC] article 32 (1989:15) states that:

... state parties recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

In the case where adult provision and care are absent, the study has explored state intervention in promoting vulnerable children's rights, and the effect thereof on the lives of these children. Governments carry an obligation to provide protection and assistance for vulnerable children, through the endorsement and implementation of relevant policies (Phillips, 2011). The research assessed the policy framework used in the implementation of the project and its alignment to the National Education Policy. Sloth-Nielsen (2009) states that large numbers of children affected by the HIV/AIDS epidemic live in rural areas in South Africa and are struggling to obtain state funded social assistance. This current research assessed how the OVC Project assists such children to secure the state grants and other available resources that improve the children's livelihoods.

The research contributes to the scholarly discourse on evaluating the effectiveness of the OVC Project by the Department of Education, and also provides some insight into the experiences of children who live in CHHs in the Eastern Cape. Meintjies et al (2010) argues that little is known about the extent, nature, and circumstances of child-headed households in

South Africa, various analyses of survey data from South Africa and further afield make brief reference to the prevalence of child-headed households as part of larger analyses.

Richter and Rama (2006) on the other hand acknowledge that substantial agreement exists among children's rights advocates that what is needed most is a set of collective government and community responses. These well planned and coordinated responses will then strengthen the commitment of caregivers and households to the well-being of children. This research adds to the knowledge base of literature on CHHs and may even lead to other studies on various aspects of CHHs. This research study also assists in gaining insight into the challenges and opportunities that exist within the project for vulnerable children, which can be used for the formulation of improved strategies or sustenance of best practices. It also assists in gaining understanding of how children living in CHHs and OVC in general respond to the implementation of the OVC project in schools.

The logo of the University of Fort Hare is a circular emblem. It features a central sun with rays, a book, and a lamp. The Latin motto "IN LUMINE BIVIDE" is inscribed within the emblem. The text "UNIVERSITY OF FORT HARE" is written around the perimeter of the circle.

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CHAPTER 2

2. LITERATURE REVIEW

2.1.1 Introduction

Research scholars characterize child-headed households (CHHs) as households where there are limited resources to attain livelihoods including: lack of parental guidance, lack of parental provision, and limited resources to access healthcare, education, food security, and social development (Phillips, 2011; Meintjies et al, 2010:44; Thomas, 2009:821; Mokgatle-Nthabu et al, 2011; DOSD and UNISA, 2008:20 and Rau, 2002:3).

This chapter of the report will review related literature on child-headed households. The specific themes covered include: Poverty as one of the factors driving the phenomenon of CHHs; the other factors contributing to the increase in numbers of CHHs; the various livelihood strategies that orphaned and vulnerable children (OVC) use to attain livelihoods; how governments in the developing countries address the challenges of OVC of which CHHs are a subcategory, and the policy frameworks that guide government interventions. The chapter is divided into three sections: section one will focus on the review of related literature, section two will discuss the theoretical framework on which the research will be based, and the last section will cover the definition of concepts.

The review of literature is significant in that it identifies what has been researched on the topic of study and informs the researcher of the current scholarly debates on the topic. A good literature review will also orient the readers to the significant debates and positions in line with the research topic, and emphasise the gaps, contradictions, and silences in the existing knowledge base (Hart, 1998).

2.1.2 Factors that contribute to the increase in the numbers of CHHs

a) Poverty as a contributing factor

Richter and Rama (2006) cite poverty as one of the factors that are leading to the escalating number of CHHs. Other factors they cite include civil and regional wars and environmental disasters. Available research by Phillips (2011) and Richter and Rama (2006) indicate that poverty is one of the challenges with which vulnerable children have to cope with; they are born by poor parents with limited resources, who die (even earlier than normal) due to poverty-related diseases and leave them no inheritance but further poverty, and the cycle of poverty is then maintained if there is no intervention.

The impact of poverty on children and families is compounded by the fact that many HIV/AIDS affected families live in communities that are already disadvantaged by poverty, poor infrastructure, and limited access to basic services (Foster and Williamson, 2000:279). Children experience further deterioration of their living standard due to family deaths, and household resilience drops as prime-age adults die and children have to resume care giving responsibilities (Foster and Williamson, 2000).

The community and the extended families' inability to cope with the escalating numbers of orphaned children is caused by poverty, which depletes resources as indicated in the research by Freeman and Nkomo (2006). This lack of resources leads to resistance to taking in orphaned and vulnerable children. Poverty is one of the factors that limit the social capital of the community according to the Department for International Development Sustainable Livelihood Framework (1998); it becomes a challenge for poor communities to take in more children when they lack the resources to sustain both the orphaned children and their own families.

Du Plessis and Conley (2007:50) describe 'child poverty' as a situation where children do not have enough resources to grow healthy and strong, to get an education, to live in a good safe environment, and to fulfil their potential. Du Plessis and Conley (2007) further state that, as children will grow up to be adults tomorrow, it is important that long-term investment of resources towards their development is taken into serious consideration. Richter and Rama (2006) indicate that the conditions of poverty affect health, economic and social development, opportunities to learn, and human rights realization. Poor children have fewer assets with which they can engage in livelihood generation, so in the case of CHHs the lack of resources is enhanced.

Du Plessis and Conley (2007) cite two main reasons for the state of child poverty in South Africa, namely, the legacy of apartheid and the high levels of unemployment. Racially discriminating policies, which led to inequalities, have left many black children inheriting those inequalities in terms of infrastructure, education and health services, especially in the rural areas that were declared homelands.

The above-mentioned research literature shows that various factors have contributed to the reality of children living in poverty, a situation in which the children who live in CHHs are particular victims. These indicators also show how the cycle of poverty is perpetuated when there is no comprehensive intervention. Children born in poverty, or whose households were impoverished over time, will in turn give birth to children who will also grow up in those circumstances and poverty will be sustained for generations to come. There seems to be a serious need to put together well researched and relevant intervention strategies to break the cycle of poverty. Research shows that poverty eradication as both a cause and consequence of vulnerability for CHHs can lead to improved livelihoods for vulnerable children in South Africa.

b) HIV/AIDS and other factors that contribute to the rise in the number of CHHs

Research studies conducted on Orphans and Vulnerable Children (OVC) indicate that the major factor behind the escalating number of vulnerable children is the rise in HIV/AIDS related deaths of parents (Richter and Rama 2006:10; Rau, 2002:3; Foster and Williamson, 2000; Phillips, 2011; Richter and Desmond, 2008; Meintjies et al, 2010 and Sloth-Nielson, 2009). Vikan and Seely (2008) argue that orphaning and the resultant impact of HIV/AIDS on children's lives is not a new phenomenon, but what is lacking is the implementation of effective support for children and affected communities. Household dynamics and the impact of HIV/AIDS are also regarded as important in understanding the ability of orphans to build their livelihoods (Vikan and Seely, 2008).

Lalthapersad-Pillay (2008) states that in countries that have high HIV prevalence, numbers of orphans and vulnerable children tend to increase as well. HIV/AIDS accounts for more annual deaths than any other cause, and has claimed the lives of 2.0 million people in 2005, and adult mortality directly feeds into the emerging orphan crisis and requires a speedy response (Lalthapersad-Pillay, 2008:151). Pharaoh and Weiss (2005) agree with the above research by Lalthapersad-Pillay (2008) that the HIV/AIDS epidemic stands to leave millions of children orphaned. Many of the orphaned children first feel the effects of the parent's illness long before the parent actually dies. They become responsible for additional domestic chores, taking care of the sick parent, and generating income for the family (Foster and Williamson, 2000).

Another challenge that is raised in the research conducted by Germann (2005) is that the results of multiple inter-related problems that are faced by vulnerable children due to the context of their lives, is the increased vulnerability to HIV infection. Germann (2005) states that, according to some studies, it has been shown that orphaned children and other children

living on the margins of society, such as refugees, street children, children in slums, and children living in remote rural areas, are at a higher risk of contracting HIV. In trying to account for this situation, it is reasoned that HIV infection is not a priority among such people compared with the concern of meeting daily needs. Research by Ziervogel and Drimie (2008) acknowledge that HIV/AIDS is widely cited as a major driver of livelihood insecurity across the African region. Household and community livelihood insecurity in rural and urban southern Africa cannot be properly understood and therefore addressed if HIV/AIDS is not considered (Ziervogel and Drimie, 2008). Therefore, for one to understand how children who live on their own generate livelihoods, the dynamics of HIV/AIDS need to be understood, as well as how they impact on the implicated children.

c) Other factors contributing to the increase of CHHs

Another factor that contributes to the growing number of CHHs, according to Phillips (2011), is that children choose to remain together despite the lack of adult care, being motivated by the need not to be separated as siblings, the fear of being exploited, and the need to protect the late parent's property. Another challenge that leads to children living alone is the lack of facilities for alternative care options available in sub-Saharan Africa (UNICEF, 2006).

Migration also results in the absence of parents to take care of their children in the family set up (Swift and Maher, 2008). Parents tend to leave their homes and children in search of employment in the city thus Du Plessis and Conley (2007) indicate in their research that the state of poverty is particularly high in the former homelands of South Africa. Foster and Williamson (2000) caution, however, that little is known about the nature and extent of migration and its impact on vulnerable children, although there seems to be a trend for able bodied young adults to migrate to the cities for better livelihood prospects, while some leave children behind.

2.1.3 Livelihood strategies in CHHs

Despite increased research on the negative consequences of orphan status in Africa, there are unanswered questions about specific ways in which the welfare and livelihoods of orphaned and vulnerable children are affected by demographics such as age, gender, home ownership, and location (Thomas, 2009). Thomas (2009: 821) further argues that the “logical nexus between the impacts of humanitarian crises (of which poverty is one) on both orphan status and family formation processes has not been fully examined.” Ellis (2000:10), in his modification of the definition of livelihoods by Chambers and Conway (1992), defines them “... as comprising the assets (natural, physical, human, financial and social), the activities (jobs, remittances, education) and the access to these (mediated by institutions and social relations) that together determine the living gained by the individual or household.” This definition does give an indication that children on their own without assets would struggle to gain access to livelihoods, and poverty is an indication of lack of assets. Ellis (2000) acknowledges the link between assets and the options that people possess to enable them to pursue alternative activities to generate an income level that is required for survival.

In their research of chronically poor people in South Africa, Maset and White (2004:280) describe orphans as part of the vulnerable group that is identified as chronically poor (which includes children and people with disabilities and older people). According to the set Millennium Development Goal indicators, these are the groups that are worse off in terms of progression. In their research analyses, Maset and White (2004) argue that there is limited research that examines the livelihood strategies of these groups to determine how they can be best included in a development agenda. The argument is that chronically poor people and children are dependent on the support they receive from others, be it informal (donations and gifts) from the community and family or formal (cash transfers) from the state. It is, therefore, of paramount importance that intervention towards their development be precise

and relevant to their needs (Masset and White, 2004). The research by Masset and White (2004) further agrees with research by Freeman and Nkomo (2006) that the traditional social structure shows a trend of weakening over time and cannot cope with shocks. Traditional assistance towards vulnerable children deteriorates when shocks occur, so the vulnerable groups sink further into vulnerability, especially in South Africa.

This weakening of the indigenous social structure, according to Rau (2002:1), has led to child labour as one of the means that vulnerable children use to attain livelihoods. Rau (2002) also argues that the relationship between child labour and HIV/AIDS results from the cumulative effect of three other factors: the inequalities that contribute to and sustain poverty, the failure of prevailing development paradigms to address fully the socio-economic needs of all people, and the rapid expansion of corporate influence on economic models.

In a study conducted by Foster and Williamson (2000:280) in Zimbabwe and Tanzania, the findings showed that the situation for children living in CHHs was dire, with them having an average monthly income of eight dollars compared to twenty one dollars for children in non-orphan neighbours. In Tanzania private transfers of assets between relatives and communities are the traditional means of relief for the destitute, and where the situations were desperate poor households resorted to selling assets such as oxen and household items for food security, which cost the household dearly in the long-term (Foster and Williamson, 2000).

Adato et al (2005) conducted a study in three provinces in South Africa and the findings of the research revealed that the typical pattern is that, after the death of the parents, the oldest sibling ends up running the household and looking after his/her siblings. Some of the coping strategies that these children use to obtain food and money, as the research by Adato et al (2005) indicates include begging, casual paid employment, crime, strategic pregnancy so as to access the child support grant, early marriage and co-habitation. These are indicators of the

shortage of livelihood assets that children experience, and how the lack of them disadvantages them in gaining the desired livelihood outcomes. Research conducted by the Nelson Mandela Children's Fund (NMCF) in (2001) also supports Adato et al (2005) in acknowledging that children, in an effort to generate income in order to survive, are at a high risk of being exposed to the worst forms of child labour. The reasons cited are their lack of the necessary skills for formal employment and the fact that they are minors who are mostly employed illegally.

