

**AN ASSESSMENT OF THE IMPACT OF HIV/AIDS ON THE CHILDREN'S RIGHT
TO EDUCATION: A CASE STUDY OF HIV/AIDS ORPHANS AND VULNERABLE
CHILDREN IN THE AMATHOLE DISTRICT**

By

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ABSTRACT

The research investigated the impact of HIV/AIDS on the children's right to education with special focus on OVCs. The main aim of the research was to assess the impact of HIV/AIDS on the children's right to education through examining its impact on children's experiences and opportunities for meaningful access to education in the Amathole district of the Eastern Cape Province. The study also sought to investigate how HIV/AIDS programmes can be made an effective part of the education system in terms of the rights-based approach. The study adopted qualitative methods of research and semi-structured interviews, direct observation and literature review as methods of data collection. The findings and responses of all the respondents were analysed and discussed within a rights-based framework.

The study identified four pertinent issues which include denial of children's rights to education, to non-discrimination, to parental care and to lack of protection from abuse as four structural issues that need urgent attention. Thus, the study found out that HIV/AIDS is indeed a development problem and that it can be dealt with using some existing development approaches such as the rights-based approaches. Key recommendations are that HIV/AIDS programmes which are meant to benefit children must be made an effective part of the education system in terms of the rights-based approach.

The findings of this research can be used by the Department of Social Development (DoSD), Department of Education (DoE), Non-governmental Organisations (NGOs), social workers, Community Based Organisations (CBOs), Politicians and other

professionals who work closely with the Orphaned and vulnerable children (OVCs). These findings can be used to broaden people's understanding on the impact of HIV/AIDS on the children's right to education.

DECLARATION

I, the undersigned, hereby declare that this research is my own original work and that it has not been submitted previously in its entirety or in part to any other university for a degree.

Signed.....

Date.....

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DEDICATION

I dedicate this thesis to my father and mother Mr. Simon and Mrs. Justina Ndonga, my husband Taurai Mukodza and my son Jeriel. May God bless you.

LIST OF ACRONYMS

ADM	Amathole District Municipality
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral treatment
BCM	Buffalo city municipality
CBO	Community Based Organisation
CMR	Christian Social Services/Christelike Maatskaplike
DFID	Department for International Development
DoE	Department of Education
DoSD	Department of Social Development
ECSECC	Eastern Cape Socio Economic Consultative Council
GCE	Global Campaign for Education
HCBC	Home and Community Based Care
HIV	Human Immune Virus
HSRC	Human Sciences Research Council
NACCW	National Association of Child and Youth Care Workers
NGOs	Non-Governmental Organisations

OVC	Orphaned and Vulnerable Children
RBA	Rights-Based Approach
RSA	Republic of South Africa
STATSA	Statistics South Africa
UNCRC	United Nations Convention on the Rights of Children
UNAIDS	United Nations Programme on HIV/AIDS
UNESCO	United Nations Education Scientific and Cultural Organisation
UNICEF	United Nations Children’s Fund
UNDP	United Nations Development Programme
USAID	United States Agency for International Development

CHAPTER ONE

Orientation and statement of the problem

1.1 Introduction

The impact of HIV/AIDS on children in South Africa directly challenges their rights as set out in the United Nations Convention on the Rights of Children (UNCRC) of 1989. According to the World Bank (2002), AIDS is reducing the hard-won returns on investments in education, and there is thus a need for further investigation into the present situation. Therefore, this study focuses on investigating the impact of HIV/AIDS on educational access for children, with emphasis on the Amathole District of the Eastern Cape Province. The theoretical framework underpinning the study will be the rights-based approach.

The right to education is high on the agenda of the international community. It is affirmed in numerous human rights treaties recognized by governments as pivotal in the pursuit of development and social transformation (Mpontshane, 2008). This recognition is exemplified in the international goals, strategies and targets that have been set during the past 20 years. In the Millennium Development Goals, established in 2000, the world's governments committed to achieving universal access to free, quality and compulsory primary education by 2015 (UNICEF,2007).

The right to education is set out in the United Nations Convention on the Rights of Children. Article 28 of the UNCRC recognises the right of the child to education and

also obliges the state to make primary education compulsory, available and free to all (UNICEF, 1989). Since the new political dispensation in South Africa in 1994, much emphasis has been placed on changing the society to provide equal opportunities for all, ending discrimination and moving towards a non-sexist and non-racist society (Mpontshane, 2008). In line with international patterns of ensuring the provisions of equal rights to children, South Africa ratified the UNCRC in 1995 (UNICEF, 1989) and is bound to comply with the obligations contained therein.

South Africa committed itself to ensuring that education is progressively available and accessible. This commitment is expressed clearly in the Constitution as well as in a variety of policies and legislations. Section 29(1)(a) of the South African Constitution states that “everyone has the right to a basic education”, and section 29(1)(b) states that “everyone has the right to further education” and that the State must make such education “progressively available and accessible,” (Republic of South Africa, 1996). The South African Schools Act of 1996 makes it compulsory for all children to attend school until they reach the age of 15 or the end of Grade 9.

These commitments clearly demonstrate the importance of educational access in South Africa. However, according to Mpontshane (2008) the capacity of the country to realize this commitment is threatened by the HIV/AIDS pandemic. Over the past years, there has been an increasing realisation that the HIV/AIDS epidemic has reached such dimensions that it can no longer be considered to be a public health issue alone. According to Mpontshane, the World Bank now terms HIV/AIDS a "development crisis" and the impact of the epidemic can be identified in several sectors of society.

The report by the DoSD (2010:02) states that in South Africa there were 905,453 maternal orphans by the end of 2009, of which 147,134 (16%) were from the Eastern Cape Province. The Amathole District has the highest number of orphans, 29% of all the districts combined in the province. Statistics South Africa, (2010) also states that there was 1, 99 million orphans in South Africa by mid-2010. In 2011 there were 2,01million Orphans in South Africa (Statistics South Africa, 2011).

Access to education for OVCs is compromised by HIV/AIDS. The disease is affecting opportunities to access education for children through problems such as reduced or no school attendance and school-dropouts after the death and/or during sickness of parents due to HIV/AIDS. With the AIDS pandemic the social environment and relationships of many children may change rather rapidly. The social conditions and needs of OVCs are complex and need to be recorded. The best way to do this is through a study of the children's everyday lives and experiences in which their daily needs, problems and roles are manifested. Therefore, with the advent of HIV/AIDS there is need for a change in the educational systems that will ensure that the well-being of children affected by HIV/AIDS is catered for, to facilitate equal access to education for all children.

1.2 Problem statement

In South Africa, despite the fact that there are enlightened policies in place to protect the rights of the children, it seems that in reality HIV/AIDS continues to pose a challenge on the children's right to educational access after the death and during the sickness of their parents. As HIV/AIDS reduces the number of parents in the ages of 20 to 40 years

old, numbers of orphaned children increase, poverty deepens and school enrolment rates are expected to decline. Dropouts due to poverty, illness, lack of motivation and trauma are set to increase along with absenteeism among children who are heads of households, those who help to supplement family income, and those who are ill (Coombe, 2000).

According to Statistics South Africa (2010) about 700,000 children have been left orphaned by their parents and are either heading the households themselves, or relying on grandparents to care for them. The report by the DoSD (2010:02) states that in South Africa there were 905,453 maternal orphans by the end of 2009, of which 147,134 (16%) were from the Eastern Cape Province. The Amathole District has the highest number of orphans, 29% of all the districts combined. Statistics South Africa, (2010) also states that there was 1, 99 million orphans in South Africa by mid-2010. In 2011 the number had grown to 2, 01 million orphans in South Africa in 2011 (Statistics South Africa, 2011). Given the rising number of children orphaned and made vulnerable by HIV/AIDS and the human rights and development challenges that this places on the government of South Africa, the study will examine the impact of HIV/AIDS on children's right to educational access in the Amathole district.

Mpontshane (2008) states that HIV/AIDS is impacting negatively on affected and infected children's willingness to attend school in South Africa. With parents either sick or dead from HIV/AIDS, life is a continuing struggle for survival for them and their younger siblings and relatives. Further that absenteeism, poor academic performance, food insecurity, low capacity for school work and ultimately dropping out of school are

inevitable as children scramble for scarce resources and take on responsibilities that even adults find it difficult to fulfill in impoverished, fragmented and demoralized communities. The impact of HIV/AIDS on education is particularly alarming as the pandemic has had a big impact on the education sector more than any other. AIDS is reducing the hard-won returns on investments in children's education, and there is thus a need for further investigation into the present situation.

The prevalence of HIV/AIDS directly challenges the children's right to education as set out in the UNCRC of 1989. The number of children enrolling and attending school regularly declines owing to the social and economic conditions at home as well as discrimination at school. According to Goodsmith (2004), being orphaned or made vulnerable is another factor that affects children's access to education. Goodsmith argues that while being orphaned is not always positively correlated with poor enrolment, attendance and performance, an increasing number of studies show that in many countries, being orphaned or made vulnerable has a detrimental impact on educational indicators.

Furthermore, UNICEF recently reviewed the effects of orphaning on schooling and labour in 20 sub-Saharan African countries. In all countries, children aged 10-14 who had lost one or both parents were less likely to be in school and more likely to be working more than 40 hours a week (Goodsmith, *op.cit*, 2004: 05). The socio-economic impact of the epidemic has resulted in social degeneration seen by the growing number of OVCs fragmented extended family system, deepening poverty, gender inequalities and the lack of accessible government resources and services.

The major question that this study seeks to answer is, “what can further be done by the education system in order to ensure that the children’s right to educational access is being fulfilled in the Amathole District within the context of HIV/AIDS?” The purpose of this study is to examine the impact of HIV/AIDS on children’s rights in the Amathole District in order to provide awareness on the lived experiences and opportunities for children affected by HIV/AIDS. This is intended towards influencing principles and policies to be developed and implemented by the education system on HIV/AIDS prevention and care strategies for children.

The study further seeks to understand the impact the epidemic has on educational access whenever a child is affected by HIV/AIDS. It also seeks to draw attention of the schools to the added responsibility they have of taking into consideration affected children and make interventions to assist them.

1.3 Objectives of the study

The main objective of this research study is to assess the impact of HIV/AIDS on the children’s right to education whilst the specific objectives are to:

- Examine the impact of HIV/AIDS on children’s experiences and opportunities for meaningful access to education; and
- Investigate how HIV/AIDS programmes can be made an effective part of the education system in terms of the rights-based approach.

1.4 Significance of the study

Several studies have been conducted in different countries on the impact of HIV/AIDS on children's right to education. Little has been done to date in conducting a study focusing on the real experiences of educational access for children affected by HIV/AIDS in the Amathole district of the Eastern Cape province of South Africa. Dekeda (2009) conducted a study focusing on the impact of HIV/AIDS on educators at King Williamstown schools in the Eastern Cape. This study is limited by its focus on HIV/AIDS impact on educators and it is neglecting the children.

The idea behind this study is to raise issues on the experiences of children affected by HIV/AIDS in relation to educational access and to investigate how the educational system in South Africa can proactively respond to the advent of HIV/AIDS on the demand for education for OVCs. The study hopes to influence educational policy making regarding HIV/AIDS by providing such awareness into the experiences of the children affected by HIV/AIDS.

The rights-based approach and the cultural approach to be used will be of interest to people working in other areas of development not directly related to HIV/AIDS and education, but who are seeking to incorporate such approaches in their work. Thus, it will contribute to documentation on the general body of development literature on children's rights to education in the context of HIV/AIDS.

1.5 Limitations of the study

One of the limitations of this study is that there is very limited written information available on the CBOs. When available it is often in the form of short reports. As such most of the information on all the three CBOs was generated through interviews with CBO officials and some CBO reports that are written by volunteers with difficulties of articulating them. To overcome this limitation the researcher referred to literature published on similar CBOs. This also assisted to validate the information about OVCs obtained from the CBO participants.

1.6 Conclusion

Access to learning is an essential requirement in achieving children's right to education. HIV/AIDS impacts negatively on children's rights to educational access as it affects the school enrolment, attendance, performance, or achievement for children living in homes where it is present. HIV/AIDS poses a challenge on the development of any country as it causes irreparable harm to children's lives who are considered to be the future nation. It serves as a powerful exclusionary pressure in the lives of the children. Therefore, HIV/AIDS needs to be dealt with as a broad developmental issue rather than as a narrow public health issue.

For a couple of years the disease has been spreading inexorably through South Africa. The HIV/AIDS pandemic affects not only the health of individuals, but is affecting the education system itself. Demand for education is reducing and changing and the trauma of loss associated with HIV/AIDS affects the learning experience of children. In South

Africa, as in Africa as a whole, it can no longer be assumed that 'business can be run as usual' for education. There is need to stabilize the system, devise innovative ways to reduce the impact of HIV/AIDS on the sector, and respond creatively to new learning requirements in order to accommodate children affected by HIV/AIDS.

CHAPTER TWO

Approaches and concepts in the study of HIV/AIDS and education

2.1 Introduction

The socio-economic impact of the epidemic has resulted in social degeneration evident in the growing number of OVCs, fragmented extended family system, deepening poverty, gender inequalities and the lack of accessible government resources and services. According to Statistics South Africa, the estimated overall HIV prevalence rate is approximately 10, 5%. The total number of people living with HIV is estimated at approximately 5, 24 million. For adults aged 15–49 years, an estimated 17% of the population is HIV positive. Approximately one-fifth of South African women in their reproductive ages are HIV positive (Statistics South Africa, 2010). For 2010, this release estimates that approximately 1,6 million people aged 15 and older; and approximately 183 000 children will be in need of Anti-Retroviral treatment. The total number of new HIV infections for 2010 is estimated at 410 000. Of these, an estimated 40 000 will be among children (Statistics South Africa, 2010).

According to Statistics South Africa (2011), the estimated overall HIV prevalence rate is approximately 10, 6%. The total number of people living with HIV is estimated at approximately 5, 38 million in 2011. An estimated 16, 6% of the adult population aged 15–49 years is HIV positive. The number of new HIV infections for 2011 among the population aged 15 years and older is estimated at 316 900. An estimated 63 600 new HIV infections will be among children aged 0–14 years. Therefore, given these statistics

on the prevalence of HIV in South Africa, it means that there is need for an immediate response that will ensure effective prevention against the spread of the epidemic in the near future.

In order to deliberate on these issues, this chapter examines the impact of HIV/AIDS on the children's right to educational access in the first subsection. This is followed by conceptual issues in the subsequent section which close the chapter with a theoretical framework of the study.

2.2 HIV/AIDS and Education

Education has to do with equipping young people for life and influencing change in the society. In the education system the schools are the centers where the production process of the human resources needed by the nation for development purposes takes place when the educators impart knowledge and skills to learners (Dekeda, 2009). Children also learn how to relate to the external environment outside the family as they socialise with other children at school. Education is one of the most important factors affecting the development of children. It has great intrinsic significance as access to education is an important right as stressed in Article 28 of the United Nations Convention on the rights of children, and being educated is an important and very valuable capability. In addition, getting educated is an important participatory process for children and equal access for all to this process allows participation in society as well as respect by society (Dekeda, 2009).

There can be no argument about the value and benefit of knowledge and learning. Education is important in a country's economy as it forms the backbone of the economy by describing the total process of human learning by which knowledge is imparted, faculties trained and skills takes place. For the majority of people, education is one of the greatest sources of hope for economic development. The importance of education, as well as its role in human development, is hardly in doubt today. Education has a tremendous multiplier effect that brings lasting benefits to individuals and communities. A report by the Global Campaign for Education (GCE) (2004) asserts that educated people are healthier people. HIV/AIDS infection rates are halved amongst young people who finish primary school. For instance, if every child receives a complete primary school education, at least seven million new cases of HIV could be prevented during the course of a decade (Global Campaign for Education, 2004: 02).

Education has been proven to provide protection against HIV infection. A general basic education has an important preventive impact. It can equip children and youth to make healthy decisions concerning their own lives, bringing about long-term healthy behaviours, and giving people the opportunity for economic independence and hope (Global Campaign for Education, 2004).

The evidence that education itself protects against HIV is strong. According to the World Bank (2002) data for the late 1980s and early 1990s when the HIV/AIDS pandemic was just emerging, shows a positive correlation between the level of education and rates of infection. This was perhaps because the higher socio-economic status and greater mobility of better educated people enabled encounters with a greater number and range

of sexual partners, but also because at that time education seldom included HIV/AIDS prevention or behavioural change programs, and the level of knowledge about the disease was generally low. However, once the ways to avoid infection became better known, educated people were the ones more likely to adopt safer behaviour and later studies showed a reversal in the trend, with better educated people having lower rates of infection, especially among younger people (World Bank, *ibid*, 2002).

Education is among the most powerful tools for reducing girls' vulnerability. Girls' education can go far in slowing and reversing the spread of HIV by contributing to female economic independence, delayed marriage, family planning, and work outside the home (World Bank, *op.cit*, 2002). Furthermore, education is highly cost-effective as a prevention mechanism, because the school system brings together students, teachers, parents, and the community, and preventing AIDS through education avoids the major AIDS-related costs of health care and additional education supply. It offers a ready-made infrastructure for delivering HIV/AIDS prevention efforts to large numbers of the uninfected population, schoolchildren as well as youth, who in many countries are the age group most at risk.

The presence of AIDS in a household has an impact on the school enrolment, attendance, performance, or achievement of children for several reasons. Specific barriers to educational access for orphans and vulnerable children may include the cost of schooling, the opportunity cost of schooling for the child, stigmatization and discrimination of children orphaned by AIDS at school and the child's emotional reactions.

A study in Kenya found that 67% of a sample of orphans had stopped schooling due to lack of money. According to teachers in the survey areas, most of the pupils dropped out of school two or three years after their parents died. Accordingly, this could be linked to several reasons including the need to acquire new uniforms or lack of money to pay school fees in foster homes, as well as living with terminally ill parents (Grainger et.al, 2001). Thus it is evident that the economic situation in the context of HIV/AIDS for the household in which children live plays an important role in determining the orphans and vulnerable children's access to education.

Evidence suggests that the child's emotional reactions once a relative is suffering or is dying from HIV/AIDS can be a barrier to educational access. The child may withdraw, feel shame or dwell on the impending situation, the concentration and work at school may suffer. Grainger et.al (op.cit, 2001:21) state that a study in Rakai district in Uganda showed that 16% of children aged between 15 and 19 combined school with caring for a sick relative. On the death of the parent, 16% of children in the same age group lost school time and 29% left school altogether.

OVCs' school attendance can also be impacted where they need to work at home as well as take care of siblings and sick persons. In supporting this view, Bundy (2002) states that an adult AIDS patient requires increasing help with everyday activities which are expected from the child. Also the adults suffer from frequent opportunistic infections such as uncontrollable episodes of diarrhea, in conjunction with the slow debilitating effects of the HIV itself. The responsibility for caring for such adults frequently falls entirely on their young children yet they are the ones that children look to for support

and love. These children end up dropping out of school in order to take care of their sick parents.

The cost of schooling also becomes a barrier to educational access for OVC in that the household income is reduced to the extent of not being able to pay for school needs. Bundy (op.cit, 2002) argues that the highest HIV/AIDS prevalence is seen in adults of parenting age who would otherwise be expected to support their children in school. When a parent dies from AIDS, the result may be a decline in the household's financial resources because the number of income earners in the household is reduced. Less money is available therefore to pay for school fees or to purchase textbooks, and the children themselves may have to work to help support the family or foster family. In the long term, the education of the children suffers.

The probability of orphans going to school regularly, or at all, is limited. Jukes (2008) states that, in the Free State province of South Africa, households affected by HIV/AIDS were larger and had lower monthly income compared to households that were not affected. Jukes further argues that, when parents are ill, they may not be able to work as much and may lose jobs due to absenteeism or stigma. The costs of medical treatment and care may strain family finances. As a result, children may need to leave school and begin working in order to help support their families.

The government of Kenya and UNICEF state that children's learning had been affected by HIV/AIDS in many ways (Kenya Country Office study, 2002). The study indicates that children's participation was reported to have been affected in that pupils themselves were getting infected and some of them infected others; attendance and performance in

schools was affected; pupils were dropping out of school while some were reported to have died due to suspected HIV/AIDS related causes. All these were compounded by lack of love and guidance as well as material support as parents and guardians also got infected and died of HIV/AIDS. It is therefore clear from the evidence presented above that HIV/AIDS contributes a lot towards determining educational access for children.

A study in India, in Tamil Nadu and in Maharashtra, found that discontinuation of education is one of the first impacts of HIV/AIDS on affected children, particularly children from nuclear families. This could be because the father and mother are no longer there to provide financially for the children, or the children may have decided to work instead of attending school in order for them to survive.

Stigmatization and discrimination of children orphaned by AIDS have a major impact on their access to education. A report by My Hero Project (2010) states that in his speech for the opening ceremony of the 13th International AIDS Conference in Durban South Africa, the child AIDS activist Nkosi Johnson, 11 years old, stated that in 1997 his mommy Gail went to the school, Melpark Primary, where she had to fill in a form for his admission. The form had a question on whether he was suffering from anything and she replied that he was HIV infected. His mommy was always open about his status. His mommy phoned the school, which promised to call them back. The school held a meeting about him being admitted and of the parents and the teachers at the meeting 50% gave a yes vote and the remaining 50% said no (My Hero Project, *ibid*, 2010). Such reaction arises in most cases from a fear of infection coupled with lack of understanding of the disease. As such, school may become less appealing for the child.

Jukes (op.cit, 2008) states that the internal or felt stigma as well as the experienced stigma can make children feel different from their peers and isolated from their communities. Furthermore, anecdotal evidence suggests that stigma and discrimination in schools may result in a drop-out among children affected by HIV and AIDS. These children may be explicitly barred from schools or they may be treated so poorly by teachers, administrators, and other students that they may end up as drop-outs. This is well supported by Nkosi Jonson's speech during the 13th International AIDS Conference in Durban, South Africa that when he grew up, he wanted to lecture to more people about AIDS around the whole country. He wanted people to understand about AIDS, to be careful and to respect AIDS (My Hero Project, 2010)

Other studies carried out in South Africa on the impact of HIV/AIDS on children's right to education disclose how HIV/AIDS has impacts on the right to education for children at different arenas. In a study; "The impact of HIV/AIDS on Educators at King Williams town Schools" in the Eastern Cape, Dekeda (2009), states that HIV/AIDS is one of the most serious challenges currently facing the education systems in South Africa. Teachers and learners are seriously affected by this pandemic. The impact of HIV/AIDS on education is particularly alarming as the pandemic has had tremendous impact on this sector more than any other sector.

2.3 Conceptual and theoretical issues

The key concepts that need to be defined in this study are rights, human rights and orphan and vulnerable children. Rights themselves are a complex notion which permits a variety of interpretations and theories and are capable of containing many different

values and meanings. Decker et.al (2001) state that, firstly, rights are recognizably different in nature in that they take the entitlements of individuals as the starting point for political morality. Decker argues that this stands in contrast to a view that rights should be based on some prior theory of social and political morality, such as utilitarianism. Secondly, rights are also distinct in that they embody corresponding duties and that this is ineluctable.

Decker et.al (ibid, 2001) argues that in terms of the normative construct, rights can be understood as correlatives where a right implies duty. Further that, such rights are also generally logically related to law, entailing a body of rules and principles. Finally, the concept of rights connotes some special importance and high priority, as well as some degree of enforceability. In taking the argument further, Rainbolt (2006) posits that defenders of interest theories argue that a person is considered as having a right when others have duties which protect one of that person's interests. Interest theories account for the relational aspect of rights. Accordingly, rights are relational in the sense that the obligations implied by rights are owed to someone. Further that the obligation implied by a right is an obligation to the right holder because it is the right-holder's interest which is protected by the right. Nevertheless, Rainbolt disagrees with interest theories when he states that perhaps the central objection to interest theories is that there seems to be rights which are not in the interest of the right-holder. This means that a person has a right when others have duties which protect one of that person's interests.

Goodale and Merry (2007) argue that the legal approach to human rights is itself fragmentary and internally diverse. For instance, some argue that human rights must be

enforceable in order to be considered human rights, while others avoid the problem of enforceability. They further argue that human rights are a set of universal claims to safeguard human dignity from illegitimate coercion, typically enacted by state agents. The norms are codified in a widely endorsed set of international undertakings such as the International Bill of Human Rights (Universal Declaration of Human Rights, International Covenant on social and economic rights) and UNCRC and the Convention on the Elimination of Discrimination against Women.

Donnelley (2003) explains that human rights are literally the rights that one has simply because one is a human being. He argues that rights are inalienable by the mere fact that one cannot stop being human, and that they are universal rights in the sense that today all members of the species of *Homo sapiens* are considered human beings and thus holders of human rights. This approach used by Donnelley can be called conceptual, analytic or formal in that it is concerned with the way in which the normativity of the human rights concept configures or shapes again analytically, not empirically the concept of the individual.

In taking the matter further, Decker et.al (op.cit, 2001: 03) points out that the notion of human rights is defined as basic universal legal or moral guarantees that belong to all human beings, and that protect individuals and/or groups from actions and omissions of the state and some non-state actors that affect fundamental human dignity. In his view human rights are based on a theory that assumes respect for its starting point, the human dignity of individuals and their entitlement to have basic autonomy and freedoms, as well as satisfaction for their basic needs. While such rights are founded on

moral principles and conceived of in terms of inherence, universality and indivisibility, they are, at core, (legal) guarantees against actions and omissions.

In all the definitions and explanations given above, there are some important commonalities such as the idea that human rights must be legislated, legally recognised and codified before they can be taken seriously as part of the law of nations. The universality and indivisibility aspects of human rights are at the core in that they guarantee against actions and omissions. This study will fit quite comfortably within Decker's definition which allows for human rights to protect individuals or groups from both omissions of state and some non-state actors that affect fundamental human dignity.