Another challenge that children living in CHHs face is access to social grants (Phillips, 2011 and NMCF, 2001). Children are often unaware of their eligibility for grants and social services are frequently inaccessible to them, and, in some cases, NGOs and other organizations exploit children by obtaining funds on their behalf and then failing to use the funds for the children's benefit (Phillips, 2011). In South Africa most of CHHs gain their income or livelihoods through unstructured, irregular allowances provided by relatives, neighbours or other community members, as a result of which CHHs are more likely to experience higher poverty rates than other vulnerable households (Meintjies et al, 2010).

Ziervogel and Drimie (2008) argue that food security can be an important outcome of livelihood strategies and can be used to measure livelihood resilience in poor households when they are affected by shocks and stresses. Shocks that affect food security can be environmental, such as climate change and land overuse, and socio-economic factors perpetuated by poor policies or poor governance. These factors are intertwined and their interaction with HIV/AIDS needs to be understood in order to support livelihood resilience (Foster and Williamson, 2000). Limited food security is a major challenge for children who are orphaned and vulnerable and children sometimes in an attempt to acquire food engage in dangerous behaviour, or can be easily exploited (Rau, 2002). There are some activities that children engage in, in order to acquire livelihoods, activities such as child prostitution and

early marriage which may lead to HIV infection as children are more vulnerable than adults (Rau, 2002).

Foster and Williamson (2008:278) also acknowledge that the impact of HIV/AIDS on children and families is compounded by the fact that many families live in communities which are already disadvantaged by poverty, poor infrastructure and limited access to basic services. Research indicates that there is a need to focus on livelihood strategies in the context of HIV/AIDS and children who are vulnerable (Foster and Williamson 2008:278).

Another debate on how vulnerable children living in child-headed household attain livelihoods is related to the topic of land access and use. HIV/AIDS as one of the factors that contribute to the increase of CHHs does not affect productivity only but it also diverts the labour of the household away from productive and reproductive activities as people take care of the sick and, in the process, savings are consumed as there is no household income (Drimie, 2002). Due to the need to take care of the sick, assets are sold, utilization of agricultural land declines as inputs become unaffordable, household labour supply is reduced, and sooner or later households fall below the social and economic threshold of vulnerability, leaving the survivors, which are mostly children and old people, with limited resources to attain sustainable livelihoods (Drimie, 2002).

Izumi (2006) argues that the land rights of orphans still need to be researched and debated. Current research indicates that in some parts of Africa, such as Zimbabwe, children's rights to the property left by their parents, especially livestock and land, are being violated by what is termed 'property grabbing'- usually by the remaining male relatives (Izumi, 2006:3). What still needs further research is what happens to the property when the children have grown up, and what is done now by the government to ensure that children are not coerced out of their late parents' assets.

Izumi (2006) further argues that the right to land, particularly for agricultural production, remains important for poor households as an asset for livelihood strategies. It is also important to note that households are not passive in the face of shocks but do come up with strategies to overcome challenges. However, with poverty generally being a problem even before parents die, besides the property grabbing there is usually not much property left to inherit (Walker, 2002).

Drawing from the research by Walker (2002), Drimie (2002) and Izumi (2006), it appears that there are various aspects of land that impact on children's rights, more especially after the parents die. These issues have led to many households moving focus from land production to other livelihood strategies. Children become further disadvantaged because they lack the human capital (skills, education and knowledge) needed for formal employment or even the skills to use the land they have for livelihood generation.

The current research was also aimed at finding out how the OVC Project assists children living in CHHs to retain their land after the parents pass away and if the children view the acquired land as an asset to assist in gaining livelihoods, or they view the land as part of their identity. Eastern Cape is predominantly a rural province and some of the project schools that were part of the research study are in the rural outskirts of East London. As agriculture is understood as one of the livelihood or income generation strategies that rural dwellers use for sustenance, it was interesting to understand how the children view agricultural production, which involves land use, as a means of acquiring livelihoods. The research also aimed at finding out how children living in child-headed households view land, and the strategies put in place by the government to assist them.

2.1.4 Government intervention for CHHs

Richter and Rama (2006:10) note that governments have been the slowest to act, as by 2003 only 13% of the national policies of the countries in sub-Saharan Africa referred to orphans and vulnerable children. Richter and Rama (2006) also state that children in CHHs have different needs and experiences according to age, gender, and location (rural or urban); therefore, planned interventions must take these factors into consideration in order to be effective. Shisana and Simbayi (2002) highlight that in South Africa it is the children of African descent who are in poor households and who live in urban informal settlements who are most affected. In other words, they are the most likely to end up in CHHs.

South Africa has the highest number of HIV positive individuals of any country in Africa (Meintjies and Bray, 2005:148). It was estimated that 5 million people lived with HIV/AIDS in 2004 of whom roughly 245 000 were children under the age of 15 (Meintjies and Bray, 2005:148). In the face of the HIV/AIDS epidemic and other factors that lead to the high levels of adult mortality and morbidity which affect the country's large child population - estimated at 39% of the total population - appropriate responses to children are critical (Meintjies and Bray, 2005).

Allsopp and Thumbadoo (2002) acknowledge that when the democratic government took over power in South Africa in 1994, it was faced with the responsibility of finding ways to nurture, develop and protect children whose growth environments had been distorted by the previous economic, political and social policies. These are the policies that maintained the status quo of poverty and inequalities among the races; therefore, the government had to intervene to promote equality. The question is how these changes in policy have benefited vulnerable children's well-being.

However, Sloth-Nielsen (2009) stresses that for South Africa the CHH phenomenon only begun to be felt in the 1980s, and it was raised as an issue of public concern towards the turn of the century, well after the transition to democracy in 1994. Years of political violence, migratory labour, forced removals and rapid urbanisation have impacted on the lives of children (Allsopp and Thumbadoo (2002). A culture of violence has become prevalent and widespread poverty and lack of resources has forced children into commercial exploitation thereby negatively affecting their development (Thomas, 2009).

Daniel (2011) states that most local communities have responded to the needs of OVC in different ways: some produce food for orphans while others provide day care for infants so that older siblings can attend school. The study conducted by Daniel (2011) in Kenya, Tanzania, Ethiopia, India and Cambodia indicates that interventions into the challenges faced by OVC are usually small-scale and disjointed. There are always challenges with getting funds so programs depend on voluntary labour and they have little influence on national-level responses to the OVC challenge.

Daniel (2011) argues that externally funded programmes targeting OVC tend to provide material aid usually in the form of uniforms, school fees, food and other material necessities. Daniel (2011) acknowledges material assistance is crucial but it sometimes comes with unintended side-effects such as undermining the social cohesion in the recipient communities, and sometimes corruption leads to the exclusion of the most vulnerable.

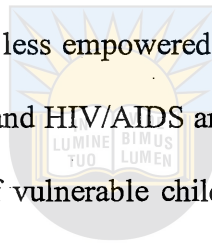
USAID,UNAIDS and UNICEF (2004) formulated a framework for the protection, care and support of children affected by HIV/AIDS. The outlined strategies are:

- a) strengthening the capacity of families,
- b) mobilizing and supporting community-based responses,
- c) ensuring access to health, education and other services,

- d) promoting government protection of vulnerable children, and
- e) raising awareness for the need of a supportive environment for children and families.

Other researchers argue against stand alone interventions which are not effective and advocate instead integrated interventions which encompass health, nutrition, economic and food security, legal aid, psychological and spiritual assistance, education, and other relevant services as the need arises (Richter and Rama, 2006).

In summary the research literature indicates that OVC (which CHHs are part of) are the groups of vulnerable children predominantly found in poor communities. These poor communities, because of poverty, become less empowered to assist these children, resulting in children living alone in CHHs. Poverty and HIV/AIDS are cited as some of the factors that contribute to the escalation in numbers of vulnerable children. Conflicts and migration are also noted as contributing factors.



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Research by Germann (2005) raises an important point that could prove to be a challenge if overlooked when programming an intervention, that is, if the intervention is not integrated and precise, the cycle of poverty will be perpetuated in poor communities. Also the challenge of failure to prevent HIV infection in these vulnerable children is raised as having implications for future generations in either perpetuating the cycle of poverty or stopping it. The conclusion on the issue of assets then would be that children, by nature of being children, are vulnerable and are still at the developmental stage where they are learning and growing up. It is the availability or lack of assets that determines whether a household is poor or has enough 'livelihoods' to survive and thrive. Vulnerable children are at a disadvantage in terms of human capital (education and skills needed for employment) and they are deprived of social and financial capital. How then do they acquire assets for livelihood generation when they are left with none?

However, current research indicates that to ensure appropriate responses and programming for vulnerable children the various factors that lead to children being orphaned must be researched as well as the effects of HIV/AIDS. Available research has been mostly focused on the incidence of CHHs, causes, and various social factors that contribute to the violation of the children's rights. There is little scholarly discourse on the various intervention strategies and their impact on these children's lives. That is why this particular research will provide some necessary information on what is happening on the ground to assist vulnerable children, more specifically what the Provincial Department of Education in the Eastern Cape Province of South Africa is currently doing to ensure that vulnerable children are protected from sinking further into the cycle of vulnerability.

2.2 The Children's Rights Policy Framework in the South African context

Peters (2012) acknowledges that the Convention on the Rights of the Child (CRC) is recognized as the most ratified human rights instrument to which 192 countries are subscribed. Its contents oblige state parties to take all measures to ensure implementation of the convention, through appropriate legislative, administrative, and all other measures necessary for the implementation of the rights recognized in article 4.

According to international and national law in most countries governments are mandated to provide children who are permanently or temporarily deprived of parental care with suitable alternative care (Phillips, 2011). The family unit is considered to be the natural and the best environment for the growth and development of children, according to the Convention on the Rights of the Child (1989). The best place for children to grow up is a family environment where there is an atmosphere of love and understanding. Children who grow up without parental care are at a high risk of being deprived of parental care as they might lack a suitable caregiver in the absence of the parents.

Phillips (2011) and Sloth-Nielsen (2009) put into perspective children's rights and the legislation available worldwide and in South Africa in relation to CHHs and other children in need of alternative care. Some of this legislation includes:

- African Charter on the Rights and Welfare of the Child, 1990
- United Nations Guidelines for the Alternative Care of Children, 2009
- Convention on the Rights of the Child, 1989
- The Constitution of the Republic of South Africa, 1996
- The Children's Act, 2005
- The Children's Amendment Act, 2007
- General Regulations regarding Children, 2010
- National Social Development Children's Act, Practice Note No.1 of 2010

The South African government has paid substantial attention to CHHs when addressing the HIV epidemic (Meintjies et al, 2010). The Amended Children's Act (2007) has been amended to institute special provisions for children living in CHHs; they have been singled out as the priority category of children who require intervention (Sloth-Nielsen, 2009).

Phillips (2011) states that it should be recognized and accepted that every child is the bearer of rights, and that children as such should be informed of their rights, and be provided with an opportunity to exercise these rights. A child has a right to be raised in a manner which provides him with the best possible development of his/her personality. The consensus is that in principle a child's upbringing is the primary responsibility of the child's parents (CRC, 1989).

Children who are temporarily or permanently deprived of parental care have a right to alternative care. Support services should be available to siblings who have lost their parents

or caregivers and choose to remain together in their household, to the extent that the oldest sibling is both willing and deemed capable to act as the household head (CRC, 1989).

The international guidelines and legislation on Children's Rights form a good framework for what states can do to realise the rights of children; however, according to Phillips (2011) they do not describe how these set conditions should be met. This, then, shows the importance of the theoretical approach used for intervention. These guidelines and the legislation are there to assist national governments when formulating policies to ensure that the challenges facing OVC are not neglected, that policies are there to inform action plans within the various government departments to ensure the realisation of the rights of children deprived of parental care (Sloth-Nielsen, 2009).

This Policy Framework is relevant for this research because it assisted in evaluating the project. It provides insight as to whether the intervention programmes are conducted according to the specifications of available legislation concerning children's rights in South Africa. Also, this framework assisted the researcher to explore the policies that are in place to inform action plans towards the realization of the rights of children living without parental care. The researcher, therefore, explored the congruence between the available legislation and policies that are supposed to be implemented and the actual processes that are being implemented on the ground.