In terms of the definition of a child, the Convention on the Rights of Children 1989 covers all human beings under the age of 18 unless the relevant national law recognises an earlier age of majority. Herein, an orphan refers to children below the age of 18, whose parents, either mother or father, or both, have died. According to UNICEF, UNAIDS et.al (2004), vulnerable children refer to children whose survival, well-being, or development is threatened by HIV/AIDS. An HSRC (2004) paper on "The Social Aspects of HIV/AIDS and Health Research Programme" points out that vulnerability in South Africa means children who are neglected, destitute or abandoned, children with terminally ill parents, children born to single mothers, children with unemployed caretakers, children abused or ill-treated by caretakers and disabled children. This definition within the South African context fits well in the study because it

describes vulnerable children as those who also have terminally ill parents due to any other disease like HIV/AIDS.

2.4 Theoretical framework

2.4.1 The human rights-based approach

This study is moving from the view that the impact of HIV/AIDS on children directly challenges their right to educational access as contained in the International and national legal foundations. Therefore, it is only proper to assess the impact of HIV/AIDS on children's right to educational access within a rights orientation. In order to respond to children's needs, there is a need to track the rights of children that are affected by the epidemic. In support of this view, the Interagency Coalition on AIDS and Development (ICAD) (1999) suggests that advances in the realization of children's rights, including the implementation of the UNCRC, are necessary to stem the growth of the AIDS epidemic.

A rights-based approach to development is a conceptual framework that is based on international human rights standards and is directed towards promoting and protecting human rights. A rights-based approach integrates norms, standards and principles of the international human rights system into plans, policies and processes of development (Office of the United Nations Commissioner for Human Rights, 2002). It is these norms and standards that are contained in the international treaties and declarations on human rights.

According to UNICEF (2007), an increasing emphasis has been placed, in recent years, on rights-based approaches to development. In part, this shift has been the result of growing recognition that needs-based or service-delivery approaches have failed to substantially reduce poverty.

There are seven principles that inform the rights based approach. The first principle of the rights-based approach argues that human rights are universal and inalienable, meaning that all people everywhere in the world are entitled to human rights. Automatically, an individual cannot voluntarily give them up nor can others take them away. According to UNICEF, Article 1 of the Universal Declaration of Human Rights states that all human beings are born free and equal in dignity and rights (UNICEF, *op.cit*, 2007: 10).

The second principle that informs this approach argues that human rights are indivisible; that is to say, whether civil, cultural, economic, political or social, human rights are all inherent to the dignity of every person. Consequently, they all have equal status as rights and cannot be ranked in a hierarchy (UNICEF, *ibid*, 2007). The third principle rests its arguments on the interdependence and interrelatedness nature of human rights. The realization of one right often depends, wholly or in part, on the realization of others. For example, realization of the right to health may depend on realization of the right to information (UNICEF, *ibid*, 2007).

The fourth principle is equality and non-discrimination which states that all individuals are equal as human beings, and that by virtue of the inherent dignity of each person, they are entitled to their rights without discrimination of any kind. Accordingly, a rights-

based approach requires a particular focus on addressing discrimination and inequality. Safeguards need to be included in development instruments to protect the rights and well-being of marginalized groups. UNICEF further argues that as far as possible, data needs to be disaggregated, for example, by sex, religion, ethnicity, language and disability in order to give visibility to potentially vulnerable populations. This means in summation that, all development decisions, policies and initiatives, while seeking to empower local people, are also expressly required to guard against reinforcing power imbalances or contributing to the creation of new ones.

The fifth principle rests upon the view that every person and all peoples are entitled to active, free and meaningful participation in contribution to, and enjoyment of, civil, economic, social, cultural and political development, through which human rights and fundamental freedoms can be enjoyed (UNICEF, *op.cit.*, 2007). The sixth principle stresses on the importance of empowerment. Accordingly empowerment is the process by which people's capabilities to demand and use their human rights grows. They are empowered to claim their rights rather than simply wait for policies, legislation or the provision of services. Initiatives should be focused on building the capacities of individuals and communities to hold those responsible to account. The goal is to give people the power and capabilities to change their own lives, improve their own communities and influence their own destinies.

The seventh principle is based on accountability and respect for the rule of law. According to this principle, the rights-based approach seeks to raise levels of accountability in the development process by identifying rights holders and

corresponding duty bearers and to enhance the capacities of those duty bearers to meet their obligations. These include both positive obligations to protect, promote and fulfill human rights, as well as negative obligations to abstain from rights violations. In addition to governments, a wide range of other actors should also carry responsibilities for the realization of human rights, including individuals, local organisations and authorities, the private sector, the media, donors, development partners and international institutions.

The international community also carries obligations to provide effective cooperation in response to the shortages of resources and capacities in developing countries. According to UNICEF (op.cit, 2007), a rights-based approach requires the development of laws, administrative procedures, and practices and mechanisms to ensure the fulfillment of entitlements, as well as opportunities to address denials and violations. It also calls for the translation of universal standards into locally determined benchmarks for measuring progress and enhancing accountability. The application of these human rights principles to the development process forms the fundamental basis of a rights based approach.

Education is a human right enshrined in the UNCRC. Article 28 of the UNCRC recognises the right of the child to education and also obliges the state to make primary education compulsory, available and free to all. This means that there is a universal moral imperative for all people, irrespective of citizenship or national legislation, to have opportunities for formal education.

In applying a rights perspective that is tuned to the South African context, the important question to ask is whether the South African data support such links like the UNCRC and, if so, how rights are ascribed to children through legal and cultural means (Dawes et.al, 2007). Ncube (1997) also states that in seeking to promote respect for the rights of the child, it is important first to identify the existing machinery for achieving this objective. In line with these international standards, Section 29(1)(a) of the South African Constitution states that everyone has the right to a basic education, and section 29(1)(b) states that everyone has the right to further education and that the state must make such education progressively available and accessible, (Republic of South Africa: 1996). In addition, the South African Schools Act of 1996 makes it compulsory for all children to attend school until they reach the age of 15 or the end of Grade 9.

There can be no argument about the value and benefit of knowledge and learning. Education is important in a country's economy as it forms the backbone of the economy by describing the total process of human learning by which knowledge is imparted, faculties trained and skills developed. For the majority of people, education is one of the greatest sources of hope for economic development. Education has to do with equipping young people for life and influencing change in the society. In support of this view, Dekeda (2009) states that in the education system the schools are the centers where the production process of the human resources needed by the nation for development purposes takes place when the educators impart knowledge and skills to learners. Children also learn how to relate to the external environment outside the family as they socialise with other children at school.

The importance of education has long been cited as a critical factor in the development of nations and in the achievement of the Millennium Development Goals, which place the achievement of universal primary education second only to the eradication of extreme poverty and hunger. If education for all as a human right is achieved, it gives people the power and capabilities to change their own lives, improve their own communities and influence their own destinies, it empowers them to be able to face the advent of HIV/AIDS with courage and proper knowledge.

Access to education includes many different aspects. In the case of this study, enrolment, attendance and performance are stressed as important indicators of access to education for OVCs. In working towards understanding the impact of AIDS on children, especially with regard to education as a human right, it is important to adopt a rights-based approach. Human rights principles are of direct relevance to achieving educational access for all in that, in order to promote the right to educational access as a major fight against, and response to HIV/AIDS, there is also a great need to strengthen the respect of human rights by different governments.

If people do not have access to information through education which is a human right, they cannot protect themselves against HIV/AIDS. According to Baingana et.al (2008), a number of school-based HIV prevention education interventions have demonstrated effectiveness in developing countries. Therefore, national and local education systems must be informed by the extent of the impact of HIV/AIDS on their systems as well as the importance of international human rights treaties that aim to safeguard the best interests of all children.

HIV/AIDS has emerged as a new area where special efforts must be introduced to protect sufferers from being excluded from the same level of education as the rest of their community. Lohrenscheit (2003) argues that access to education must be guaranteed free from discrimination. Here, the right to education pays attention especially to disadvantaged groups of learners who often need the chance to compensate what they might not get from their families or communities, for example, in preparation and during the process of school education. They too, have the right to be treated equally and not to be discriminated against.

According to Jukes (op.cit 2008), across ten countries in Eastern and Southern Africa, all categories of orphans were less likely to be enrolled in school than non-orphans in the same households, implying that orphans are discriminated against in their foster homes. Everybody should at least learn how to read and write in order to be able to participate in issues that affect their everyday lives. This study sees human rights as providing a framework for equality and non-discrimination in the context of development and as a basis for the design of programs that respond to growing national and global inequalities caused by the HIV/AIDS epidemic.

Furthermore, in supporting the above argument, this means that children who are HIV positive or negative, whether from AIDS affected households or not, have certain basic rights that governments in most countries of the world have promised to uphold or fulfill as the right to education for all. The importance of a rights-based approach in the context of HIV/AIDS is that it provides an environment in which human rights are respected and ensures that vulnerability to HIV/AIDS is reduced, those infected with

and affected by HIV/AIDS live a life of dignity without discrimination, and the personal and societal impact of HIV infection is alleviated (Kelly, 2003).

Schools and curricula must be oriented in such a way that they contribute to the enjoyment of all human rights by every member of society by preventing the spread of the disease and discrimination for those that are affected. This means that, in order to fight the spread of HIV/AIDS and to achieve the goal of equitable access to education for all as a human right, the education system needs to be modeled in such a way that it empowers people to fight the spread of HIV/AIDS and thereby contribute towards an HIV/AIDS free generation that will sustain the fulfillment of education rights. It is a necessary foundation to give children the skills needed to address their risk of contracting HIV as well as preventing discrimination for affected children.

Jukes (op.cit, 2008) states that, the relationship between educational attainment and HIV prevalence appears to change as epidemics mature. Educated individuals tend to have more control over their sexual behavior; the association between education and HIV depends crucially on behavioural intentions. In the absence of information about HIV transmission, many individuals may intend to have several sexual partners, increasing their risk of HIV infection. However, educated individuals are more likely to be exposed to HIV prevention messages and more likely to understand them. Given that HIV prevention messages become more prevalent with epidemic maturity, this leads to a hypothesis about the changing relationship between HIV and education (Jukes, op.cit, 2008). Moreover, in the early stages of an epidemic, education may be a risk factor for HIV infection as it spreads information like condom use and so on. As the

epidemic matures and prevention messages become more common, education is a protective factor against HIV infection.

Furthermore, orphans and vulnerable children might need special attention in education simply because they have become vulnerable due to sickness of their parents or due to the loss of their parents due to the epidemic. This might pose a challenge on the economic situation of the household which might not be able to afford school fees for the children. Indeed research results increasingly support the use of general educational attainment and school enrolment as tools in the fight against HIV. Both simple enrolment and the cumulative benefits of educational attainment are associated with lower levels of risky behaviour from early sexual initiation to unprotected sex (Jukes *op.cit*, 2008).

Lohrenscheit (*ibid*, 2003) points out that, ironically, today many of the poorer countries often make parents pay school fees and uniforms, whereas richer countries often guarantee free basic education. In order to maximize the potential impact of these related factors, access to education must become a priority for national health ministries as well as international organisations and funders. The removal of school fees and other barriers to educational access would be a major step forward in the fight against the spread of HIV. Once the children are afforded an opportunity to access education, they get empowered in their schools by being given the skills that are needed to address their risk of contracting HIV, thereby fighting the spread of HIV/AIDS.

Due to its nature of inclusiveness and equality, the rights based approach ensures the same rights to education and equality of opportunity for all children irrespective of their

race, colour, sex, language, religion, opinion, origin, economic status, birth, social status, minority or indigenous status, disability or HIV status. It includes working children, children affected by HIV/AIDS and children affected by conflict, displacement and abuse, respects diversity and does not exclude, discriminate or stereotype on the basis of difference. It responds to diversity by meeting the needs of children according to their circumstances based on gender, social class, ethnicity and ability level (Theis, 2004:28).

Due to the failure of development initiatives to involve people in their own development and to promote respect for human rights, a strong lobby emerged within the UN advancing that the goal of development should be human development informed by the work of Amartya Sen. Sen characterizes rights as 'freedoms' and human rights as ensuring freedom of action. Civil and political rights ensure freedom from coercion, while economic and social rights promote the freedom to access resources. Each one is necessary for the full realization of the other (Mukhopadhyay and Meer, 2008: 16).

While human development and human rights share the common purpose of expanding freedoms, they represent different approaches that can add value through integration. Sen shows that the value of a rights-based approach to development lies in the notion of claims that the idea of rights puts forward. To have a right means to have a claim on other people or institutions that they should help or collaborate in ensuring access to some freedom. While the purpose of human development is to expand freedoms, this does not oblige individuals, collectivities and social institutions to bring about human development. A rights-based approach on the other hand links human development to

the idea that others have duties to facilitate and enhance human development (Mukhopadhyay and Meer, *ibid*, 2008).

However critiques to this notion are concerned with the conflation of rights-based approaches with legalistic approaches in development. They argue that the Human Rights community in the global North traditionally relied on the legal system and jurisprudence to forward the rights agenda. Emulated in development practice, this tradition has often led to over-reliance on legalistic approaches. While working with laws and legal systems is critical, it has become clear that narrow legal approaches usually fail to expand the scope of rights or appreciably strengthen accountability and capacity to deliver resources and justice (Mukhopadhyay and Meer, *ibid*, 2008).