2.3 Theoretical Framework: Social Protection

Social Protection (SP) is viewed as an important component of poverty reduction strategies and efforts to reduce vulnerability to economic, social, natural and other shocks and stresses (Sanfilippo et al, 2012). Sabates-Wheeler and Devereux (2008) state that social protection emerged as a critical response to the safety nets discourse of the late 1980s to early 1990s, and the purpose was to fight poverty.

Sanfilippo et al (2012:6) defines social protection generally;

....as not only being protective by buffering a household's level of income and/or consumption, but also by providing a means of preventing households from resorting to negative coping strategies that are harmful to children like pulling them out of school, as well as promoting household productivity, increasing household income and supporting children's development through investments in their schooling and health, which can help in breaking the intergenerational cycle of poverty and contribute to growth.

Sabates-Wheeler et al (2009: 109) define social protection as an agenda primarily for reducing vulnerability and risk of low-income households with regard to basic consumption and services, through safety nets like food grants or income transfer. Levine (2001) argues that the provision of appropriate risk management instruments is very important for lasting poverty reduction. Programmes to reduce the vulnerability of orphans and other children should be seriously considered when designing national development strategies in the context of the HIV/AIDS epidemic.

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However, Sanfilippo et al (2012) argue that, while existing evidence shows that social protection programmes do address several dimensions of a child's well-being, the interventions are often indirect, and there is a need for a more child-sensitive approach. Sabates-Wheeler et al (2009) also add to the argument stating that social protection is important for children as they are highly vulnerable compared to adults. Sabates-Wheeler et al (2009), therefore, suggest social protection that includes child-intensified vulnerabilities, which may affect the whole population, but have a strong impact on children.

Holzmann et al (2003) acknowledge that social protection as a concept for poverty reduction is moving up on the development agenda; it is understood in the context of assisting individual households and communities deal with diverse risks, and increasing poverty reduction towards sustained economic and social development.

Sanfilippo et al (2012) and Sabates-Wheeler et al (2009) make concrete arguments about SP that is child sensitive. Children should be recognised as recipients of SP in their own right and not be viewed as just an extension of adults but as active users of SP programmes. This is important when one looks at the increase in the numbers of CHHs, where there are no adults at all. What happens to these households if intervention is not adapted to their needs? The assumption that there will always be an adult available to access SP on behalf of the children is not always a feasible one as studies have indicated (Freeman & Nkomo, 2006 and DOSD & UNISA, 2008).

Sanfilippo et al (2012) acknowledge that SP is particularly important for children in view of their high level of vulnerability when compared to adults. SP can, therefore, assist children in ensuring that they get adequate nutrition and also access to other social services. Sanfilippo et al (2012:8) argue for SP for children that encompass:

- 1) the children's right to social protection,
- 2) child-sensitive social protection as a response to the multi-dimensional nature of children's poverty and vulnerability,
- 3) the high returns on investment in children, and
- 4) the emphasis on equity.

Child-sensitive social protection will help address the patterns of children's poverty and vulnerability and recognise the long-term benefits of investing in children. As Rau (2002) and Daniel (2011) state in their research, children in CHHs are at a high risk of being trapped in labour exploitative activities as they lack livelihoods and, more crucially, food security. Sabates-Wheeler and Devereux (2008) do, however, argue that the traditional social protection programmes by their protective, promotive and preventative components serve to protect children in the short-term only. Sabates- Wheeler and Devereux (2008) argue for a

more transformative social protection, with the objective of addressing the underlying structural causes of vulnerability rather than maintaining the status quo.

Sanfilippo et al (2012) state that the literature available on social protection impact in the middle and low income countries is focused on cash transfers such as state grants with little evidence of focus on children specifically. These cash transfers from the point of view of Sabates- Wheeler and Devereux's (2008) argument only serve to maintain the cycle of poverty as they are short-term in nature. Sabates-Wheeler and Devereux (2008) argue for a transformative social protection that not only focuses on livelihood security but also promotes enhanced autonomy and empowerment, where poor people are moved out of the dependence zone. Social, political and economic structures are typically the defining structures of livelihood risk, with the possible exception of some natural disasters (Sabates-Wheeler and Devereux, 2008).



The research by Sabates-Wheeler and Devereux (2008) raises important aspects to be considered when planning and implementing programmes to enhance livelihoods for vulnerable children. The research indicates that one needs not only to focus on how the children can be assisted and what strategies they employ to enhance their livelihoods, but also of importance is to understand the transforming structures that drive their livelihood outcomes.


Levine (2001) also acknowledges that there seems to be limited research on the impact of vulnerability and orphanhood on children's development and participation in society. Even though much research has been done about orphans as a vulnerable group, there are children who head households even though their parents are still alive but the parents have abandoned the children, as indicated by Phillips (2011). This is the group of children who need further research or to be at least incorporated in the research that deals with children orphaned by

AIDS as they have their own lived-in experiences that need to be explored. This research study has focused on all CHHs regardless of the circumstances that led the children to live in a CHH.

This theoretical framework assisted in assessing the policies that are used when planning and implementing the OVC project to see if they are in line with the national policies. It also assisted in exploring the theories used for this particular OVC development project in terms of observing the best interests of the child and promoting child participation,

2.4 Definition of concepts

2.4.1 Livelihoods



Ellis (2000:10) defines livelihoods as “comprising the assets (natural, physical, human, financial and social), the activities (jobs, remittances, education) and the access to these (mediated by institutions and social relations) that together determine the living gained by the individual or household.”

2.4.2 Poverty

Du Plessis and Conley (2007: 50) define poverty as:

... the inability of individuals, households or entire communities to command sufficient resources to satisfy a socially acceptable minimum standard of living. It is a human condition characterised by sustained or chronic deprivation of resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights.

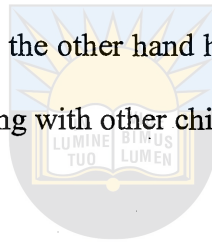
2.4.3 Household

A household is defined as “... a group of people, whether or not related by blood, marriage or adoption, who are sharing shelter and food, who are also involved in continuous social

interaction, based on loyalty and authority, where there is a division of tasks and roles” (Phillips, 2011: 170).

2.4.4 Child-headed household

Lalthapersad-Pillay (2008: 152) defines a child-headed household as “... a household where everyone who lives in it is younger than 18 years of age.” Kuhanen *et al* (2008: 126) expands on this definition by categorizing child-headed households into two: “an accompanied child-headed household where one or more adult members, who because of illness or disability do not contribute to the running of the household but require shelter, support and care. An unaccompanied child-headed household on the other hand has no adult members and denotes a situation where children are basically living with other children.”



2.4.5 Orphan

“A child under the age of 15 years who has lost his/her mother (maternal orphan), or his/her father (paternal orphan) or both parents (double orphan)” (Izumi, 2006: ix).

2.4.6 Orphans and vulnerable children

A vulnerable child can be defined as one who experiences “... multiple and/serious risks to development such as poverty which includes adequate housing, water, sanitation, food and clothing; access to social services, disease, disability, neglect, exploitation and abuse” (Donald *et al*, 2006: 191) The expression “orphaned and vulnerable children” includes both orphans and those who are compromised in other areas. The phrase was introduced from a policy perspective to make sure that all vulnerable children regardless of involvement with HIV/AIDS were included in the programmes of children in need of care (Korevaar, 2009:8).

CHAPTER 3

3. RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter presents a detailed description of the study area, research design, methodology, the population of the study, sampling techniques and sampling size, data collection methods, research instruments and procedures, data analysis techniques, ethical standards and limitations of the study.

3.2 The Study area

The Eastern Cape Province roughly lies within 168 966 square kilometres. It is the country's second-largest province after the Northern Cape, taking up 13.9% of South Africa's land area and with a mid-2010 population of 6.7-million people. The majority of the people speak isiXhosa, followed by Afrikaans and English. The province is one of the poorest in South Africa. A report by the Human Sciences Research Council in 2010 commissioned by the provincial Department of Social Development declared poverty in the Eastern Cape as a national disaster. More than 50% of all households were female-headed in 2007, and many children and young people lived in single parent households, with most people surviving on government social grants. Child-bearing is high in these following sub-groups: teenagers, black African women, and women in rural areas with no formal education. The province is lagging behind in health services and education, and has a significant number of people migrating from the poorer eastern parts of the province to the more prosperous western parts as well as the other provinces. Migration has negatively affected the socio-economic development of the province, as both skilled and employable young people leave their poor areas for better prospects elsewhere (Human Science Research Council, 2010).

This study on livelihoods in child-headed households was conducted in Berlin, a small town in the Buffalo City Metropolitan Municipality. Berlin is situated in King Williams Town, Eastern Cape, South Africa. It is 32 kilometres away from East London city en route to King Williams Town (N2 route). The schools under the Berlin Cluster in the Orphaned and Vulnerable Children (OVC) Project fall under the East London District according to the Department of Education demarcation.

3.3 Research design

This was an empirical research. Primary data was gathered by the researcher. Terre Blanche et al (2006:34) state that "... a research design is a strategic framework for action that serves as a bridge between the research questions and the execution or implementation of the research." For the study a qualitative (case study) design was utilized.

3.4 Research Methodology

The study was grounded in an interpretive orientation, thus guided by a qualitative research paradigm. According to Polkinghorne (2005:137) qualitative research is "... an enquiry aimed at describing and clarifying human experience as it appears in people's lives, and data is gathered primarily in the form of spoken or written language rather than in the form of numbers."

The purpose of this research was to explore and understand the dynamics of livelihood acquisition in child-headed households (CHHs). The study was aimed at inquiring into the ways in which children living in CHHs access livelihoods, and how, if at all, the OVC Project is impacting on their livelihood acquisition. Obtaining such information requires an in-depth understanding of the respondents and their unique characteristics and conditions, and the meanings they attach to their situations (Devers and Frankel, 2000: 264). A qualitative

approach to research enables the researcher to get data from the respondents and interpret it according to the meanings the respondents attach and that was relevant to this research in gaining the perspectives of the people who work with children living in child-headed households.

3.4.1 Study Population

The OVC Project implemented by the Provincial Department of Education in East London operates in 30 schools which were identified according to the number of vulnerable children each one has, using a vulnerability assessment tool. The schools are divided into clusters. Each cluster is made up of five neighbouring schools, so there are six clusters currently within the project. All the schools involved in the project have one caregiver who is responsible for the overall implementation of the project activities in the school and also makes home visits to the homes of the vulnerable children when there is a need.

The Berlin Cluster in the OVC Project consists of five primary schools surrounding Berlin, namely, Thandulwazi Public School, Mncotsho Public School, Mbekweni Public School, St Lukes Public School and Chumani Public School. The community in the Berlin Cluster is mostly unemployed and depends on government social grants for sustenance; therefore there is a high rate of poverty. The community also accesses social services at NU11 in Mdantsane which is approximately 10 kilometres from the schools forming the cluster, except for Chumani Public School where they stated that they were dependent on Christelik Maatskaplike Raad (CMR) a non-governmental organization (NGO) funded by the Department of Social Development for rendering social work services.

The caregiver for each cluster is assisted in the implementation of the project activities by the Health Advisory Committee (HAC). All the schools in the project have their own elected HAC. The HAC is composed of educators, School Governing Body members, community

members (composed of any two or more community members who are representatives from the community in which the school is situated), and children who are the beneficiaries of the project. The HAC is composed of eight to twelve members all forming part of the school community. The committee forges relations with the relevant stakeholders, e.g. the Department of Health (DOH), Department of Social Development (DOSD), and South African Police Services (SAPS), Department of Agriculture (DOA), Department of Home Affairs (DOHA), South African Social Security Agency (SASSA), community business people and NGOs. In each cluster, the work is overseen by the cluster manager who reports to the HIV/AIDS coordinator of the Department of Education. The project also has a project officer who oversees all the sixty schools in the East London OVC Project.

3.4.2 Sampling size and method

Purposive sampling was used in this study as this is a case study. Devers and Frankel (2000, 264) define purposive sampling as a strategy that is designed to enhance understanding of selected individuals or groups' experiences, or for developing theories or concepts. Out of the six clusters in the project, one cluster (Berlin) participated in the research study. The cluster is composed of five schools. The sample was composed of key informants including the five caregivers, one per school, the cluster manager, the project officer, the HIV/AIDS coordinator and the HACs in the five selected schools. The Berlin Cluster was chosen because the researcher had already established good working relations with the project administrators and it is also in close proximity to where the researcher lives.