Further that, one of the main difficulties in operationalising rights-based approaches in development is how to hold power holders (both state and non-state actors) to account for the protection and promotion of rights. For example, there are no mechanisms to hold development organisations, and especially powerful donor organisations, accountable for development outcomes. Among the many problems raised by RBAs is the role of the nation states in their implementation. Much of the discussion about responsibility and accountability has been in terms of what governments of developing countries need to do differently. Mukhopadhyay and Meer (*ibid*, 2008) argue that, given the dismantling and disabling of the state under structural adjustment, the proactive role being given to the state under the rights-based approach is unrealistic

On the positive side, the coming together of rights and development may be seen as the 'weaving of two interconnected approaches into a stronger whole' Mukhopadhyay and

Meer (ibid, 2008: 16). The human rights people bring on board their expertise in working with governments and the human rights system in addressing repression and legal reform. The development people bring expertise in working with communities in participative ways on economic and social programmes. This weaving together of rights and development can at best bring rights and participation together, with the development community being challenged to move beyond treating symptoms. Rights can be drawn on as a political tool as part of a social change process to transform power (Mukhopadhyay and Meer, ibid, 2008).

Sen (1999) states that, the idea of human rights still maintains a great deal of ground as it gained in the recent years, and it has acquired something of an official status in international discourse. Sen further maintains that weighty committees meet regularly to talk about the fulfillment and violation of human rights in different countries in the world. This means that the issue of human rights has been widely accepted in the modern day world and human rights have also become an important part of the literature on development. There is thus consensus among the various theories on the rights-based approach that the full realisation of human rights should be a vital goal of development efforts (Olowu, 2009).

2.4.2 The cultural approach

Taking a cultural approach means considering a population's characteristics, including lifestyles and beliefs as essential references to the creation of action plans. This is indispensable if behaviour patterns are to be changed on a long-term basis, a vital condition for slowing down or for stopping the expansion of the epidemic (UNESCO,

2000). There is no single definition for culture, which explains why there are so many different approaches to defining it. For the purpose of this study, culture will be defined in the context of the holistic approach which views culture not only as the arts and letters, but also modes of life, the fundamental rights of the human being, value systems, traditions and beliefs (Gould, 2007: 02). This is a holistic definition of culture, which recognises that there are many ways of living, being, knowing and expressing ourselves.

Gould (ibid, 2007) argues that it is impossible to negotiate any level of human change without confronting culture. Further that, human beings are suspended in webs of significance they themselves have spun and that culture is considered as the name for those webs. UNESCO (1999) outlines that a more culturally-based approach to the epidemic would be to consider whether the traditional rules of behaviour and value systems which might make people refrain from dangerous practices are still valid, or if the crisis in these societies has more or less completely destroyed the norms which had, for a long time, governed relations within the family, group or local community.

The cultural approach sets out to systematically engage with the webs of significance that people create, it takes account of the cultural context in which communities and groups exist, it negotiates with local social hierarchies and living patterns and it also draws on local forms of communication and expression to engage people. This stands to reason that a worldwide health crisis such as HIV and AIDS, which is deeply rooted in personal and social issues, is closely linked to culture (Gould, ibid, 2007). Research has indicated that culture is a factor in the social trends that contribute to infection, and HIV

and AIDS in turn leave a footprint on people's social and cultural lives (UNESCO, 2000). Therefore, if culture is a factor in transmission and impact, it follows that prevention and care require a cultural approach. Building development solutions on local forms of social interchange, values, traditions, and knowledge might be a good reinforcement towards the social fabric. Development in terms of educational access in the context of HIV/AIDS might be effective if it depends in part on ideas that resonate within the community itself.

The most powerful examples of a cultural approach to HIV and AIDS can be seen in development communication programmes. These include projects using radio drama and soap opera to communicate health information; theatre-for development projects where audiences witness or participate in performances; and film projects designed to create compelling stories (Gould, *ibid*, 2007). This view rests upon the argument that, since people are enmeshed in different cultural webs, in order to be affected by a message, they have to hear it in a way that has cultural significance for them, and which connects with their experience of life.

Gould (*op.cit* 2007) goes on to say that behaviour change communication models are criticized as being based on Western assumptions about what change is required, and for assuming a degree of individual volition that does not exist in some societies. These models tend to focus on giving information, rather than building dialogue and sharing knowledge within communities influencing attitudes and behaviour through telling, rather than by engaging and empowering people. Singhal and Rogers (2003) have argued that many communication strategies are culturally inappropriate. This is based on the fact

that communities do not get involved in sharing knowledge, rather the information tends to be imposed on them irrespective of their cultural difference.

In order for HIV/AIDS education to become an effective tool for preventing the spread of infection there is great need to involve community people in developing the information that is spread. In supporting this view, the UK Department for International Development (DFID) report on AIDS Communication (Power and Skuse, 2005) stresses the need for an approach that addresses the economic, spiritual and cultural dynamics of the disease, and identifies participatory communication methods such as video, theatre, community radio, dance and oral testimony as helping with communication and dialogue building. A cultural approach offers the chance to improve the effectiveness of the global HIV and AIDS strategy and to rebuild the trust of communities through more sensitive modes of engagement. Insofar as a cultural approach allows prevention and care methods to come from within the culture, it tends to maintain socio-cultural acceptability, local ownership and credibility (Somma and Bodiang, 2004). This means that local, community-based approaches driven by community work and social activism will remain the most important means of reaching and influencing people (Lynn, 2004).

There are a number of challenges as well as opportunities to rolling out a cultural approach. Gould (op.cit, 2007) argues that there is limited evidence of the efficacy of a cultural approach to HIV and AIDS. Accordingly, it is only comparatively recently that some of the key agencies in the UN-led partnership responsible for implementing the global strategy have started researching the cultural dimension of HIV and AIDS, notably UNESCO and UNAIDS with their joint programme, a Cultural approach to

HIV/AIDS Prevention and Care; and UNFPA with its recent programme on Culturally Sensitive approaches to Development Action (UNFPA, 2004). What knowledge is available has yet to percolate more widely into policy and to field level (Gould, *ibid*, 2007).

Important to note also is a reluctance to take on cultural arguments because the term culture is complex and contested. Cultural approaches are often criticized for reducing social behaviour to a set of cultural causes and effects. Some anthropologists have argued that a cultural focus can result in cultural practices being erroneously blamed for transmission or credited for impact where other social factors are at work (Vidal, 2003). As a result, this has led to a switch to the language which excludes reference to culture by some agencies, in favor of terms such as local approaches though sadly expressive and creative dimensions lose out in this transition (Gould, *ibid*, 2007). Therefore, if a cultural approach is going to be mainstreamed, it needs simple methods through which it can be easily absorbed into educational processes.

Moreover, it needs to be noted that teachers in schools also come from diverse cultural backgrounds, meaning that there will be need for training for those educators in the education system in order for them to be able to engage in cultural issues with children at school. Although this can be said in theory, it is practically impossible since schools have different people from different cultures. In addition, it is not realistically practical for the education system to restrict children from attending schools outside their communities where culture might be interpreted in a different way.

There are also emerging concerns that the cultural approach is being 'hijacked' to drive forward highly moralistic external agendas for the prevention of HIV and AIDS. Culture has been used to justify the imposition of behaviour change on vulnerable groups particularly in some African countries. For instance, there has been an attempt to describe abstinence from sexual relations as a 'cultural norm' and therefore as a culturally acceptable target for campaigns. This re-casting of external agendas as 'cultural' may generate distrust of cultural approaches among communities and children (Gould, *op.cit*, 2007:03). Gould further emphasizes that there is the simple fact that access to medical treatment and care is the priority of donors. Culture is just not on the agenda.

2.5 Conclusion

This study will align itself with Decker's view which supports the idea that a right is something that one is entitled to, solely by virtue of being a person, which can be enforced and entails an obligation on the part of the government. If education is to respond to the challenges of HIV/AIDS on children, it must see the value of human rights, protect them and fulfill them. It must undergo transformation, ensuring education for all irrespective of social conditions of children, ensuring equal opportunities in terms of access for both children directly affected by HIV/AIDS and those that are not affected, which is an overall goal for human rights based approaches. Whether the concern is with prevention or with coping with the impacts, every dimension must be examined, not forgetting the notion of human rights as a background to all policies. Its overall purpose to prepare individuals to live harmoniously, constructively and happily as members of

local, national and international communities, remains unchanged. The ways of achieving this purpose in the world with AIDS are very different from what they were in a world without AIDS.

Human rights add value to the agenda for development by drawing attention to the accountability to respect, protect, promote and fulfill all human rights of all people. Increased focus on accountability holds the key to improved effectiveness and transparency of action. Another important value provided by the application of a human rights-based approach is the focus on the most marginalized and excluded in society as their human rights are most widely denied or left unfulfilled whether in the social, economic, political, civil or cultural spheres, and often, a combination of these.

A human rights-based approach will further lead to better analysed and more focussed strategic interventions by providing the normative foundation for tackling fundamental development issues. A human rights-based approach will moreover help bring about the essential requirements of social transformation. Such a transformation will not only require a change in the process, outcome and management of development, but it will also bring about a profound shift in values and subsequent behaviour. A human rights-based approach will consistently strive to align these values with consistent actions. The mark of all civilisations is the respect they accord to human dignity and freedom. All religions and cultural traditions moreover celebrate ideas like compassion and empathy, respect for diversity and mutual interdependence. These values as codified in the international human rights instruments should be the point of departure of any assistance programme.

The value of a human rights-based approach lies particularly in the transformative potential of human rights to alleviate injustice, inequality and poverty. Human rights are moral norms, standards of accountability and weapons in the struggle for social justice. Rights based approaches introduce a new vocabulary of rights and legal terms and proponents of this approach tend to present rights based approaches as revolutionary. It is true that rights based approaches, in essence, offer a radical focus on rights rather than needs and that it is a conceptual shift to base development so strongly on justice and universal human dignity. It is also an innovation to link development so directly to the international human rights framework, which both strengthens the focus on the most vulnerable and emphasizes the relationship between micro and macro levels, as well as between rights-holders and duty-bearers.

It is therefore worthwhile to conclude by saying that different sections of the society and not just the socially privileged, should be able to be active in the decisions regarding what to preserve and what to let go. Therefore, there is no benefit in preserving every departing lifestyle even at heavy cost, but there is real need for social justice for people to be able to take part in these social decisions, if they so choose.

CHAPTER THREE

The context of HIV/AIDS and educational rights for children in South Africa

3.1 Introduction

HIV/AIDS has become a challenge that threatens to derail the gains of all development efforts worldwide. The South African society continues to be ravaged by the scourge of the HIV/AIDS pandemic. While there have been recent reports of reduction in prevalence (HSRC, 2009), South Africa continues to have the highest number of persons living with HIV/AIDS, estimated at 5.7 million people, while half a million adults and children are becoming newly infected each year (Guthrie et.al, 2010: 13).

The mid-year South African population was estimated at 49, 99 million in the year 2010. The Africans were the majority (39, 68 million) and constituted just more than 79% of the total population. The white population was estimated at 4, 58 million, the colored population at 4, 42 million and the Indian/Asian population at 1, 30 million. About 51% (25, 66 million) of the population is female (Statistics South Africa, 2010).

For 2011, Statistics South Africa estimated the mid-year population as 50, 59 million. According to Statistics South Africa (STATSA), the estimated overall HIV prevalence rate is approximately 10, 5%. The total number of people living with HIV is estimated at approximately 5, 24 million. For adults aged 15–49 years, an estimated 17% of the population is HIV positive. Approximately one-fifth of South African women in their reproductive ages are HIV positive (Statistics South Africa, 2010). The STATSA report shows that for 2010, approximately 1, 6 million people aged 15 and older; and

approximately 183 000 children would be in need of ART. The total number of new HIV infections for 2010 is estimated at 410 000. Of these, an estimated 40 000 will be among children (Statistics South Africa, 2010). According to Statistics South Africa (2011), the estimated overall HIV prevalence rate is approximately 10,6%.

The total number of people living with HIV is estimated at approximately 5,38 million in 2011. An estimated 16,6% of the adult population aged 15–49 years is HIV positive. The number of new HIV infections for 2011 among the population aged 15 years and older is estimated at 316 900. An estimated 63 600 new HIV infections will be among children aged 0–14 years. A report prepared by the DoSD (DoSD, 2010) states that in South Africa there were 905,453 maternal orphans by the end of 2009 (DoSD, 2010: 06). Statistics South Africa, (2010) also states that there was 1, 99 million orphans by mid-2010 and 2, 01 million orphans in 2011. The Eastern Cape has the third largest number of HIV-positive people in South Africa. Statistics South Africa states that, in 2010, the number of HIV-positive people increased by 25 408 (3%) individuals in the Eastern Cape Province. Africans and females comprise the majority of HIV infected individuals in the province.

It is clear from these statistics that the country continues to have an increase in the number of persons living with and dying of HIV/AIDS thus leaving their children behind. Prevalence rates differ across provinces and at times between different communities in the same province. Rates of infection may be higher in the informal urban settlements and HIV prevalence can be very high in these areas, even in provinces where overall prevalence is low (Guthrie et.al, 2010). Therefore, given these statistics on the extent of

HIV/AIDS in South Africa, it is important to know what this means for children in the context of their right to education. The impact of HIV/AIDS on children in South Africa directly challenges their rights as set out in the UNCRC of 1989. Within the context of HIV/AIDS in South Africa, unprecedented numbers of children face the risk of losing biological and social parents and other family members. Children are usually dependent on adult caregivers to fulfill their rights to care, food, shelter to mention a few, and to help them access their rights to education. The first line of protection is therefore usually provided by adults within the child's family network.

The socio-economic impact of the epidemic has resulted in social degeneration evident in the growing number of OVCs, fragmented extended family system, deepening poverty and gender inequalities. In the absence of caring adults to protect the children, and as they struggle to survive, children who experience increased poverty, abandonment, rejection or discrimination, or an added burden of responsibility for themselves and other family members, are at increased risk of having their right to education violated. Adult illness and death has a major effect on the access to education and training for children in affected households. Goodsmith (2004) states that being orphaned or made vulnerable is a factor that may affect children's access to education. He further points out that while being orphaned is not always positively correlated with poor enrolment, attendance and performance, an increasing number of studies show that in many countries, being orphaned or made vulnerable by HIV/AIDS has a detrimental impact on educational indicators.

Therefore, given the concern above, this chapter will focus on the state of HIV/AIDS and educational access for children in the Amathole District of the Eastern Cape Province in South Africa.

3.2 Political and economic background of the Eastern Cape Province and Amathole District Municipality

The Eastern Cape Province is situated in the south-eastern part of South Africa and consists of six district municipalities, namely, Alfred Nzo, Amathole, Chris Hani, Ukhahlamba, OR Tambo and Cacadu. The province is mainly rural and incorporates the former homeland areas of Transkei and Ciskei. The Eastern Cape is the second largest province in South Africa. According to Statistics South Africa (2010), it covers 13.8% of the country with a total land area of 169 056 square km. It is the third most populous province holding 13.5% of the total population. The Capital is Bisho, situated 70km west of East London. According to Statistics South Africa (2010) the province is home to approximately 6.7million people 87.6% of whom are African, 7.5% Colored, 4.7% White and 0.3% Asian, respectively. The Province's percentage share of the total national population slightly decreased from 13.6% in 2009 to 13.5% in 2010 (Statistics South Africa, 2010).

It is widely recognized that shelter satisfies a basic human need for physical and comfort. The characteristics of the dwelling in which people live and their access to various services provides an important indicator of the well-being of people. The ECSECC Report (2011:07) states that the percentage of households living in informal dwellings in the Eastern Cape has decreased to 7.4% in 2010 from 9.4% in 2002. In

2010, at least 9.1% of households in the Eastern Cape (9.7% for RSA) received a housing subsidy from the state. According to the ECSECC Report (2011:17) the quality and quantity of water is a serious challenge in the province. This challenge has directly affected farmers, health services and poor households, mainly in rural areas. The Eastern Cape is still ranked first in the country in terms of number of households with no water supply and also first in terms of water deemed unsafe to drink. About 351 000 households in the Eastern Cape indicated that their water is unsafe to drink, it smells bad and tastes bad (ECSECC Report, 2011:17).

For lighting, people in the Eastern Cape use mostly electricity, paraffin or candles. Gas, solar and other forms are less used. Animal dung, coal, gas and other forms are also used by a few people. The use of animal dung is evidence of the presence of rural people in the area. According to the ECSECC Report (2011:06), the percentage of people aged 7 to 24 years who attend educational institutions decreased from 77.4% in 2002 to 74.8% in 2010. The main recorded reason why learners aged 7 to 24 years do not attend school is lack of money (38.8%). Other reasons include pregnancy (2.6%), failed exams (4.3%), inability to perform (5.8%), family commitment (6.8%), a perception that education is useless (10.2%) and working at home (15.4%) (ECSECC, 2011:06). The dual economy of the district has contributed to the massive inequalities of human development. The majority (68.49%) of the population lives in households with an income below the poverty line and the district makes up more than one quarter (26.17%) of the province's poverty gap. Across the district, women are in the majority (52.55%) and IsiXhosa is the principal first language, spoken by the overwhelming majority (90.67%) (McCann, 2005:02).

The Amathole District Municipality (ADM) occupies the central coastal portion of the province, bordered by the Eastern Cape districts of Cacadu, Chris Hani and OR Tambo, respectively to the west, north and east. The District extends over 23,577.11km² and it comprises of eight local municipalities where six of them are largely rural, incorporating 21 former magisterial districts (McCann, op.cit, 2005:01). The ADM is known for tourist attractions and has its primary economic activity being agriculture. Approximately 95% of its population resides in the rural areas (McCann, ibid, 2005:01).

The eight local municipalities found in the Amathole District are Mbhashe, Mquma and Ngqushwa which are classed as Category B4 (rural, mainly subsistence), Great Kei, Amahlathi, Nkonkobe and Nxuba classed as B3 (small towns, agricultural) municipalities, reflecting limited institutional capacity and areas characterized by small centers, limited SMMEs and market opportunities, dependence on public support and local economic development (LED) activities that are principally at the level of the small project and Buffalo city municipality which is the only Category B1 (Secondary City) municipality in the province, reflecting relatively large budgets and staff, a well developed formal business sector and enterprises that have access to market supplied business services (McCann, ibid, 2005). In the provincial context, the District is arguably the most diverse, ranging from highly urbanized (BCM and Nxuba) through to overwhelmingly rural (Mbhashe and Ngqushwa) and with a strong presence of sophisticated industrial development (BCM) as well as subsistence agriculture and underdevelopment (McCann, ibid, 2005).

3.3 Children's right to education: examining legislation and policy in South Africa

Efforts to improve access to education for orphans and vulnerable children are grounded on the importance of Education for All. Education is a basic human right for all children and is a compelling goal for all nations as recognized in the Convention on the Rights of the Child and Education for All (UNICEF, 1989). In line with international patterns of ensuring the provisions of equal rights to children, South Africa had ratified the various international Human Rights Conventions. Among them is the UNCRC in 1995 (UNICEF, 1989).

The UNCRC Article 28 of 1989 states that State Parties must recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity (UNICEF, 1989). Thus, the Human Rights Watch (2005) argues that the state must, regardless of its resources, provide education on the basis of equal opportunity without discrimination of any kind irrespective of the child's race, colour, sex, language, religion, political or other opinion, disability, birth, or other status. Other status includes children's or their parents' HIV status.

Since the new political dispensation in South Africa in 1994, much emphasis has been placed on changing the society to provide equal opportunity to all, ending discrimination and achieving a non-sexist and non-racist society. All social policies and legislations formulated since 1994, related to children, have been developed within the framework of human rights, redress, equity and social justice (Muthukrishna, 2006). These suggest a commitment to the broad view of social inclusion and a strong commitment to the rights of a child. Two major ones in particular, the Constitution of the republic of South

Africa (1996) and the South African Schools Act 84 of 1996 will further be explored to highlight the children's right to education that is embedded in them.

The Constitution of 1996, as supreme law of South Africa, has been founded on the values of freedom, equality, non-racism, non-sexism and human dignity. The Constitution comprises a Bill of Rights which guarantees various rights to all children, irrespective of race, gender, age, sex, ethnic, or social origin, sexual orientation, disability, religion, beliefs, culture, language and birth (Republic of South Africa, 1996). Though Section 29 to 32 does not speak about the children directly, they are entitled to those rights provided in those sections because everyone is equal before the law.

South Africa committed itself to ensuring that education is progressively available and accessible. This commitment is expressed clearly in Section 29(1) (a) of the Constitution which states that everyone has the right to a basic education, and section 29(1)(b) states that everyone has the right to further education and that the state must make such education progressively available and accessible (Republic of South Africa, 1996).

The South African Schools Act of 1996 stresses the need for all public schools to provide equal education for all learners regardless of their differences, and to admit learners and their educational requirements without unfairly discriminating against them in any way (DoE, 1996: 2A-6). One of the basic aims of the Schools Act is to reverse the results of unfair discrimination that may still be present in the school system. In the context of this study unfair discrimination may be a result of the child's HIV status or social status.

The South African Act of 1996 enforces the right of children to education by making school attendance compulsory for all the children aged 7 to 15 years or to the completion of grade 9. The Act has placed the responsibility upon the parents and caregivers to send their children to school from the first day of the school year. The Act also places the responsibility on the state to provide enough schools in provinces so that every child attends school as a requirement of this Act. The state is required to ensure that education is accessible and affordable for every child.

The South African Schools Act of 1996 protects the children from any form of discrimination. This Act prohibits public schools from refusing admission of learners on the grounds that their parents are unable to pay or have not paid school fees determined by the School Governing Body (DoE, 1996).

However, according to Moletsane (2008) the capacity of the country to realize this commitment is threatened by the HIV/AIDS pandemic. Over the past years, there has been an increasing realisation that the HIV/AIDS epidemic has reached such dimensions that it can no longer be seen as a public health issue alone. According to Mponshane (2008), the World Bank now terms HIV/AIDS a "development crisis" and the impact of the epidemic can be identified in several sectors of society.

3.4 Care for OVCs in South Africa

According to Mponshane (2008), huge changes which are difficult for the children to accept are introduced in their lives once their parents are deceased. When they are orphaned by AIDS, aunties, uncles, and grandparents often step in to raise them as

their own. In such instances, the family, no matter how it is constituted, is forced to reorganize itself. In cases where the children do not have extended family to turn to they continue life without an adult at home.

It has been found that the majority of orphaned children, regardless of their HIV status, live in deeply impoverished households. Apart from the pain of loss of their parents, they face the hardships of inadequate nutrition and poor access to education and health care. The deterioration in the well-being of such children starts long before their parents die. Orphaned children in impoverished households are vulnerable to becoming involved in exploitative work, including the worst forms of child labour (trafficking, commercial sexual exploitation, being used by adults to commit crime or to do hazardous work). They are also vulnerable to neglect and abuse if they are not cared for by an adult who is willing and able to protect their interests. They may be pressurized to engage in transactional sex in order to meet their material needs, putting them at risk of HIV infection (Aids Foundation, South Africa, 2005).

Extended family networks that have traditionally supported vulnerable members have been overstretched by the ravages of HIV and AIDS. At the same time, the pressures upon households absorbing orphaned children can be overwhelming. Many are 'skip generation' households; that is, families in which the caregivers are older people whose own children have died and who are looking after grandchildren (Aids Foundation, South Africa, *ibid*, 2005). They are often providing for the entire household from their pension, while they, at the same time, may have health problems

themselves and may be ill-equipped for the demands of raising young children and adolescents.

Experience in South Africa and in the rest of the continent shows that the best models of care for vulnerable and orphaned children are generally found within the children's communities, not in institutions. This is simply because when facing issues such as the illness and possible death of their parents children already deal with an enormous amount of stress. Moving them to an unfamiliar environment, away from their school and their friends and the neighborhood they know, may only compound this problem for them. During their parent's illness some children build up informal systems of support in their communities. These could include a supportive relationship with a neighbor, a teacher, a minister of religion, a nurse, church volunteer or the family of a school friend. Where such a support system exists for a child, it is especially important not to take the child away from the community. It is also not good to separate children from their siblings when they have lost their parents. It is much better to keep them as close to their natural support groups as possible (Aids Foundation, South Africa, *ibid*, 2005).

Orphaned children fare better if they remain in familiar surroundings, in family units even if not with their biological families. This is evident in the phenomenon of child-headed households which has attracted a lot of attention. In such units older children have shown tremendous resourcefulness and resilience in caring for younger siblings. Depending on the ages and circumstances of the children concerned, a child-headed household may be a better option than for children to be separated and absorbed into other households. However, lack of adequate support means older children are often

providing care at the expense of their own education or future plans (Aids Foundation, South Africa, *ibid*, 2005).

The impact of the HIV/AIDS epidemic is proving to be most catastrophic at household level. Increasing levels of HIV/AIDS morbidity and mortality pose a serious threat to food security and nutrition in households. Families lose income earners, household expenditure is redirected to cover non-food items such as medical costs and funerals, children are taken out of school for lack of fees or to care for sick relatives, workers have to take time off to provide terminal care, resources may have to be shared with more dependents, and productive assets are sold off (Aids Foundation South Africa, *ibid*, 2005).

In summary, the HIV/AIDS epidemic impacts negatively on children's rights to education, survival and development, protection and participation. It causes irreparable harm to children's lives. Therefore, HIV/AIDS serves as a powerful exclusionary pressure to the children's right to education.

3.5 HIV/AIDS and access to education in South Africa

The HIV/AIDS epidemic is a major catastrophe which threatens South Africa's ability to meet its commitments to the realisation of children's right to education. The epidemic exacerbates the difficult circumstances of many children in South Africa that result from poverty, lack of access to resources and services, minimal infrastructure, fragmented families, to mention but a few. This is eroding precious and hard won development gains made since 1994 (World Bank 2002).

The epidemic is causing a rapid increase in the number of orphans. AIDS is reducing the pool of traditional caregivers and the numbers of breadwinners, resulting in increased poverty and reduced care giving for the children. There are already a considerable number of children who care for terminally ill parents or caregivers and this impacts negatively on the psycho-social well being of children due to the difficult living circumstances and awareness of their impending loss. These circumstances compel many children to withdraw from school as they take on adult responsibilities at a very young age and this exacerbates their vulnerability as they lack protection and are at a risk of abuse (Grainger et.al, ibid, 2001).