Due to the limitations of time and finance, and given that this is case study, the research was conducted in five schools out of the thirty schools which form one cluster out of the six clusters in the project. The sample size was composed of fifty one adults in total, forty three

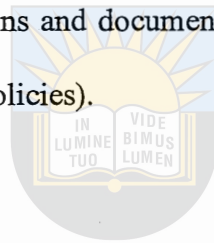
participants in five schools for focus group discussions and eight respondents for in-depth interviews.

3.4.3 Duration

The fieldwork was carried out in the last two weeks of October and the first week of November 2012.

3.4.4 Data Collection

Data was drawn through more than one primary source. The tools used to gather data were in-depth interviews, focus group discussions and document analysis (the monthly reports of caregivers and cluster managers, and the policies).



a) In-depth Interviews

The US National Science Foundation (1997) defines an in-depth interview as a dialogue between a skilled interviewer and an interviewee, with the purposes of soliciting detailed material or information that can be used for analysis. They are characterised by extensive probing and open-ended questions. That is why they were quite relevant for this study which sought to gain insight into people's experiences and understanding of the situation.

The in-depth interviews were conducted with five caregivers who are working within the OVC Project at the Berlin Cluster, the cluster manager, the HIV/AIDS coordinator, and the project officer. Eight adults altogether participated in the in-depth interviews. The purpose of the in-depth interviews was to explore and understand how children living in CHHs experience the implementation of the OVC project, how the project impacts on the children's livelihood acquisition, and the livelihood strategies employed by the children through their own ingenuity.

b) Focus Group Discussions

Focus group discussions (FGDs) are defined as a combination of the interviewing process and participant observation. It is a gathering of 8 to 12 people who share some characteristics relevant to the evaluation at hand, and its relevance is that the group interaction allows insights that would not emerge without the group interaction (NSF, 1997). The HACs were relevant for FGDs as they are composed of all the relevant people. Key respondents include the learners, educators, caregivers, School Governing Body representatives, community members, and community leaders form the HACs. The purpose of using FGDs was to get the various views and opinions of participants who can share their experiences of children living in CHHs, and also those who are on a daily basis in the line of work that deals with vulnerable children's issues. The learners were deliberately excluded due to ethical reasons. Researchers such as Keddi (2000) raise concerns about involving children in research, arguing for the children's competence and vulnerability as research subjects. Another concern raised is the issue of validity and accuracy of children's responses, argued in conjunction with the issue of protecting children from exploitation in the form of asking personal and distressing questions. Since this current research is about child-headed households, it would have been quite a challenge for the researcher to gain consent from adults who might be responsible for the children, and also the children might have found some of the questions distressing.

Five FGDs were conducted with the five schools forming the Berlin cluster. In Chumani there were eight participants, in Mncotsho there were eight, in St Luke's there were eight, in Mbekweni there were eleven, and in Thandulwazi there were nine participants, making it a total of forty four adults who participated in the FGDs.

c) Documents and material culture

The other tool that was used to gather data was the study and analysis of the reports that the caregivers make on a monthly basis, aligning them with the policies and documents that guide the project's plan of action. The documents have assisted in providing insight into other issues that the researcher could not observe or assess through the interviews and FGDs. The documents assessed were the quarterly report for April to June 2012 for the Berlin Cluster, which entailed the reports from the caregivers for those three months, and the HAC policy documents.

According to Onwuegbuzi et al (2010) the knowledge of history and the context surrounding a specific setting comes, in part, from reviewing documents. The review of documents is described as an unobtrusive method which portrays the values and beliefs of participants. Documents usually used for analysis are minutes of meetings, logs, policy statements, letters and reports, which are all important in developing an understanding of the setting of group study (Onwuegbuzi et al, 2010).

3.5 Validity and Reliability

The issues of validity and reliability were addressed by the multi-method approach which was meant to limit errors and bias. The researcher also took notes and also used a recorder while collecting data to ensure that the collected data would be indicative of the respondents' articulations of their experiences.

Mays & Pope (2000) highlight the importance of ensuring good results in what they term 'fair dealing', making sure that the research design incorporates a wide range of different perspectives so that the viewpoint of the group does not swallow that of individuals. In this research, the researcher has sourced data from various sources so as to get different perspectives.

3.6 Ethical considerations

Wassenaar (2006) highlights some of the accepted principles that guide ethical considerations in research, and these include respect for persons, which requires a commitment to ensuring the autonomy of research respondents, and, where autonomy may be diminished, to protect people from exploitation of their vulnerability. The second principle is beneficence which requires a commitment to minimizing the risks associated with research, including psychological and social risks, and maximizing the benefits for research participants. The third principle is justice and it requires a commitment to ensuring a fair distribution of the risks and benefits resulting from research. The study will be made available to the project conveners and might help the project for evaluation purposes and future plans.

Wassenaar (2006) further explains that informed consent is a mechanism for ensuring that people understand what it means to participate in a particular research study so they can decide whether they want to participate or not. The participants were informed of what the research entailed and also that, when the study was completed, the research results would be available per request; this was also to ensure the principle of autonomy. Consent to conduct the research was requested from the Department of Education and from the participants.

3.7 Limitations of the study

The study was conducted within a limited period of time due to minimal financial resources, which also influenced sampling, as the size of the sample was relatively small. The study only covered CHHs which are part of the OVC Project and, as this was a case study, it was context bound. In other words, it was focused on East London OVC Project schools and specifically the Berlin Cluster. The social worker who was supposed to attend one of the FGDs could not avail herself for the discussions and was unfortunately not available for an in-depth interview either.

Polkinghorne (2005) states that the limitations of self-reports are that they depend on the participant's ability to reflectively discern aspects of their own experience and effectively communicate them through symbols or language. Another challenge cited with interviews is that the volume of the information may be too long, making it difficult to transcribe and reduce data (US National Science Foundation, 1997). Since one of the data collection tools was in-depth interview the data obtained participants' views which needed to be manageable quality for purposes of interpretation.

3.8 Data Analysis

Data was analysed through content analysis and constant comparison (grounded theory). Taylor-Powell (2003) states that content analysis and grounded theory are good for narrative data analysis. They include methods such as open-ended questions, individual interviews, focus group discussions, observations, case studies, documents, reports or articles. The process involved studying the documents (reports and field notes) and listening to the recorded discussions and interviews to see what themes or patterns were emerging, and then these were categorized bearing in mind the research question themes. The relationship between emerged categories was interpreted in terms of how they relate, and what factors were contributing to their relation or contradiction in answering the research questions. The categories were coded and the categories that were central, that is, those that kept emerging across the spectrum of responses, were the central focus for interpreting the data.

The use of several sources for gathering data enhanced the data interpretation to avoid bias. Seidel (1998) emphasises that the role of code words is to help the researcher collect the things noticed in the data and subject them to further analysis. They are viewed as flags or signposts that point to patterns in the data. The focus was on responses to the research

questions, so data and coding was by question in order to identify consistencies and differences.



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CHAPTER 4

4. PRESENTATION OF RESULTS

4.1 Introduction

Current research debates indicate that the high rate of HIV infections which lead to many HIV/AIDS related deaths and poverty have left many children orphaned and vulnerable (Meintjies and Bray, 2005:148). This, in turn, has challenged the indigenous South African child-rearing practices, where taking over of the care for orphaned children by relatives was the cultural norm, but which has, due to poverty and unemployment, been eroding as the numbers of orphaned children have continued to grow (Freeman and Nkomo, 2006: 504, Phillips, 2011 and Maqoko and Dreyer, 2007:718). All these challenges have led to the increase of Child-headed Households (CHHs), where a number of children live without adult supervision. Also, research indicates that response by government has been slow and ineffective in dealing with the challenges faced by children living in CHHs and who are supposed to be high on the priority list of vulnerable children (Richter and Rama, 2006). The research findings presented in this chapter show some contradictions to popular research which indicates that children in CHHs are worse off than other vulnerable children. This chapter presents the results of the study.

The research questions that the research study sought to answer, as presented in the first chapter are as follows:

- a) What are the specific factors contributing to the increase in the number of child headed households in the Eastern Cape?
- b) What are the livelihood strategies that children who live in child-headed households employ, and what outcomes do these strategies yield?

- c) How does the state intervention in the form of the Orphaned and Vulnerable Children's (OVC) Project, implemented by the Eastern Cape Department of Education, impact the CHHs' livelihood acquisition and also the extent to which the project implementation reflects the National and International Policy Guidelines.

4.2 Description of sample

This research was a case study of the Orphaned and Vulnerable Children's (OVC) Project which was piloted in 2007 and is now operating in 30 schools in East London. The project is also being implemented in other districts of the Eastern Cape Province. The project is known as Care and Support for Teaching and Learning (CSTL) within the Department of Education. The key objectives of the project are, firstly, to improve the quality of life for vulnerable learners by ensuring that all vulnerable learners have access to essential services. The second one is to create safety nets for vulnerable learners in schools by preventing bullying, unsafe circumcision, teenage pregnancy, abuse and other social challenges. Thirdly, the project aims to strengthen the Department of Education's ability to respond to the needs of the vulnerable learners and engage civil society in playing a supportive role. The fourth one is to improve enrolment, retention, and progress for vulnerable learners through strengthened responsiveness of the education system to their needs (Eastern Cape Department of Education Care and Support for Teaching and Learning Programme: 2010).

The project involves identification of OVC, the analysis of their needs and the development of an action plan per individual learner and for the whole school. Intervention is done through home visits, referrals, networking, monitoring and follow-ups. Re-intervention is done where necessary to meet the best interests of the child. The rationale of the OVC Project is that schools are viewed as the focal point of coordinated and comprehensive community responses to vulnerable learners' challenges. It is believed that as permanent institutions

schools can help to sustain operations of structured support services for long term programmes that are aimed at assisting vulnerable learners. The beneficiaries of the project are, therefore, learners ranging from five years to fifteen years, and the project is currently operating officially in primary schools (Eastern Cape Department of Education Care and Support for Teaching and Learning Programme, 2010).

Eight adults in the OVC Project were interviewed composed of the following;

- Five caregivers, one from each school that participated in the research, namely, Mncotsho, Mbekweni, Chumani, St Lukes, and Thandulwazi public schools. The caregivers are community volunteers who offer their services on a voluntary basis and get a monthly stipend of R1500. They are all females following the problems encountered by the project when they initially employed male caregivers. As part of the requirements for volunteering one has to be a female of 25-50 years of age. These caregivers are residents in the communities where the schools are stationed and they are unemployed because the project requires their full time attention. The caregivers work in these schools from 08H00 till 15H30 Monday to Friday and after hours as the need may arise. The caregiver's work is to ensure that proper psychosocial support is provided for vulnerable learners through identifying their needs and setting up intervention strategies.
- It was mentioned in chapter three that the project has six clusters and each one has a cluster manager. In the case of this study the Berlin cluster manager was interviewed. She supervises the Berlin and Newlands Cluster which is made up of ten schools. She is also employed on a voluntary basis, getting a stipend of R3000 per month. She oversees the work of the caregivers in these ten schools and the Health Advisory Committee activities in each school. She compiles monthly reports for the cluster and assists with networking for identified needs.

- The study also interviewed one project officer. The project officer is employed by the Department of Education on a contract basis and oversees the work of the OVC Project schools in East London, King Williams Town, Port Elizabeth, and Grahamstown. She is also responsible for the functioning of the District Steering Committee, which is composed of the various departments and NGOs that are stakeholders in child care.
- The HIV/AIDS coordinator was also interviewed. The HIV/AIDS Coordinator is a full time employee of the Department of Education and is responsible for coordinating all HIV/AIDS activities in the East London District schools, and not just the ones that are in the OVC Project. She oversees the East London District activities, reports and payments of stipends.



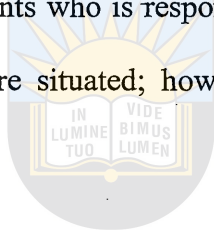
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In total the study involved eight individuals in in-depth interviews.

- For the FGDs, five such group discussions were conducted, one group per school. FGDs were composed of the schools' Health Advisory Committees. At St Lukes Public School there were eight participants (two educators, the caregiver, two School Governing Body members, two community members and the Cluster Manager). At Chumani Public School there were eight participants as well (two educators, the caregiver, two School Governing Body members, two community members and the cluster manager). At Thandulwazi Public School there were nine participants (two educators, the caregiver, two School Governing Body members, two community members, the cluster manager and the Project Officer). At Mncotsho there were eight participants (one educator, the caregiver, two School Governing Body members, two community members (one of them the circumcision officer), the cluster manager and the acting principal). Finally, at Mbekweni there were eleven participants (two

educators, the caregiver, two School Governing Body members, two community members (one them a traditional leader), the principal, the representative from Masibambane Non-Governmental Organization, the cluster manager and the project officer). Altogether there were forty four participants that made up the sample for FGDs.

The reason that the FGDs were composed of different numbers was because some of the Health Advisory Committee members were not available on the days that the discussions were conducted. Secondly, it was the intention of the researcher to include the social worker from the Department of Social Developments who is responsible for social services in these communities where the cluster schools are situated; however, she was not able to avail herself.



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4.3 Results

The empirical data in this section is presented according to the following themes that were developed from the participants' answer patterns to specific research questions and from the cluster reports for the period April to June 2012.

4.3.1 Factors contributing to the increase of child-headed households (CHHs)

4.3.1 (a) The following question was put to the participants: *In your opinion are child-headed households in this cluster increasing or decreasing?*

Results from the five schools: caregiver interviews and focus group discussions combined.

The interviews held with the five caregivers, yielded the following answers:

In general it was reported that CHHs are decreasing in all five schools that were part of the study. According to the responses, there is a decrease in CHHs because with each case of children left without parental care, the caregivers intervene to ensure that the children are fostered by relatives or other willing community members, and where this fails the caregivers take the children in their own care in their own homes while they wait for the relatives, or they are placed in children's homes.

The circumstances at individual schools in this regard transpired as follows:

- **St Lukes: interview responses from caregiver A**

The school roll has 509 learners, with 320 learners categorized as vulnerable according to the learner vulnerability assessment tool used by the OVC schools. Out of these 320 learners 92 are orphans. The caregiver for the school said currently there is only one child-headed household. The children in this family are five altogether, with ages of 3, 7, 10, 11 and 13 years and they are living in their parents' house. The children's parents are both alive; however, they are both irresponsible and not available for the children. As a result, the caregiver has already contacted the social worker so that alternative means of taking care of the children and ensuring their safety can be obtained. The caregiver has to make sure that they have food, clothes and proper uniforms through donations, as the parents misuse the child support grant that they receive for the children.

The other case that they had was that of a 12 year old boy whose mother is also an alcoholic. She left him for days on end without caring whether he had food or whether he was even safe until the case was reported to the social worker who had to intervene. The child has now been placed with a foster parent. In another household, two children after losing their mother had been placed with a relative.

- **Chumani Public School: responses from caregiver B**

There are 1143 learners at the school, 630 of the learners are considered to be vulnerable, including 75 who are orphans. During the past year there have been two placements. Caregiver B said, *“for one household, the child had to be placed with a relative because the mother’s child was sick (suffering from an HIV/AIDS related illness) and not able to look after the daughter.”* The other household had two children who were eight and fourteen years old and their mother had passed away. They also had been taken in by a relative.

Caregiver B at Chumani Public School stated, *“Although there are vulnerable children in the school, we have none who come from child-headed households at the moment.”* She did, however, have a family of children who were living with their older sister who is in her late twenties and has been declared by the social workers as unfit to be their foster parent. As a result the children were only getting the child support grant instead of the foster care grant that they are entitled to according to the social grants regulations. In that particular household there are currently eleven children living there, four from the older sister who is the “foster parent”, five from the deceased parents and two grand children to the deceased parents. They are all living in the same two bedroom government provided house and survive on child support grants. The cluster manager and Health Advisory Committee members agreed that this is a case that needs proper follow-up with the social workers to find out what their plan is for this household as they have declared the older sister unfit as a foster parent. In this particular case the older sibling had left her own RDP house to move in with her siblings.

- **Mbekweni Primary School: responses from caregiver C**

The school roll has 749 learners, 260 of these learners are considered to be vulnerable, and the number includes 56 orphans. Caregiver C reported, “The school had learners who came

from 6 CHHs at the inception of the programme in 2007 and all of them have been placed with relatives and foster parents.”

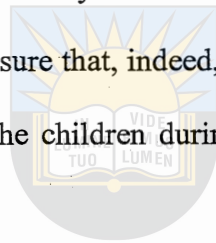
Caregiver C said, *“We did have two CHHs in the school in the past year.”* She then reported that, *“one of the households has four children and the other three, all less than eighteen years of age. In one household, the parent is still alive but not responsible or even available. These children have even dropped out of school, and they were not even receiving the foster care grant as their parent is still alive. I tried numerous times to help the children by visiting their home to check on their condition; encouraging them to attend school; and prioritizing them when there are food parcels or clothes being given out to vulnerable learners, but they opted to drop out of school anyway.”* Currently their case is with the social worker who has promised to assist with further counselling and perhaps placement in a children’s home.

The second CHH members have moved to live with their older sister in Ziphunzana, an informal settlement in Duncan Village. The family made this arrangement because their older sister who is 21 years felt more comfortable to have the children living with her there.

- **Mncotsho Primary School: responses from caregiver D**

The school has 188 learners, with 72 orphans and 25 other vulnerable children. Caregiver D said, *“In the last twelve months, we had three children who lived in two CHHs. In one CHH the child was placed at Sange Children’s Home as he had lost his mother and there were no relatives available to take him in.”* She said through the intervention of the school HAC, arrangements were made for the child to be put in a Children’s Home. While the arrangements were being made, the child lived with the cluster manager. She also reported that, the two children from the other household had been placed with relatives.

Currently there are no child-headed households in this school. The school has a lot of orphaned children but all of them are fostered by relatives and other community members although there are challenges with this arrangement as well. The challenges experienced in the placement of vulnerable children include the separation of the children as they do not usually get to be placed in the same home. Relatives, guardians, or foster parents are usually also more comfortable with the younger children who are below the age of ten, and the older ones are often rejected. Another challenge is that not all adults who foster children do so for the benefit of the children, but for receiving the foster care grant, so some get ill-treated and caregivers have to intervene. There are also delays in the administration of foster care grants as it requires thorough investigations to ensure that, indeed, the children qualify to receive it, so some foster parents neglect or reject the children during the process of waiting for the grant.



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- **Thandulwazi Public School: responses from caregiver E**

The school has a roll of 394 learners; there are 50 learners who are orphans and 200 other vulnerable children. In the past twelve months 9 children were placed due to neglect or death of parents or foster parents. Caregiver E said, *“I have been volunteering at this school since the inception of the project in 2007. At that time the school had 15 CHHs whose members have been placed during the course of the past six years.”* She singled out one successful case of a CHH and it is narrated below.

Caregiver E reported, *“I was an overseer of one CHH from 2007 till 2011. At the time one child was nine years old and the other was sixteen years. Their parents had passed away. I bought groceries, uniforms and clothes for them through the foster care grant. The older child graduated from Thandulwazi and proceeded to Qhabasana, a neighbouring high school. The youngest has since graduated and is in Qhabasana High School as well this year,*

but they are still in touch with me and come to me when they have problems. They still survive on the foster care grant and live at their parents' home alone. Through the savings of the foster care grant the older child has gone through the circumcision rite of passage, as the foster care grant is supposed to be saved on a monthly basis."

- **St Lukes, Chumani, Mbekweni, Mncotsho and Thandulwazi focus group discussion responses**

The five schools had similar responses in the focus group discussions so they were combined. According to the responses from the educators at Mncotsho, St Lukes, Chumani, Mbekweni, and Thandulwazi some children are forced to take on the responsibility for their well-being with the help of the project, despite the presence of so-called adults in their lives. Educator A from Chumani stated that, *"There are children who will come to school with no shoes and when we network and obtain shoes for them, the so-called guardian will sell them in return for alcohol, so what is the difference between a CHH and a household where there are adults but they just do not care?"*

The community members at these schools also concurred with the educators that there are many CHHs in their communities, and narrated stories of such children who are attending other schools and not the project schools. Parent A at Mncotsho said, *"the numbers are increasing despite the government intervention through 'these projects' (the OVC Project), and the assistance given to struggling parents like social grants, because parents are just refusing to take responsibility for their offspring, especially because there is a high rate of teenage pregnancy in our communities."* Parent B at St Lukes said that, *"young girls become parents before they can fully grasp what parenting is all about; they are not ready for the responsibility and sacrifice required in parenting."*

The representative from Masibambane, a NGO in partnership with all the OVC Project schools that provides material support in the form of food parcels and clothes, could not confirm whether the numbers of CHHs are increasing or not. She stated that they do not focus on CHHs *per se* but on vulnerability in children whether they are from CHHs or households where there are adults, and she stated that there is a high demand for donations in the schools that they supply.

Educator C from Thandulwazi said, "*as a result of parental negligence we to take care of the children by networking with other stakeholders to obtain material support for them. The adults in the lives of these children are just not taking care of these children's needs. The children are suffering because the adults who are supposed to take care of their needs are not doing so. Parents are getting social grants for the children which they (the parents) then spend on things other than the children's needs.*" Community member A said, "*as far as I am concerned, the CHHs are increasing because parents are just failing to play their expected roles.*"

In summary, in all five of the schools that were part of the study the caregivers and the participants in the FGDs indicate that there is a marked decrease in the numbers of CHHs in these particular schools because prior to the inception of the OVC Project there was a high number of children who were living without adult care, and there was little or no provision made for such children.

- **Responses from the individual interviews held with the HIV/AIDS coordinator, project officer and cluster manager**

According to the interviews conducted with the HIV/AIDS coordinator, the CHHs are on the increase in most of the schools in the project, not necessarily these particular schools but in

the other clusters. She said they have a lot of vulnerable children who are forced to fend for themselves even though most have parents or adult guardians.

The project officer stated that the number of CHHs is increasing. She said, *“Although the project is in place to assist the vulnerable learners, we do not have control over the circumstances that lead to the death of parents, or the negligence to which some adults expose their children.”* Another reason she cited for the increase in the number of CHHs is the fact that vulnerable children are identified through the project. This identification draws the attention to what it is that renders children vulnerable.

The cluster manager said the number of neglected learners is increasing within the project schools. The number of children who were being neglected and in need of care and intervention from the caregivers is proof of that. She stated that, *“the challenge is specifying CHHs as most children live with parents or guardians but their situation is sometimes even worse than that of those who live in CHHs.”* The challenge is the actual definition of CHHs and what is perceived to be a CHH by the implementers of the OVC Project such as the cluster manager and others.

The cluster manager narrated her story that: *“ currently I am living with an eight year old boy who was neglected by his biological mother and abused by the grandmother he was living with. The child is HIV positive and on ARVs. I have been the child's foster mother, and yet the biological mother has never bothered to come and visit him even though she knows where he is. The child is currently attending school at St Lukes and he is two years behind in his developmental stages, but is healthy and taking his ARVs. This child had to be placed in foster care although he has both a mother and a grandmother but they both failed to take care of him.”*

4.3.1 (b) Contributing factors to the increase of CHHs

Regarding this question about the contributing factors to the increase in the numbers of CHHs in these communities, the responses were as follows:

- **Responses from the caregiver interviews and the FGDs in the schools**

Since most of the responses emanate from the previous question and have been reported in 4.3.1(a) the responses for both individual interviews and FGDs in this section are combined and summarized.

All the participants in both interviews and the FGDs concurred that the project has assisted in helping identified vulnerable learners by dealing with some of the issues raised as contributing factors, like the misuse of grant money and the neglect of children. Before the implementation of the OVC Project in these schools, there were no means of assessing the negative social issues that were affecting the learners' education. Through the programme schools are now able to identify their vulnerable learners and formulate proper intervention plans.

Community member C at Thandulwazi said the high mortality rate of parents due to HIV/AIDS and TB, perpetuated by a high rate of treatment defaulting, was reported as a major contributor. Educator D said that, *“most of these communities are saturated with teenage girls who are unemployed and come to live with their boyfriends. HIV/AIDS is still highly stigmatized and, due to unequal power relations between the cohabiting male and female partners, it is impossible to negotiate safe sexual practices.”* Caregiver E stated that when parents pass away, they often leave behind children who are in need of parental care and are poverty stricken with no assets.