A study in Kenya found that 67% of a sample of orphans had stopped schooling due to lack of money (Grainger et.al, ibid, 2001). According to teachers in the survey areas, most of the pupils dropped out of school two or three years after their parents had died, and that this could have been linked to the need to acquire new uniforms, lack of money to pay school fees in foster homes as well as living with terminally ill parents (Grainger et.al, ibid, 2001). According to the Human Rights Watch (2005), despite a constitutional guarantee of free education until age seventeen and the ratification of international treaties guaranteeing the right to education, South Africa still allows schools to levy fees, and many do. However, schools are required to grant waivers to children who cannot afford to pay. Some children interviewed for the Human Rights Watch report stated that they were attending primary school for free. However, the requirement that schools grant waivers is not always observed, and many schools, citing the need for the revenue generated by school fees, refuse to waive fees even for orphans thus impeding access to education.

Evidence suggests that the child's emotional reactions once a relative is suffering or dies from HIV/AIDS can be a barrier to educational access. The child may withdraw, feel shame or dwell on their impending situations, their concentration and work at school may suffer. Grainger et.al (op.cit, 2001: 22) states that, a study in Rakai district in Uganda showed that 16% of children aged between 15 and 19 combined school with caring for a sick relative. On the death of the parent, 16% of children in the same age group lost school time and 29% left school altogether. This is also evident in other South African communities.

In interviews with children and caregivers in Kenya, South Africa, and Uganda, Human Rights Watch found that governments had repeatedly failed to address AIDS-affected children's extraordinary risk of school drop-out and poor performance. Governments also failed to intervene at different points including when parents fell ill and children left school to act as caregivers or breadwinners in the family; when parents died and children found themselves deprived of parental care and often completely on their own; and when children entered the care of extended family members, foster parents, and institutions, many of whom subjected them to abuse, neglect, and discrimination. Often children experienced this cycle of sickness and death numerous times, as mothers, fathers, siblings, aunts, uncles, and other family members successively succumbed to HIV/AIDS. When extended families proved unable to support orphaned children, community-based organisations often provided critical educational support, including paying for school fees, applying for government benefits, and advocating for their right to education before school authorities (Human Rights Watch, op.cit, 2005:20).

The probability of orphans going to school regularly, or at all, is limited. Jukes (2008) states that, in the Free State province of South Africa, households affected by HIV/AIDS were larger and had lower monthly income compared to households that were not affected. Furthermore, he states that when parents are ill, they may not be able to work as much and may lose jobs due to absenteeism or stigma. The costs of medical treatments and care may stress family finances. As a result, children may need to leave school and begin working to help support their families.

Stigmatization and discrimination of children orphaned by AIDS have a major impact on their access to education. Teachers often refuse to allow these children into schools. For instance, the tragic case of Nkosi Johnson in South Africa who was a young boy living with HIV was denied his rights to education and freedom from discrimination (Phiri et.al, 2001:10). This arises in most cases from a fear of infection coupled with a lack of understanding of the disease. However, governments often fail to support or even recognize the local efforts, leaving the burden of safeguarding children's right to education largely to already poor and overburdened private citizens.

3.6 Conclusion

The political economy of the Eastern Cape Province reveals the status and needs of the people living in it. The breakdown of the status of the people's basic needs in this province reveals the extent to which their rights are being upheld or violated according to the Bill of Rights that is entrenched within the Constitution of the Republic of South Africa. It is within the same Province that the ADM is situated which is the area of study.

Children in this District Municipality lives under the same conditions as mentioned above.

It is perceived in this study that the evidence from the above reviewed literature, applies also to the children in the ADM who live under the same conditions as mentioned in this chapter. In the light of the above perceptions it is believed that demand for education is dropping and changing as many teachers are ill and dying, and the trauma of loss associated with HIV/AIDS is entrenched in South African classrooms. As a result, in the Eastern Cape as in South Africa as a whole, it can no longer be assumed that it is 'business as usual' for education.

As the pandemic begins to bite, greater resources and creative energies will be needed to ensure educational access for OVCs. The education system now needs to be stabilized through devising of innovative ways to reduce the impact of HIV/AIDS on the sector, and to respond creatively to new management and learning requirements.

CHAPTER FOUR

4. An assessment of the impact of HIV/AIDS on children's right to educational access.

4.1 Introduction

This chapter describes the methodology of the study and presents the empirical data on the assessment of the impact of HIV/AIDS on the children's right to educational access, a case study of OVCs. Research methodology is the way in which data is collected, measured and analysed in order to achieve the objectives of the research. Research methodology is important in a research due to the fact that it specifies the sampling design where the researcher explicitly defines the target population, the sampling method used and the data collection method.

This study is an assessment of the impact of HIV/AIDS on the children's right to education. The assessment is an examination of the guiding principles and pre-requisites of the UNCRC and South African legislation and policy in relation to education and children. In executing this, the study used semi-structured interview questions with OVCs and educators within three schools in three Municipalities of the Amathole District, namely, Buffalo city municipality, Ngqushwa Municipality and Amahlati Municipality. Other Organisations that were interviewed were Agape Support group and Nceduluntu Reeston support group in the Buffalo city municipality and Masivuke CBO in the Amahlati municipality. This study also used a historical approach of analysis. The sources of data of the historical analysis included CBO reports,

government policies and documents, journals, published books and school attendance registers. In order to accomplish this task, the study assumed a case study method of qualitative research.

4.2 Research Methodology

4.2.1 The qualitative technique

Qualitative technique is one major approach in social sciences. According to Creswell (1998) qualitative research is an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants and conducts the study in natural settings. Therefore, qualitative research is multi-method in focus and involves an interpretive, naturalistic approach to its subject matter.

In qualitative research, the researcher attempts to make sense or interpret phenomena in terms of the meanings people bring to them. Data comes in the form of words, images, impressions, gestures or tones which represent real events or reality as it is seen symbolically or sociologically (Denzin and Lincoln 1984). Qualitative research uses data collection methods such as relatively unstructured interviews, documents, participant observation, the researcher's impressions and reactions, personal experience, introspection, life stories and visual texts to describe, understand and explain social phenomena.

Given that qualitative research looks beyond the numbers and places emphasis on understanding feelings, impressions and viewpoints of the social actors, a qualitative case study approach was employed in this study in order to understand the impact of HIV/AIDS on the children's right to educational access in the Amathole district of the Eastern Cape Province.

4.2.2 The Case study design

This is a case-study based on the assessment of the educational experiences of OVCs in the Amathole district. According to Yin (2000) the term case study has multiple meanings. It can be used to describe a unit of analysis (for example, a case study of a particular organisation) or to describe a research method.

Cases could be a single community, an organisation or family. According to Neuman (2000), a case study helps researchers to connect the micro-level, or the actions of the individual people to the macro-level or large-scale social structures and processes. This means that a case study allows the researcher to draw conclusions about the larger population using the data collected from a representative sample.

4.2.3 Target Population

A research population refers to the total set from which the individuals or units of the study are chosen (De Vos et al, 2005). Larger samples enable researchers to draw more accurate conclusions and make more accurate predictions (De Vos: 1998). In terms of this study, the target population comprises learners who are affected by HIV/AIDS, school educators and CBO officials. These have been selected from the

Amathole district and are located in the poverty stricken rural and township areas of the Buffalo city, Ngqushwa and Amahlati municipalities. In addition, CBOs which were the target population were Agape support group, Masivuke HCBC and Nceduluntu Reeston support group which work closely with the schools as well as the DoSD and United States Agency for International Development (USAID).

The reason the Eastern Cape Province was chosen is due to the fact that it is the poorest province in South Africa and it has the third largest number of HIV-positive people. Also poor people struggle to meet their basic needs, including education.

4.2.4 Sampling and population sample

A purposive sampling method was used in the study. Wellman et.al (2005) argue that purposive sampling is the most important type of non-probability sampling. He further states that researchers rely on their experience, ingenuity and or previous research findings to deliberately obtain units of analysis in such a manner that the sample they obtain may be regarded as being representative of the relevant population.

Neuman (2000) indicates that the advantage with purposive sampling is that it permits the selection of interviewees whose qualities or experiences permit an understanding of the phenomena in question and are therefore valuable. The study therefore, in consonance with the case study design, purposefully selected a sample which reflects the population accurately so that it is a microcosm of the population. The sampling population consisted of five learners per school and three educators from the three schools, namely, Parkside primary school in the Buffalo city municipality,

Langaliphumile secondary school in the Ngqushwa municipality and the Anonymous senior secondary school in the Amahlati municipality as well as the CBOs, namely, Masivuke HCBC, Nceduluntu Reeston support group and Agape support group from the Amahlati and Buffalo city municipalities, respectively. The reason why the researcher chose three schools and not more is that the results were believed to be more accurate since effort, time and financial resources are concentrated on a small area. At the same time, interviewing all the educators within these three schools was considered to be a prohibitive undertaking considering the time constraints as most of the educators were busy with teaching. The schools chose one educator to represent the views of all educators as they argued that all educators are aware of what goes on at the school premises since most of the school issues are discussed in the educators' (staff) meetings. The researcher held semi-structured interviews with OVCs, educators and CBO officials.

Two key informants were interviewed from each CBO comprising a Project Manager and an OVC coordinator. One key informant (educator) was interviewed from each of the three schools and five OVCs from each school were also interviewed.

4.2.5 Research Instruments

The study made use of forty five minutes to one hour semi-structured interview schedule to guide the discussions. According to de Vos et.al (2005) an interview schedule provides the researcher with a set of predetermined questions that might be used as an appropriate instrument to engage the participant and designate the narrative terrain. The study also used open-ended questions during the interviews in order to

allow respondents to freely express their views and feelings in their answers. The greater proportion of the semi-structured interview schedule was composed of open-ended questions hence the researcher made use of a notebook in order to capture the information given during the interview. Interviews were open and flexible; therefore they allowed the researcher to get more information through probing. Additional data was collected from secondary sources. The sources of written materials were monthly statistical and narrative reports about the services rendered to OVCs such as school uniforms, after school services, attendance registers at schools and CBOs' annual reports.

4.2.6 Interviews

Semi-structured interviews were used as part of data collection. Semi-structured interviews were especially appropriate for this study because they allowed the researcher to follow up particular interesting avenues that emerged in the interview and participants were allowed maximum opportunity to tell their stories.

4.2.7 Ethical considerations of the study

The ethical process in this study involved the following: Consent to conduct research with children under 18 years was sought from the legal guardians prior to interviewing OVCs and consent letters were also sought from and issued by the schools and CBOs to participate in the research. Anonymous verbal consent was given by one of the senior secondary school in the Amahlati municipality. This was respected and the name of the school was not mentioned anywhere in the research. In all instances an

explanation was given to the respondents clarifying that data collected will be used purely for academic purposes without defaming any character or that of the respondents. No real names were mentioned to implicate any individuals. In order to alleviate fears of some respondents, an assurance was given to them that a copy of the thesis would be made available to them if they so desired.

4.3 A brief background on the selected organisations

4.3.1 Masivuke Home and Community Based Care organisation (HCBC)

Masivuke HIV/AIDS Education and Training project is located in Keiskammahoek town area next to the Post Office. It is under the Amahlathi Local Municipality within the Amathole District Municipality. Keiskammahoek is about 30 km North West of Dimbaza Township. It consists of 36 villages, which are all serviced by the Masivuke Project.

Masivuke was formed after Keiskammahoek volunteers had realized the need that was within the community in 1999. The aim was to assist people living with HIV/AIDS, youth, women, OVCs as well as their families. Keiskammahoek is characterized by high rate of unemployment, illiteracy, crime and the practising of unsafe sex resulting in the spread of HIV/AIDS especially among the youth.

Information gathered from the field suggests that most people in this area are illiterate and as a result are easily lured by money. The CBO officials that were interviewed stated that the youth in this area end up being involved in unprotected sex for money. Another reason that was highlighted for the existence of this HCBC was that men within the area used to go and seek for jobs in the bigger towns and cities like Cape Town and

Johannesburg. Upon their return they would be infected with HIV/AIDS, and would infect their wives and partners. It became a pattern to such an extent that the younger girls also began to migrate to such big cities in search of jobs, and most of them came back with children out of wedlock, infected and died leaving their children orphaned and vulnerable.

Keiskammahoek is a small semi urban town. There are no important amenities such as banks in the area, people end up travelling to Sutterheim for commercial purposes, which is 45 km away using the gravel road. There are Ward committees for each ward and welfare forums, which work with the communities all the time. The source of income or way of living in this area is through subsistence farming. Most people in the area are dependent on state grants.

Most people live in the villages and some basic services are not available. The roads are gravel thus making it difficult for minibus taxi operators to ferry people. The community is therefore using vans for transportation to town. There are electricity services though some people are using wood for cooking. In town there are flush toilets and in the villages there are pit latrines.

CBO officials also mentioned that the major health issues within the community include HIV/AIDS and Tuberculosis which is believed to have been caused by poverty and substance abuse. To a certain extent, substance abuse contributes to the diseases like TB, and the resultant lack of “self-control” which increases the risk of sexually transmitted diseases and teenage pregnancy.