Caregiver A said another contributing factor is the high rate of alcohol and substance abuse. She said, *“At the communities around St Lukes for example are many taverns, and parents spend much of their time and resources there as most of them are unemployed and depend on social grants. Adults who are supposed to look after the welfare of vulnerable children are not afraid to sell their children’s clothes and food in order to obtain alcohol or other drugs.”*

The acting principal at Mncotsho cited poverty and unemployment. She said, *“When the parents die or neglect their children for whatever reason, the children are left with nothing (no property or any other form of inheritance). As a result, the extended family members are not willing to take care of these children as they are seen as a financial burden, especially before the administration of the foster care grant which takes quite a long time to process.”*

The cluster manager stated, *“Another contributing factor to the growing numbers of CHHs is that when parents get married, they tend to leave behind with relatives, mostly the children’s grandmothers, the children who they had before marriage. They do not arrange for the child support grant to be received by the person who is living with the child or children as the case may be, thereby leaving the children absolutely stranded financially.”* Caregiver E reported that, *“Some children come from broken families (single or divorced parents) where some parents neglect their duties as parents and children are left to fend for themselves. Some children fear to be moved to different foster homes and so choose to stay on their own as siblings. Some end up alone because, after receiving the Foster Care Grant, the guardian will then misuse the grant money and ill-treat the children.”* In the OVC Project schools CHHs are usually short term, as they are quickly ‘remedied’ by placing the implicated children in foster homes or children’s homes.

4.3.2 The livelihood strategies employed by children living in CHHs and the outcomes they yield.

In this section the responses from the caregivers and the FGDs were similar so they were combined.

- **Caregiver interviews and focus group discussions**

The responses to the questions relating to strategies children in CHHs use to acquire livelihoods, what assets they have, and how they obtain these assets were as follows:

Caregiver D said, *“The major challenges for CHHs and other vulnerable children are food security, clothes, uniforms, adequate houses in some cases, and security.”* Educator C said, *“The learners survive on social grants and material donations, which they get depending on availability from community members, educators, government departments, and NGOs.”*

These children do not inherit assets from their parents when they die, as the parents die poor, with nothing much to leave behind, except for the houses provided by the government for poor people. Some parents do not even have that, as they pass on while still living with their parent or parents, so the children are left with the grandmothers.

The principal at Mbekweni stated that, *“The vulnerable children become the children of the state until they turn eighteen, and then the system terminates its support (which in the form of social grants) unless the children are still students and can prove that.”* The responses from the FGDs, caregivers and senior officials of the project indicate that these communities where the schools are situated do, in fact, have CHHs; however the CHH’s circumstances are very much similar to that of the other groups of vulnerable children who live with parents or adults. There are no reported incidents of land or property grabbing as deceased parents do not leave any inheritance behind, and children in CHHs usually remain in their parents’

home. Agriculture is not viewed as a livelihood supplement in these communities, which leaves them solely dependent on social grants and donations. With the assistance of the project most of the schools in the project except for Chumani have sick bays which attend to minor ailments, and when a child is seriously ill, transport is organised to take the child to the nearest clinic. The school nutrition scheme and the food gardens that are prioritized in the OVC Project schools also provide much needed nourishment for the children and is a source of reinforcement for the children to attend school.

- **Responses from the coordinator, project officer and cluster manager**

The three project official's responses were as follows:

Children living in CHHs and the other vulnerable children depend mostly on social grants, material donations in the form of food parcels and clothes. The OVC Project assists through networking with other government departments and NGOs to get the needed donations for vulnerable children. The project officer and coordinator reported that some young girls although not in this particular cluster, exchange sexual favours for money while young boys tend to get into criminal activities. One cluster that was reported to have such problems is the Needs Camp Cluster since it is next to the coast.

The cluster manager said, *"The availability of the vegetables also helps with ensuring that there is something quick to be prepared for those who are on treatment but are not able to get food at home. In some schools like Mbekweni, St Lukes and Thandulwazi the communities do offer assistance in the form of donations."* The vegetable gardens in the schools and the school nutrition programme also assist in preventing hunger for the learners. The caregivers also ensure that for the homes that are needier than others food parcels are provided.

4.3.3 The impact of the OVC Project on the lives of children living in CHHs and other vulnerable children.

The OVC Project, which is also known as the Care and Support for Teaching and Learning within the Department of Education, was introduced to respond to the challenge of the OVC in most public schools in South Africa. The vision of the project is to ensure access, retention and survival of learners and educators within the education system by creating safety nets of care and support. The purpose is ultimately to provide a conducive environment for academic excellence in public schools in the Eastern Cape Province (Eastern Cape Department of Education Care and Support for Teaching and Learning Programme, 2010).

A background as to how the project is supposed to be implemented according to the documents assessed by the researcher is given firstly. The purpose of going through the documented requirements of how the project or programme should be implemented in line with the policy and legislative framework was to measure the actual implementation of the project against the departmental policy frameworks. This section of the report shows what is entailed in the quarterly report for April to June 2012 for the cluster, the reports from the interviews with the caregivers, cluster manager, coordinator, project officer, and the discussions in the FGDs.

The legislative framework guiding the programme implementation and the monthly reports will be reported on firstly. Then the responses to the last research question in this section are presented per school (the caregiver responses are combined with the FGDs). The in-depth interviews from the coordinator, project manager, and cluster manager will be reported last.

4.3.3 (a) Data from project documents that guide the project implementation

The policies and regulations followed by the project regarding children's rights are the National Education Policy Act No. 27 of 1996, the United Nations Convention on the Rights of the Child, and the Republic of South Africa Constitution Act 108 of 1996 Chapter 2 Section 28. According to the HIV& AIDS coordinator, project officer and the OVC documents and reports, the project is implemented based on the following ten pillars of support: governance and response management, health promotion, safety and protection to promote child friendly schools, nutrition, infrastructure and water sanitation, curriculum support, co-curricular support, psycho-social support, social welfare services and networking for resources (Health Advisory Committee Guidelines, and Eastern Cape Department of Education Care and Support for Teaching and Learning Programme, 2010).

The first pillar which deals with governance issues is focused on ensuring that Health Advisory Committees in these schools comply with the National Education Policy Act. It is detailed here because it provides the policy guidelines for the project. The Health Advisory Committee is mandated to have the following policy frameworks:

- 1) HIV/AIDS policy
- 2) Health and hygiene policy
- 3) School safety and protection policy
- 4) Nutrition policy
- 5) Safe circumcision policy
- 6) Infrastructure, water and sanitation policy
- 7) Co-curricular support policy
- 8) Psychosocial Support policy

The school action plans are developed according to these policy frameworks. On assessing the school documents, all the five schools - Mncotsho, Thandulwazi, Chumani, Mbekweni, and St Lukes - do have a Health Advisory Committee file. This file which is assessed by the project officer and cluster manager on a quarterly basis also has minutes of meetings held by the committee on matters concerning health issues in the school. The caregiver submits monthly reports on the operations of the OVC Project in the school, the report is reviewed by the committee and they formulate a plan of action for intervention in cases where the caregiver needs assistance. The reports are then submitted on a monthly basis to the cluster manager who compiles the cluster report and submits it to the District Office. The reporting format is done according to the ten pillars; each school stipulates what has been done in each particular school for a specific month per pillar of support.

The caregiver also has her own file with the list of identified vulnerable learners, the intervention plan, what has been done so far to assist each individual learner, and the challenges that were identified in the process of assisting the vulnerable learners. In all five schools the care givers have a file which contains monthly reports, and the OVC documents which contain the number of OVC, their vulnerabilities and the course of action for each identified child.

The following are highlights from the April to June 2012 reports from the five participating schools:

Eighteen home visits were done in the five schools for various reasons including, neglect, social grant misuse, and issues of children with special needs. The caregivers assisted with two applications for child support grants and four applications of foster care grants. Two foster care grants were received and two child support grants were received. Ten uniform donations were received at Thandulwazi from a Methodist church, while at Chumani one bed

and some clothes were received as a donation from CMR. A road show by the traffic department was conducted at Chumani and Scripture Union hosted a holiday club. The Department of Agriculture visited Thandulwazi and inspected their vegetable garden and promised to donate seeds and garden tools. At Mncotsho a new bed for the sick bay was purchased.

4.3.3 (b) With regard to the question as to whether the project has helped CHHs and other vulnerable children and how, the responses from the caregivers and the FGDs were as follows:

- **Caregiver interviews and focus group discussion reports in the five schools**

It was reported that the project has made a big difference in the lives of the vulnerable learners in the all these schools. Educator E said, *“Through the implementation of the project we are able to network for social services to be rendered in our respective schools. Since the inception of the project learners have been assisted to get birth certificates, which in turn helped the parents of the learners to acquire social grants on behalf of the children.”*

Caregiver A stated that, *“on the other hand through the identification tool kit that we use, learners are categorized according to the type of assistance they need, and then we formulate a plan to assist the learners.”* It was reported that the Health Advisory Committee and the caregiver of each school have worked with the Department of Social Development to ensure placements of children who were in CHHs and other vulnerable learners. The children were placed with family members and with other foster homes. The caregiver at Thandulwazi was a guardian for one CHH from 2007 till 2011.

Caregiver E said, *“Towards the end and during the beginning of each year our school gets a certain number of uniforms from Masibambane, SASSA, and other NGOs who are willing to assist. Through the project networking we have managed to have an OVC desk in each*

partnering department, so when we experience problems, for example, with an issue that requires Home Affairs, we contact the particular official with whom we work and get assistance.”

The caregivers also reported that they work at night and during school holidays especially for emergency cases. For example, caregiver B said, *“I help children who are currently on ARV treatment by being their treatment supporter as the adults who stay with them are not bothered whether or not the children get the treatment.”* With the assistance of the Health Advisory Committee, the caregivers have been instrumental in diverting the social grants from guardians who were not taking care of the needs of the children to the people who are willing to.

Community member A said the project has helped the learners through networking for those who are in need. The food parcels, clothes, and uniforms provide relief for poor children who come from poverty stricken homes. This project has helped to draw learners to school. Educator D said that, *“some of the parents in our community could not be bothered whether their children attended school or not, as a result of which learners used to drop out of school but now we have a lower dropout rate.”*

Educators said they are able to focus on teaching because if they do identify a learner with social challenges, the caregiver is able to talk to the child and then visit the home of that child for intervention purposes. Educator F said, *“Learners feel more comfortable with the caregiver than with us as the educators, as a result of which some choose to disclose their HIV status to the caregiver.”* One School Governing Body member said that sometimes even when the children graduate from the school they still come back to the caregiver when they have challenges. The project also helps in dealing with the guardians and parents who misuse the grant money. For example, where parents or guardians are receiving social grants but the

learners are not well taken care of, a proper follow up is done and if the parent or guardian does not change, the caregiver requests for the grant to be transferred from that particular adult.

Educator G from Mncotsho said *“we have a vegetable garden which usually helps the learners to supplement the school nutrition programme; however, the garden’s fence is dilapidated and we are troubled by animals.”* The acting principal at Mncotsho reported that the school this year managed to get an extra classroom to use as a sick bay, and they have purchased a new bed which she showed to us.

- **Responses from the in-depth interviews held with the coordinator, project officer and the cluster manager on the question of the impact of the OVC Project.**

The coordinator reported that *“the project has helped in the schools by assisting with grant acquisition, follow-ups on abuse cases, placement of children, and provision of material support. It has a positive impact on the lives of the children as, through the implementation of the project, the dropout rate of learners has decreased and absenteeism has also dropped. The children are more open to the caregiver and the supportive environment at school limits stress levels.”* She also acknowledged that the caregivers and cluster managers are overworked and underpaid.

The project officer said that the project is helpful for both the learners and the communities. She reported that, *“the school environment provides a place of safety for learners. Through the implementation of the project, welfare services are brought closer to vulnerable children. Caregivers advocate for the learners rights, for example, by redirecting the social grant, if the adult who receives it on behalf of the children misuses it. The learners at school are assessed and if a learner is identified to be having a problem, for example, a learner who does not attend classes or comes to school untidy, a follow up is done to understand what the problem*

is so as to provide proper assistance. Children and the community members are assisted with application for documents necessary to apply for social grants as social grants are the main source of livelihoods for these communities. Awareness programmes for health and safety promotion are conducted as part of the programmes to ensure that pillars two and three are adhered to. Networking for material support also helps vulnerable learners as a supplement to the social grants that they receive. The Christmas and back-to-school campaigns done at the schools at the end and the beginning of every year also help vulnerable children with the provision of material support during these critical times to lessen their vulnerability status."