Keiskammahoek has one hospital in town named S.S Gida and some clinics in the villages. At the hospital premises, there are offices for the DoSD. There are also crèches, primary schools and high schools in the area. There are different Christian denominations such as the Methodist, Anglican, Dutch reformed and Zion churches.

The aim of the HCBC programme is to maintain good health for the communities and to address low levels of income among poor households through rendering social development services to the needy people within the community. At the CBO service provision is determined by the availability of volunteers who render services to the needy community people and are expected to conduct home and school visits in different communities.

The beneficiaries of the services rendered by the HCBC involve HIV/AIDS victims from all Keiskammahoek villages targeting orphans and vulnerable children, people living with Aids, youth, women and families infected and affected by HIV/AIDS amounting to 700 people; 530 of these are orphans and vulnerable children. Services that are offered to the community include home visits, services to orphans and vulnerable children such as after school care, support groups, sports and recreation as well as support to foster parents and people living with HIV/AIDS. Masivuke is funded by USAID and the DoSD to render services to OVCs specifically.

4.3.2 Nceduluntu Reeston Support group

Nceduluntu Reeston Support group was founded following the need that arose out of the advent of HIV/AIDS in South Africa. The project aims to address the impact of

HIV/AIDS and to uplift the living standards of orphans and vulnerable children, to promote developmental guidance, to ensure their safety and protect their legal rights and to familiarize them with, and respect to, their culture and religion. Nceduluntu Reeston support group has a well-founded teamwork of 30 care workers who are responsible for conducting home visits on a daily basis to look after the sick people as well as the OVCs. The CBO has about 570 OVCs who are benefiting from its services. Most of these are still schooling. The OVC programme is funded by USAID through a partnership with Starfish Greathearts Foundation as well as through other forms of help from donations in kind or money from local churches and individual businessmen.

The Reeston communal area is an informal settlement within the Buffalo city municipality. It is composed of eight areas with no infrastructure. It is congested with shacks and has numerous health hazards. There are no clinics and people rely on one mobile clinic which comes once a month. There are NGOs working with children affected by HIV/AIDS in this area like St Bernard's Hospice, Christian Social Services/Christelike Maatskaplike (CMR) and Coatlands. CBO officials stated that the children and youth are the most vulnerable and the most adversely affected by the epidemic in this area. Many children are from HIV affected families and households whose coping strategies are tested by the cumulative effects of poverty, disease and an increasing dependency burden.

A recent development in the area is that the government has built RDP houses (subsidized housing) for the local residents. People in this area rely on the state grants and some are working in the nearby Wilsonia industries. However the unemployment

rate is still high, hence the CBO is educating community members, especially their OVCs' guardians, to be engaged in establishing vegetable gardens of their own. They are also engaged in helping with registration of all children who previously could not attend school because of financial constraints. This is accomplished through negotiating with various school principals so that the children can commence attending school. Parents and guardians are taught budgeting skills so as to be able to utilize the state funded grant money they receive for their children to their best interests. The main focus of Nceduluntu services are OVCs through after-care support, home visits, school material support and psychosocial support

4.3.3 Agape Support group

Agape support group was formed in 2003 as a result of the challenges faced by the community that are continuing to grow, especially drug abuse and HIV/AIDS. The organisation is located in the Parkside Township within the Buffalo city Municipality of the Amathole district. There are several schools within the Parkside, Peffervile, CC Lloyd and Parkridge communities with 270 OVCs that are benefiting from the Agape support group services. Agape support group is funded by USAID and receive other donations from different businessmen and churches in order to sustain their OVC programme.

Door to door visits were initially conducted by Agape support group volunteers with the aim of encouraging people to come forward and acknowledge the challenges faced by their families and communities as a result of HIV/AIDS. In response to the challenges identified in the community the organisation was founded and they now run three

programmes namely, orphaned and vulnerable children, home based care and health promotion and HIV prevention.

Under the OVC programme there are 15 care workers, who are assigned to work with OVCs within their own communities. Home visits are conducted from Mondays to Thursdays, while on Fridays all care workers report to the main site for a weekly meeting where reporting and discussion take place. A crèche operates at the main site from Monday to Friday which is mainly meant for OVCs who cannot afford to pay for other crèche fees. The number of children that attend the crèche is growing steadily. The older OVCs from the nearby schools attend the after-school care and the CBO give support which includes lunch, sport, cultural activities and homework support. Health promotion is woven through all interactions with the OVCs and the broader community.

The Agape officials stated that the organisation has a strong relationship with the schools, the clinic and the local government as well as other stakeholders. There are NGOs working with OVCs in the area including, St Bernard's Hospice, Child Welfare Society, Coatlands and the DoSD. The Parkside community is characterized by drug abuse and a continuous spread of HIV/AIDS infection. People in Parkside rely on state funded grants, piece jobs and formal jobs in East London town for a living. Unemployment is still a major problem in the area. Field work data gathered suggests that parents misuse the state funded grants for their children to sustain their drug and alcohol habits. CBO officials stated that child abuse is a common order of the day in the Parkside community and that people within the community prefer foster parenting due to the fact that they get the foster care grants that they end up abusing on alcohol and

drugs. Due to the shortage of social workers within the government departments to monitor the foster care placements, Agape volunteers try their best to monitor the use of the foster care grants by foster parents within their reach.

4.4 A field report on the findings

The major objective of this study was to assess the impact of HIV/AIDS on the children’s right to educational access. In order to achieve this, an analysis of the guiding principles and prerequisites of the government was carried out in terms of its policies and procedures that guide education as a children’s right within the country. In addition, experiences of OVCs, school educators and CBOs were studied looking at the impact of HIV/AIDS on children’s access to education. This section entails a report on the data collected from the field as well as case studies of OVCs found in the literature. The report gives a brief overview of the legal framework that guides the schools and CBOs and then outlines positive and negative experiences of CBOs, schools and OVCs under study.

4.4.1 Biographical Data

Table 1: Personal details of OVC participants

<u>Participant</u> <u>(students)</u>	<u>Pseudo Names</u>	<u>Age (years)</u>	<u>Gender</u> <u>(Male/Female)</u>	<u>School (A,B,C)</u>
				A (Urban but township

				Primary School) B (Rural High School) C (Semi-rural high School))
1	Yandiswa	10	Female	A
2	Sino	9	Male	A
3	Asanda	13	Male	A
4	Dineo	11	Female	A
5	Thembaletu	12	Male	A
6	Bukosi	14	Male	B
7	Zimkita	16	Female	B
8	Gregory	15	Male	B
9	Siya	14	Male	B
10	Siphokazi	13	Female	B
11	Stanley	14	Male	C
12	Yolanda	14	Female	C

13	Kenneth	16	Male	C
14	Melikhaya	15	Male	C
15	Reyne	17	Female	C

The personal details above helped to create a brief biographical ‘picture’ of the respondents. These details included names of the participants, ages, places of residence and schools which they attended. The age of the participants ranged from nine to seventeen years. Male participants were nine and female participants were six thereby adding up to the total sampling unit of fifteen OVC respondents. Ten of the OVC participants were from rural high schools and five were from urban but township primary school.

Older orphans were at risk of missing out on education, taking up on adult responsibilities at home. They were also at risk of being exposed to HIV and other sexually transmitted infections through exposure to dangerous behaviour as a way of earning a living. The youngest orphans although making up a smaller number of all orphans that were interviewed, are the least resilient and have the greatest need for physical care and nurturing. If education programming in the context of HIV/AIDS is to respond well to the needs of OVCs at varying developmental stages, there is a great need to consider their current age and their age when they were orphaned.

4.4.2 Home background and experiences of OVCs

Of the fifteen OVCs that were interviewed in the three schools, six were living with their extended families (uncles and aunts), four were living with their grandparents, two were living in child-headed households and three were still living with their sick parents. A common feature among all of these kids is that the psycho-social and emotional problems like lack of love, discrimination and stigmatization affect their personality in everyday life. Some of them tried to elaborate their experiences by saying that they do miss a lot of things such as hugs and kisses as a result of the loss of their parents. Clearly, it has been hard for them to adjust after going through the grief and trauma of witnessing their parents suffering from HIV illness and succumbing to death.

For the orphans, loss of parents means loss of everything like love, hope, protection, financial security, care and support. One of the orphans interviewed in this study had this to say when describing their experience: "We orphans are exposed to different problems that require parental care and protection, this affects our identity and personality, and we have no one to hug us, which is why we feel jealous when children around us are hugged by their parents." Both before and after the death of a parent, OVCs are exposed to a high degree of uncertainty. Unfortunately, it seems that the only thing that is certain to them is the eventual death of the loved one. A young girl aged 13 said that she was faced with many questions of which she had no possible answer during the illness of her father. Questions such as "How long will the sickness last?", "How will we afford school fees if my father is unable to work?", "Will my parent die?", "What will happen to me and my siblings once my father dies?", "Where will we live?"

She expressed that these questions were bothering her even when she was in class and she could not concentrate when the teacher was teaching. To add to this, her younger sister was HIV infected when her mother was pregnant and she needed to be taken care of.

The children living with their extended families expressed differing levels of emotions on their experiences. Some indicated that they are suffering from beatings and other physical mistreatment from their foster parents. They lamented that they were no longer happy as they used to be before their parents died. Others expressed fear that they might lose the only caregiver they have, even though their home situations were far from the caring environment a child needs. A 12 year old boy who lives with his uncle because his mother died in 2009 and his father in 2010, does not know why his parents died. His uncle does not talk about it. His uncle's wife died. It is just the two of them living together. The boy complained that he always goes to bed hungry even though his uncle is receiving his foster care grant. He does all the work in the house, collecting water, cooking, washing clothes and dishes but never enough food or even money to buy food. He complains that his uncle is abusing the foster care grant and does not let him play with his friends even when the work in the house is done. When the uncle sees him playing with others he beats him. The worst fear that he has lingers around his future, he wonders who will take care of him when his uncle dies.

4.4.3 Economic status for OVCs

OVCs are of the view that their economic problems arise from income loss due to the death and sickness of their parents. This is considered as a major problem hindering

them from accessing the basic needs like food, shelter and clothing as well as the problem of health and education. Financial problems are affecting the survival of orphans and their families. Most of them expressed that even though they are receiving government grants, it was not enough for their survival.

Some orphans who are living with their grandparents indicated that their grandparents end up using their old age grants to supplement their foster grants. Some of the orphans who are living with their grandparents and have lost their mothers, said that even though they were guaranteed the right to social assistance by the government, in reality they were not getting any social assistance from the government. The DoSD and other welfare organisations doing statutory work told them that they do not qualify. They were told that their applications for foster care grants were rejected on the grounds that they were born out of wedlock and that their fathers are still alive, working somewhere. The children stated that neither themselves nor their grannies know where their fathers are since their mothers died not knowing the whereabouts of their fathers. Their grannies do not have money to advertise in the papers to look for their fathers.

The children that are staying with their aunts and uncles were of the view that even though they were getting foster care grants and child support grants, their guardians were abusing the money on alcohol, drugs, buying furniture for their households or even extending their houses. They said that when they would go and report to the community volunteers from CBOs, they would be told that there are not enough social workers to supervise foster placements and foster care grants to make sure that they are not abused.

The children that were living in extended families (aunts and uncles) indicated that they no longer have enough time to play with other children as they have to use their time productively. Some of them who lived in child-headed households resorted to working after school and some missed school on some days doing house work in order to support younger siblings.

Some of the OVCs indicated that they were getting assistance with school needs from local CBOs like Masivuke HCBC, Agape support group and Nceduluntu Reeston support group. They stated that they receive school uniforms once every year, stationery, home-work assistance, feeding and recreation. Not all OVCs are able to get all these due to limited resources within the CBOs. Nine OVCs reported that they were benefiting from the school fee exemption policy and they were not paying any school fees. However, one pupil stated that she failed to get exempted due to the complex application process that her grandparents were not educated enough to follow and to complete application forms, so they ended up paying school fees, which left them with other unfulfilled needs. Two OVCs who lived within child-headed households and three OVCs who lived with their sick parents indicated that they could not afford to pay for school educational trips due to lack of money and were left out.

4.4.4 HIV/AIDS stigma and discrimination associated with OVCs

Some of the orphans interviewed in this study reported that some of the children at school are making remarks on their social status, laughing at them and refusing to befriend them because they were told to do so by their parents in fear of being infected. These OVCs are of the view that stigmatization and discrimination are the result of

misconceptions about the cause and mechanism of HIV transmission, in that some people in the society see AIDS orphans as HIV positive children. Some orphans said that some neighbors do not allow their children to play with them while others reject and insult them, and that this is very painful to them. Some were ashamed to go to the local CBOs for after school activities because people would label them as HIV positive children. So they feel scared to integrate with others freely.

In addition, from the researcher's observation, the living conditions of some orphans and caregivers are poor. Those who are managing their life as heads of the household have severe problems regarding adequate clothing, food, and shelter. Most of the interviewed children indicated that their teachers were supportive and understanding and were trying their best to educate other pupils so that they can accept them as they are. However, some teachers were reported as not being sympathetic. The children reported that unsympathetic teachers yell at them at times, make fun of them, and even put them out of the classroom whenever they were late for school.