The cluster manager also reported that, *"the project does a lot to benefit learners. At the beginning of the project the bulk of the caregivers' work was to help learners acquire birth certificates and to help the parents and guardians to obtain identity documents. This absence of documents left many vulnerable learners outside the system for obtaining social grants which are meant to improve the learners' livelihoods. Currently in most of the project schools caregivers are only dealing with new applications for grants and documents. The project is also instrumental in advocating against the violation of children's rights - one example is that of the misuse of social grants by parents and guardians. Through the project interventions, grants are transferred from adults who misuse them to people who take care of the children's needs. The provision of material support has helped in retaining learners at school as some learners who were not attending school said they did not have uniforms and did not want to feel odd at school."* She said one of the highlights of 2012 is the networking done with the Eastern Cape TB Association. All the schools in the project receive cereal and soup to help vulnerable children with vitamin supplements, especially those who are on ARVs.

The challenges that the coordinator cited are to do with the lack of involvement of parents and guardians. Some cases are identified by the caregiver but need follow up to be done by

the relevant adults in the children's lives. The caregiver has to continually check that the adults do what they are supposed to do. She said another challenge is funding as the programme has limited resources. Coordination of the services rendered to vulnerable learners is also a challenge as the needs of vulnerable children need to be met by various stakeholders. Lastly, she said *"the project is needed in so many public schools yet it is still a challenge to implement it in the few schools that are in the project. The fact that the project is only implemented in primary schools leaves a huge gap for the vulnerable learners when they proceed to senior secondary schools."*

According to the project officer drug and alcohol abuse are the major challenges in these communities. Some of the learners learn the habit of drug use at an early age. Substance abuse also makes fighting child neglect a huge challenge as guardians and parents use the social grant money to feed this habit. Caregivers and the Health Advisory Committees work hard to ensure that social grants are administered for vulnerable learners, and then they have to work extra hard to ensure that the grant is not misused. People borrow money from loan sharks and their cards and ids remain with the loan sharks and they never finish paying up as they take loan after loan to feed their habits.

The project officer also said, *"as much as the project is implemented by the Department of Education, the Department does not have many resources for the project, as a result of which the bulk of the material support is received through networking with other stakeholders."* She said this poses a challenge as the stakeholders are not always cooperative and do have their own departmental plans to implement. Sometimes the project's staff uses their own resources to transport donations because of the lack of resources within the Department of Education for the project implementation.

The cluster manager reported that the communities, although they help sometimes, are the cause of the challenges that these children face. There are taverns and drug pushers in these communities and children are exposed to all kinds of abuse. Since children are not allowed to receive social grants (that is, the grant money is not paid out to them) when they are below the age of eighteen, they depend on adults who sometimes receive the money and then do not use it for the children's benefit. As a result, resources have to be wasted trying to deal with that. The project is in need of financial resources so that time is not spent on 'begging' for resources from other sources.

The Department of Social Development and the South African Social Security Agency administer social grants in the form of the foster care grant and the child support grant to assist vulnerable children for food security and other livelihood necessities. These two departments, together with other NGOs and community organizations, also provide material support in the form of food, clothes and uniforms. The Department of Agriculture assists schools with gardening tools and seeds. The Buffalo City Local Municipality and Red Cross provide aid mostly where there are disasters, and they also provide infrastructure like community halls and roads in these communities. The OVC Project's major goal is to ensure that these services are accessible to the project beneficiaries.

Conclusion

This chapter has presented the main findings from the focus group discussions held in the five schools at the Berlin Cluster, the personal interviews held with the caregivers, cluster manager, project officer, and the HIV/AIDS coordinator. The other data was solicited from the reports and policy guidelines for the project. The purpose of the methodological approach used was to gain a deeper understanding of how the OVC Project staff viewed the impact of the project on the livelihoods of vulnerable children.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter of the report revisits the policy and theoretical framework and then discusses the findings presented in chapter 4 according to the themes that emerged in response to the questions that guided the research. The findings are discussed in relation to the reviewed literature, and the policy and theoretical frameworks.

The Children's Rights Policy Framework

The government of South Africa has included in the Bill of Rights a special section on the rights of the child as an important pillar of development for South African children. Children need special protection because they are among the most vulnerable members of society as they depend on others - who are adults - for their well-being. These adults include parents, extended families and the state. In the South African Constitution, children's rights have been made a priority - and it is stated that the best interests of a child are the overriding concern when it comes to any matter affecting him or her (The Republic of South African Constitution Act 106, 1996).

Chapter 2 section 28 in the Bill of Rights found in the RSA Constitution (1996) gives children the right to a name, citizenship and some form of care. It is stipulated that children also need food and shelter, and should be protected from abuse, neglect and degradation; these are the rights that are mostly violated among children living in CHHs and the other children who are vulnerable. The Constitution guides the policies formulated towards the improvement of the lives of children and prescribe that parents, civil society, communities, and the state adhere to them (The Republic of South African Constitution Act 106, 1996).

The Social Protection Theoretical Framework

This study was guided by the Social Protection Theoretical Framework. The major focus of Social Protection is the definition, explanation and identification of the poor, and it relates to the theoretical and empirical work on what contributes to sustainable poverty reduction (Norton and Conway, 2001). Social Protection is viewed as an important component of poverty reduction strategies and efforts to reduce vulnerability to economic, social, natural and other shocks and stresses (Sanfilippo et al, 2012).

Sanfilippo et al (2012) acknowledge that social protection is particularly important for children in view of their high level of vulnerability when compared to adults. Social protection can therefore assist children in ensuring that they get adequate nutrition and also access to other social services. Child-sensitive social protection will help address the patterns of children's poverty and vulnerability and recognise the long-term benefits of investing in children (Sanfilippo et al, 2012).

This research study aimed to find out if the South African government's rural development projects, specifically the Department of Education's OVC Project, are aligned with both the Children's Rights Policy Framework and the Social Protection Framework in its implementation. The project's objective is to assist vulnerable learners to acquire better livelihoods thereby limiting their exposure to vulnerability.

The objectives of the research study were:

- a) to identify the specific factors that contribute to the increase in the number of child headed households in the Eastern Cape,
- b) to explore the livelihood strategies employed by children in child headed households and their outcomes, and

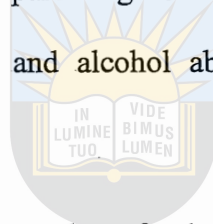
- c) to assess the impact of the OVC Project intervention by the Department of Education on CHH livelihoods and also explore the extent to which the project implementation reflects the National and International Policy Guidelines.

5.2 The first research question sought to understand the specific contributing factors to the increase of CHHs. In this regard the key findings were that:

- 1) The numbers of CHHs in the project schools are decreasing because of the prompt intervention by the project to ensure speedy placements of children who are identified as living without adult guardians. However, in the communities where the schools that were part of the research are located, the CHH numbers are increasing in number but are not defined as such since there are supposedly adults in these households although they are for all intents and purposes “absent.”
- 2) The contributing factors to the presence of CHHs and other vulnerable children in these communities are reported as follows:
 - The death of parents and other adult guardians due to HIV/AIDS and other chronic illnesses like TB, with HIV/AIDS being the leading cause.
 - The abuse of alcohol by the parents and other adult “caregivers.”
 - Limited resources for these communities due to poverty, leading to resistance by the extended family and community members to take in children when there is no foster care grant. Even in cases where there is foster care grant the orphaned children are ill-treated and the grant money is not used for their needs once it is received.
 - Most of the parents and other communities in the cluster depend on government social grants for survival and the misuse of these grants is rife. Upon the death of the parents there are no assets in any form left behind for

the children. The South African Social Security Agency, the Department of Social Development, and the Department of Education through the OVC Project are devising some strategies to deal with grant abuses but so far it is still on-going.

- Teen-age parenting - many young parents are not ready to take on parenting roles and this results in children being abandoned. In some cases young parents choose to cohabit or get married over taking care of their children who get left behind as the parents relocate for marriage or cohabitation.
- Neglect and irresponsible parenting is reported to be rampant in these communities with poverty and alcohol abuse cited as the driving causes behind the phenomenon.



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The results of the research indicate that the number of vulnerable children is increasing in the project schools but there is no evidence to support that the number of CHHs is increasing as well. The evidence, in fact, indicates that the number of CHHs in the project schools is decreasing. The number of learners from the five schools combined equals 2983, and out of these 245 is classified as orphans and 1312 are identified as vulnerable but not orphans. Currently only 3 households are identified as CHHs although there seems to be a disagreement about what constitutes a CHH.

The research outcomes are in agreement with the reviewed literature which states that in countries where there is a high HIV prevalence, numbers of orphans and vulnerable children tend to increase as well (Lalthapersad-Pillay, 2008). According to Meintjies and Bray (2005:148) South Africa has the highest number of HIV positive individuals in Africa. The HIV/AIDS epidemic leads to the high levels of adult mortality and morbidity and they affect the country's large child population estimated at 39% of the total population (Meintjies and Bray, 2005).

The results indicate that indeed the number of OVCs is increasing but do not support the view that CHHs increase along with the OVC; however, the decrease of CHHs in the project schools is due to the implementation of the project. The community members, educators and the senior officials reported that there is an increase in the number of CHHs according to their understanding. The numbers of vulnerable children who are in need of the project intervention is increasing, so the challenge is in the definition of CHHs.

The researcher observes that the current definition of child-headed households is somehow limiting because it states that a child-headed household is a household where everyone who lives in it is under the age of 18 years (Lalthapersad-Pillay, 2008:152). Kuhanen et al (2008: 126) expands on this definition to include categorization of CHHs into 'accompanied CHHs' where there are adult members who are incapacitated and therefore contribute nothing to the care and support needed in the household; and 'unaccompanied CHHs' where there are only child members. These definitions still do not cover all the categories of children who live without adult care and support.

Listening to the reports from the caregivers and the other participants, it became apparent that in these communities many vulnerable children live with adults because that is what the Constitution stipulates; however, the adults who the children are living with do not take on the parental responsibilities.

The bulk of the work of the caregivers and the home visits they do are to fight grant misuse by parents and guardians. Children come to school without having had any food, with no proper uniform and generally looking neglected, even though they live with adults. Some parents disappear for days or weeks leaving the children stranded and a responsibility to the caregiver. Some parents go as far as selling the very donations with which they are supposed

to help their children. These children, even though they live with healthy able-bodied adults, they are left to their own devices most of the time.

The second part of the question explored the contributing factors leading to the increase of CHHs. The responses confirmed the current research deductions from the literature reviewed that the contributory factors to the increase in numbers of CHHs and other vulnerable children is the high mortality rate of parents and adults due to HIV/AIDS related deaths and other illnesses.

Poverty also came up as contributing to the increase of CHHs in the results of this study. The communities where these schools are situated are poor, people are unemployed and their source of livelihoods is the government social grant system. However, it seems that since children who have lost both parents qualify for the foster care grant, this attracts community and family members to take the children in because of the 'gain' involved. Children who do not get social grants due to some technicalities like the absence of documentation necessary to apply for social grants usually end up in children's homes. Another factor that constantly came up was that of teenage pregnancy mostly due to unsafe sexual practises and unequal power relations between the males and females as in these communities the majority of residents are young people. These young parents since they are teenagers and young adults tend to neglect the children after birth in pursuit of boyfriends and alcohol as this is their means of entertainment. This irresponsible parenting raised in the interviews and the FGDs is a huge challenge with which vulnerable children are faced. One educator said there are a lot of CHHs where the 'so called' adults are just running away from their duties.

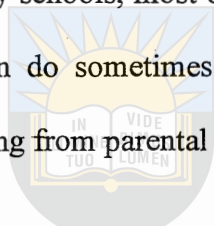
In conclusion, therefore, when using the original definitions of CHHs, one would say from the research results that CHHs are decreasing. However, if the other vulnerable children who

are forced to take care of themselves even though they live with adults are counted, then the number is increasing.

5.3 The second question sought to explore the livelihood challenges that children living in CHHs face and what strategies they use to survive. The responses are summarised as follows:

- Children who live in CHHs and the other vulnerable children in these communities are usually not left with financial assets by their parents when they pass away or when they are abandoned. Depending on whether the parents had a house or not, they stay in the house left by the parents. Some parents dwell in shacks with their children, and for those who own houses it is usually the ones provided for by the government.
- Their parents usually depend on social grants (specifically the child support grant), so when a parent passes on the child support grant is changed to a foster care grant. Currently the child support grant is R280 while the foster care grant is R770.
- Another means of survival for vulnerable children are donations from the government departments, municipality, NGOs, community based organizations and some community members. The donations usually come in the form of food parcels, clothes, uniforms and other material support. Although the material support is much needed and appreciated, it is not always enough to cover the needs of the vulnerable children and is not guaranteed as it is given out sporadically.
- The clinics in four of the five schools in the project are accessible. It was only Chumani Public School where the community only has access to a mobile clinic and people have to travel to other surrounding clinics to gain medical assistance.
- The project schools are no fee schools so education is free for all children attending the schools as they are all regarded as vulnerable.

- The Department's nutrition programme assists in providing nourishment for vulnerable children and all the project schools in the cluster have vegetable gardens as well.
- In all the interviews and FGD there were no community projects highlighted that promoted community development within the communities except for Chumani where there is a quarry that provides employment but is also the source of the high TB infection rate. Donations are received occasionally from surrounding churches in the communities.
- Since the OVC Project is in primary schools, most of the vulnerable children survive through the social grants. Children do sometimes end up as recipients of sexual exploitation and child labour resulting from parental negligence.



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Reviewed research characterize CHHs as households where there are limited resources to attain livelihoods including lack of parental guidance, lack of parental provision, and limited resources to access healthcare, education, food security, and social development (Phillips, 2011; Meintjies et al, 2010:44; Thomas, 2009:821; Mokgatle-Nthabu et al, 2011; DOSD and UNISA, 2008:20 and Rau, 2002:3).

The results show that CHHs along with the other vulnerable children in the OVC schools do experience lack of resources; however, through the implementation of the project, OVC are assisted to receive the basic services due to them.

The results show that children living in CHHs are challenged with regard to some of these assets. The project then intervenes to ensure that the basic needs are met. The responses from the participants show that as much as research conducted on CHHs indicates that CHHs are more disadvantaged than vulnerable children in terms of access to resources, there is not much difference at all based on the findings in this particular case study. In fact, deducting

from the empirical data, the children living in CHHs in the project get prioritised in receiving needed resources.

The main source of livelihood income that children living in CHHs and other vulnerable children get is the social grant which is the child support grant or the foster care grant. Another form of livelihood income is the donations in the form of material support from donors networked through the OVC Project. The land is not even counted as an asset as most of the children live in informal settlements and government RDP Houses. Agriculture is not seen as another tool of improving food security within the communities, although at school it is highlighted as very important in providing food security for these children.

According to Du Plessis and Conley (2007:50) child poverty is a situation where children do not have enough resources to live a fulfilling life in a safe environment, and they further highlight the importance of a long term investment of resources towards these children's development. The issue of the provision of social grants assist the children for both the short and long term; the grants provide the much needed food security to help the children grow and also helps so they can have the means to be educated to better their future. The challenge is that when vulnerable children reach eighteen years, the grant is terminated while they are still in need of it.

Concerning this dependency on social grants for survival, Sabates-Wheeler and Devereux (2008) argue that the traditional social protection programmes by their protective, promotive and preventative components only serve to protect and provide for children in the short-term. They further state that there is a need for a more transformative social protection with the objective of addressing the underlying structural causes of vulnerability rather than maintaining them.

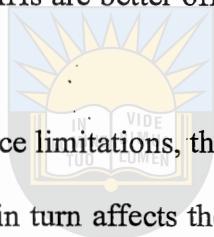
Sanfilippo et al (2012) state that the literature available on social protection impact in the middle and low income countries is focused on cash transfers, such as state grants which are accessed by older people, with little evidence of focus on children specifically. These cash transfers from the point of view of Sabates-Wheeler and Devereux's (2008) argument only serve to maintain the cycle of poverty as they are short-term in nature. The researcher is in agreement with the above arguments. The state grants are good for vulnerable children but they do not address the issues that lead the children to vulnerability. The government assists them for their childhood years without promoting autonomy and self-empowerment in the communities they are living in, as a result of which they grow up and make the same mistakes and perpetuate the cycle of state dependency. The social grants do not provide sustainable livelihoods for children living in CHHs and the other vulnerable children. They sustain them in the cycle of poverty.



5.4 The third question sought to assess the impact of the OVC Project on CHHs and other vulnerable children.

- The OVC Project is seen as a highlight in terms of providing better livelihood conditions for vulnerable children.
- Through the implementation of the OVC programmes in the schools, the following has improved:
 - Children now have birth certificates and IDs which assist in fast tracking grant applications.
 - Children are assisted with homework by the caregiver; this is especially important for children living in CHHs as this relieves the older child.
 - Psycho-social support has increased within the schools, as the educators and caregivers are able to make follow-ups on social issues that affect children thereby affecting their school work.

- Increased networking assists in providing the much needed material resources for vulnerable children.
- Advocacy for children's rights is promoted and parents and guardians are also assisted with relevant information when they need resources.
- Challenges lie within the lack of social cohesion (community togetherness), and coordination with the other relevant departments.
- The project is overloaded with work as parents and guardians are not cooperative and are mostly guilty of the misuse of grant money; in this case the children in CHHs are better off as they are under the care of the school caregivers.
- Due to financial resource limitations, the project is implemented in a few primary schools. This in turn affects the impact of the OVC programme because when the children proceed from the primary schools to high schools, there is no psychosocial support in those schools, so some end up dropping out of school.



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The research results indicate that the OVC project implemented by the Department of Education has a positive impact in the lives of CHHs and other vulnerable children. The project schools have limited numbers of CHHs since the inception of the project. It has assisted in improved livelihoods for OVC by ensuring speedy placements for children without parental care; fast-tracking applications for social grants; providing nutrition in the schools; promoting access to health care facilities for OVC; addressing psycho-social issues; and decreasing the number of dropouts at schools as home visits and follow-ups are done.

The project is done within the parameters of the National Department of Education policies which stipulate that schools must implement HIV& AIDS policies, school safety policies, nutrition policies, health promotion policies, and co-curriculum policies. The ten pillars of

support are implemented based on these policies. Prior to the inception of the OVC project two schools in the project (Thandulwazi and Mbekweni) had 22 CHHs who have since been placed with foster parents and in children's homes. The other schools could not get the data. In the past year 15 children in all five schools have been placed at various foster homes and a few were placed in Sange Children's Home.

Research by Richter and Rama (2006) states that governments have been the slowest to act. This may be true because this particular project came into effect in 2007 and was piloted in 30 schools in East London. These are the only schools in East London that are getting funding to implement the OVC Project although the project personnel assist close to 70 schools by capacitating them and assisting them with psycho-social support. In these schools, like in most public schools, learners get free education. The clinics are also available in the communities for free primary health care services, except for Chumani in this cluster. The schools have running water and toilets, and through the implementation of the project social services are accessible to the learners.

The project currently is focused on assisting with material support and social grants. It is small-scale and has challenges with funding, mostly dependant on voluntary labour. This is on par with what is stated by Daniel (2011); however, what is recommendable with this project is that it is a government initiative and, therefore, should have the power to influence policies and legislation. Another area that still needs effective strategies is the area of advocacy to communities so they can wholeheartedly get involved in the project.

The South African government has put measures in place to ensure that vulnerable children's rights are fulfilled, that at least the basic needs of the children are met. Lack of resources poses a challenge to implementation. The coordination of the programme is a challenge as the Department of Education has to partner with the other departments and NGOs to provide

services for vulnerable children. Cooperation is not always readily given. Monitoring of the services rendered is another challenge. The project is small-scale with limited funding and this means that many learners who are in need of this intervention are left on the sidelines. Also the fact that the project is implemented only in primary schools leaves a huge gap for the children in the project when they graduate from these schools.



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CHAPTER 6

6.1 CONCLUSION

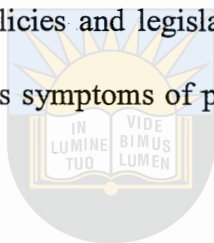
The purpose of this research project was to explore how children living in CHHs acquire livelihoods within the context of the OVC Project implemented by the Department of Education in the Eastern Cape, focusing on East London, Berlin Cluster. Below follows a summary of the research results:

- 1) CHHs are decreasing as represented in the schools due to the government intervention in the form of the OVC Project; however, they are increasing within the communities, with HIV/AIDS related deaths, poverty, parental neglect, teenage pregnancy, alcohol and substance abuse, and unemployment being the major contributors.
- 2) The children living in CHHs and other vulnerable children struggle with shelter, food security, clothes, security and, in some cases, access to health facilities. There are no assets left behind by deceased parents for these children so there is no land and property grabbing incidents and the children survive on social grants.
- 3) The OVC Project has helped to improve the well-being of the learners and acts as a link between the vulnerable children and accessing their rights. The implementation of the OVC Project is not without challenges, and they need to be attended to in order to ensure that the beneficiaries benefit to the maximum.
- 4) The results also indicate that the children living in CHHs are not more vulnerable than the other vulnerable children; in fact, according to the empirical data on the Berlin Cluster, those CHHs who are in the project schools are better off in terms of receiving support than the other vulnerable children.

The research results indicate that, aside from the social grants that people living below the poverty line acquire from the government, other means of support can be administered for

CHHs and other vulnerable children. A school-based project can provide positive interventions, for children because they have to be at school every day. A government initiated project is more likely to influence policy.

Currently the status of CHHs and other vulnerable children in terms of livelihood acquisition is mostly dependent on government social grants. The policy debates should be more focused on changing the policies to create an environment for an equitable society so as to break the cycle of poverty from generation to generation. As stated by Sabates and Devereux's (2008), the social protection policies should be transformational in nature. They must be focused on transforming the structures (that is the policies and legislation) that perpetuate poverty for poor communities. Current policies address symptoms of poverty rather than addressing the factors that cause poverty.



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6.2 RECOMMENDATIONS

- 1) **Factors contributing to increasing numbers of vulnerable children:** Strategized advocacy is needed to capacitate the communities on parenting skills. Communities need to be empowered, also, on how to create a supportive environment for children and how to make proper use of the services available to them.
- 2) **Livelihoods for CHHs and other vulnerable children:** Proper prosecution should be done to those who abuse social grants intended for children to avoid further abuse to vulnerable children. The SAPS, Social Development and SASSA should be involved fully in the tracking down of money lenders who lend money to social grant payers. It would help if the OVC Project was implemented concurrently with community development projects that are focused on empowering communities to move out of poverty and provide sustainable livelihoods for themselves without depending solely on social grants as this affects the development of children negatively. The Social Protection

Policy framework that focuses on cash transfers for vulnerable communities needs to be reviewed as seemingly it works on sustaining the unequal wealth distribution. It also promotes a dependency syndrome in the poor communities without dealing with the underlying factors that cause poverty.

3)The impact of the OVC Project: The OVC Project in schools should be provided priority status, especially where funding is concerned, and all relevant departments must report to the same structure on OVC issues so as to improve coordination of services. The project should be in all public schools up to high school level and be part of a well-coordinated programme that is scaled up and involves all relevant stakeholders. CHHs should be thoroughly researched as a viable option, and it would be interesting to make a comparative study of the situation of OVC with the public schools that do not implement the OVC Project. Although CHHs are viewed as the worst form of violation for OVC, this project shows that, with proper support systems in place, they may be a better option compared to the neglect and abuse suffered by the children who live with uncaring parents. Strategies to ensure safety for CHHs should be put in place. The challenge that currently faces the project is the fact that it deals with the symptoms of poverty and provides for the here and now challenges faced by vulnerable children. It would help if the project strengthened programmes that implement structural changes where poverty maintaining factors are dealt with.

Focus group discussion and interview guide

Question 1

What are the factors contributing to the increase of child-headed households (CHHs)?

- a) According to your own understanding what are child-headed households?
- b) Based on your knowledge are child-headed households increasing or decreasing in numbers in your community? Support your answer?
- c) What are the factors that are contributing to the increase or decrease of CHHs? Please elaborate further.

Question 2

What are the livelihood strategies that children who live in child-headed households employ, and what outcomes do these strategies yield?

- a) What do you think are the basic needs of children in order to survive? What do you observe as major challenges faced by Orphans and Vulnerable Children (OVC) in your community in meeting these needs?
- b) How do children living in CHHs acquire these livelihoods? What assets do CHHs have? And how do they make use of them?
- c) Do they receive any help from the community and family members? If they do in what form is the help received? (Support systems in place besides the OVC Project)
- d) How does livelihood acquisition affect the lives of the children living in CHHs as compared to the children who have their own families to take care of them?

Question 3

How does the Orphaned and Vulnerable Children's project by the Department of Education impact on the lives of CHHs?

- a) What interventions are in place in your community to assist CHH and OVCs in general and how do these assist the children?
- b) How does the OVC project assist with livelihood acquisition for CHHs?
- c) How does the assistance from the project impact on the lives of these children? (How does the project benefit these children?)
- d) What are the current challenges faced in the project implementation in this community? How can they be addressed?
- e) In your view what would you say are the highlights of the project?
- f) What do you think would be the best intervention programme for OVCs? General comments.

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