Of interest to note is that most orphans indicated that when they grow up in the future they would want to become social workers and teachers so that they can raise awareness in the country to end discrimination and stigmatisation. Two children who were living with their sick parents had lost hope of what they want to become in life in the future because their economic situations at home were not giving them any hope of success in their lives.

4.4.5 Views from the Educators

With regards to knowledge on the existence of HIV/AIDS, the responses showed that all three schools were aware of the existence of HIV/AIDS. The feeling from all three educators is that there are too many children at the schools from different households that are affected by HIV/AIDS. Overall, OVCs contributed about 37% of the learners per school.

Educators noted that there was a noticeable decline of school attendance among learners and AIDS has been associated with this decline for various reasons. Children in households with an AIDS patient were likely to remain absent from school, which can be attributed to the need to take care of a sick member of the family. However, most educators stated that whenever they notice such absenteeism they make follow ups and bring such children to the notice of the local NGOs and CBOs so that care workers from these organisations can assist by relieving the children concerned from house chores so that they can be able to attend school. The educators reported that it is often girls that are known to be not attending regularly, and that it could be because they are seen to be the only alternative care providers in many families where HIV is present. This is particularly so if the remaining parent is sick.

Some educators stated that children were not attending school regularly because they themselves are infected. For example, a certain educator noted that a learner in her class was HIV positive and could not attend school regularly because he was sometimes very sick to attend and sometimes did not have food at home to eat so that he could take his treatment. Arrangements had to be made for the learner to get food.

During that time the feeding scheme in the Eastern Cape Province was suspended due to lack of funds. There was no feeding in schools in the first three months of 2011.

According to the educators, children who are orphaned and made vulnerable by AIDS often have a lower performance level in school than children who are not affected. The view is that the lack of good performance is due to factors such as preoccupation with the illness or death of their parents, the isolation due to the loss of friends, and the undertaking of additional work that comes with caring for ill parents or supporting oneself after one's parents have died which often makes it difficult for orphaned children to concentrate in school.

According to the educators, such affected children have a tendency of daydreaming at times, coming to school infrequently, arriving at school unprepared and late, or not being responsive in the classroom. On the other hand, other children who are OVCs and have a responsible, caring and loving caregiver or guardian were reported to be excelling in their studies. Educators stated that such excelling orphaned children were even motivating other children who have both parents to take education seriously so that they can take care of themselves one day when their parents are no more. Stigma and discrimination were reported to be present in schools. There are some children who are refusing to play with orphans and vulnerable children for fear of getting infected. Educators stated that they were doing their best to educate such children in their life orientation lessons.

Educators reported that due to lack of funds in their schools, they are unable to employ qualified social workers to deal with the social problems that are faced by children in

their schools. They often resort to counseling done by other talented educators within the school premises. Some even go to the extent of following up at the OVCs' homes to assess the problems that might be affecting the kids at school. In some instances guardians of such children are called to the school to discuss problematic areas for their children.

Educators also noted that while they at times refer such children to local CBOs or NGOs to get help, there are instances where as teachers they do not have enough time to do follow-ups with such welfare departments to monitor progress for the children they refer to them. They also stated that in classrooms they try to mix such affected children with others in groups so that they do not feel isolated or rejected. The schools also try to look for donations in kind or in money in order to help their needy children. For some schools which need school fees, the practice is to ask the guardians to come and do some work for the school and, in return, the school deducts school fees from their wages.

Educators also indicated that the Amathole district municipality is making efforts to intervene to make sure that learning continues as usual for OVCs. The district is funding the feeding scheme in schools so that all children are well fed and are able to concentrate in class. In the rural schools that were interviewed, educators reported that the district is even providing transport for the children from faraway places to come to school. However, this was also affected when the district ran out of funds during the first three months of 2011 and this led to a decline in the attendance pattern of the affected children. The view of the educators is that the district DoE needs to provide every school with a social worker to help the children as well as educators themselves so that

they can be relieved from every day stresses that they face in their classrooms and in their homes because some of the educators are themselves infected with the HIV virus. The educators also recommended that the district provide three or two meals per day so that the learners go home with full stomachs as there is no food in their homes.

With regards to awareness on the children's right to education in schools, educators reported that their schools were fully aware of the policies and legislation in relation to children's right to education. They had charts in their offices on the Bill of Rights and they were also aware of the Schools Act of 1996. They reported that they were aware that they had no right to deny children space in their classrooms on account of the child's social status. Some of the educators indicated that the fact that they refer children in needy situations to local CBOs shows that they are concerned and that they have respect for the law, also that they resort to the best interest of all children in matters which concern them. They feel that South Africa's laws in relation to education for children are the best, and that if the laws are respected by all, they would produce good future leaders.

4.4.6 The role of CBOs in promoting the educational right for OVCs: Views from CBOs officials

OVCs receive school uniforms from CBOs which are in partnership with the DoSD and USAID. Some interviewed CBO also receive jungle gyms from their funders like USAID in order to afford the OVCs recreation time and opportunity during weekends and after school so that they don't get involved in drug dealings or any risky behaviour. CBOs also facilitate sports and drama for the OVCs after school when they are done with their

home works. Care workers in the CBOs also go to the schools to monitor the progress of OVCs in terms of performance and attendance. This is a requirement from their funders like USAID which provide CBOs' volunteers the opportunity to get formal training from the National Association of Child and Youth care workers (NACCW) for child and youth care work.

Officials from CBOs reported that orphans and vulnerable children (OVCs) face a variety of problems, from the lack of parental love and care, lack of financial resources, to unfair treatment within the community. The CBOs play a key role in identifying OVCs made vulnerable by HIV/AIDS. They deal with this situation by sensitizing and mobilizing the community about the problem and by providing psychosocial support to the children, feeding them, teaching them in pre-school and providing school pre-requisites to those attending school.

The CBOs also manage children's feeding programme for OVCs from poor families. The children receive at least two nutritious meals a day. The feeding programmes are a result of the donations from local businesses and of partnerships between the CBOs and the DoSD. The CBOs indicated that they faced difficulties in the year 2011 when USAID stopped funding the feeding programmes in their organisations and they ended up relying on donations in kind or money from local businesses and the DoSD.

The children receiving support from CBOs are selected from orphans staying with their poor old grandmothers, child-headed households, those living with extended families and those whose parents are critically ill. The feeding programmes have proved to be a success and as a result, children stay motivated to visit the CBO centers after school.

Other than feeding, the children are provided with some basic education and lots of play and interaction with their peers at the CBOs' centers. Some of the OVCs are helped with enrolment applications at the local schools as well as school fee exemption applications.

The CBOs run kids' clubs. The clubs were established to assist children to become responsible citizens by providing them with guidance and life skills. The kids' club members meet to participate in a number of activities designed to help them identify and develop their individual skills and talents. The club's activities range from traditional dancing, singing, leatherworking to sports. The OVCs are taught interpersonal skills like trust and teamwork. During the club meetings HIV/AIDS issues are discussed and support is offered to club members in order to maintain good behaviour and to prevent the spread of HIV/AIDS.

The role that the CBOs play in nurturing the vulnerable children is an important undertaking because not only does the CBO keep the children out of the streets and provide them with food and welfare, they also facilitate their education and upbringing in order for them to grow into responsible adults. This in the long run has positive developmental gains on the country as these children are considered as future leaders.

4.4.7 Challenges faced by CBOs in ensuring that the children's right to education is fulfilled

CBO officials reported that they do not have enough funds to support all the orphans and vulnerable children in their communities. They do not have enough stipends to pay

their child and youth care workers in order to cover all areas and villages given the growing numbers of OVCs in their communities. Government grants which are meant to benefit the children are being abused by foster parents. The community volunteers indicated that it was beyond their ability to supervise such grants as they are not qualified enough to perform statutory duties, they rely on qualified social workers who visit them once a month to come and supervise their work. Most of the volunteers who come to work at CBOs are HIV infected and therefore they die at an early stage of their employment which in turn has a negative psychological impact on the children that they work with because the relationships that they establish with children get to be broken at an early stage. This also contributes to a high staff turnover within the organisation.

Of the three organisations, namely, Agape support group, Nceduluntu Reeston support group and Masivuke HCBC; only Masivuke HCBC is receiving funding from the DoSD and the other two rely entirely on USAID. These two CBOs have been applying for funding from the DoSD and their applications have not been successful.

4.5 Conclusion

From the findings, one can note that the HIV/AIDS pandemic has serious impacts on the children's right to education even though government policies are in place and assuring children of their rights to education. These policies are to some extent fully respected in theory rather than in practice especially in the presence of HIV/AIDS. OVCs are still missing out on education as they are expected to look after their sick parents, be responsible heads of homes in child-headed households, thus missing school due to economic conditions and other problems at home.

The current condition of these OVCs is a situation marked by severe poverty, loneliness and worries about the future which in turn has serious negative impacts on their access to education. The consistent lack of money exposes the children to many risks such as contracting HIV/AIDS infections as some are forced into prostitution to earn a living. The epidemic steals from the human development and wipes out decades of investments in education. It creates severe loss of breadwinners, heads of households, professionals and resources and it leads to a growth in numbers of orphans who are left to suffer and have their right to education compromised in one way or the other.

Moreover, from the findings it is evident that becoming an orphan of the HIV/AIDS is rarely a sudden switch of roles. It is slow and painful and the slowness and pain have to do not only with the loss of a parent, but also with a long term care which that parent's failing health may require. For example, a young girl of twelve years may be used to care for younger siblings; she is unprepared to take care of her mother or father or both of them. Coping with a parent who is weak and requires food to be cooked or water to be fetched is one thing, coping with a parent's severe disease, declining mental function and mood changes is quite another. It is critically important that orphaned children are allowed to develop in an atmosphere that is normal and emotionally secure in order for them to enjoy their right to education.

CHAPTER FIVE

Analysis of Findings

5.1 Introduction

Education is an important right for every child. The goal of a human-rights based approach is to assure all children a quality education that respects and promotes their right to dignity and optimum development (UNICEF, 2007). The respect for human rights is inextricably intertwined with the impact of HIV/AIDS in that, a lack of respect for human rights works as a catalyst towards the spread and exacerbates the impact of the disease; at the same time HIV/AIDS undermines progress in the realisation of human rights. The protection and promotion of human rights is therefore essential in preventing the spread of HIV and to mitigating the social and economic impact of the pandemic.

Good quality education is a powerful weapon against HIV/AIDS whilst access to education is an indicator of the protection of children's educational rights. Education ensures empowerment for the children to fight against HIV/AIDS through imparting knowledge to the children about the epidemic. The impact of the HIV/AIDS epidemic on the education system is undermining the fundamental right of every child to education, increasing the number of HIV/AIDS-related school drop-outs and raising young people's vulnerability to HIV infection.

Rights-based education recognises children as subjects of rights. The state and other 'duty bearers' like parents and teachers have obligations to fulfill these rights. As rights

holders, children are entitled to demand that the state meets its obligations to respect, protect and fulfill the right to education of all children.

This chapter will focus on the analysis of the research findings. The analysis is rights based and acknowledges achievements in the fulfillment of basic children's rights. The analysis also recognises, however, that although all South African children have the same constitutional basic rights, including the right to education, some children are not better placed to realize their rights. The Constitution of South Africa and the UNCRC are used as the framing devices to assess rights' implementation of the South African children.

5.2 Achievements

5.2.1 Progress by Government, Schools and CBOs

Despite some challenges, good progress has been made to advance the realisation of children's right to education in South Africa. The government initiated poverty alleviation strategies comprising the child support grant, care dependency grant and the foster care grant which go a long way to relieve the needy children. Information gathered in the field suggests that some OVCs depend on their foster care, child support grants and care-dependency grant. Thus these grants that are targeting children are playing an important role, not only for the alleviation of income poverty per se, but also to allow OVCs to exercise their rights to access education. They also assist many families in providing food and clothing for children.

As a way of fulfilling the children's rights, CBOs that were interviewed provide stationery, school uniforms, school fees as well as assistance with home work to the children. The CBOs also run a feeding programme which is meant to benefit the OVCs. The children receive at least two nutritious meals a day. The feeding programme helps to supplement the meals that the children receive at their schools. The CBOs also provide some basic education, including lots of games and interaction for children before they go home every afternoon.

The kids' clubs are established to assist children to become responsible citizens by providing them with guidance and life skills. Through the kids' clubs, children's right to play and recreation is realized as the children learn interpersonal skills like trust and teamwork. During the club meetings members discuss HIV/AIDS issues and support each other to maintain good behaviour to avoid HIV/AIDS and become good citizens.

The role that the CBOs take in nurturing children is an important undertaking because not only does the CBO keep them out of the streets and provide them with food and welfare but also facilitates their education and upbringing so that they can grow into responsible adults. This in the long run has positive developmental gains as it is moulding the adults of tomorrow.

Children have the right to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. This includes the combating of malnutrition within the framework of primary health care. The state funded school feeding programme is an important step that was undertaken by the South African government towards the realisation of children's right to education. This programme is

contributing towards the alleviation of hunger and malnutrition among OVCs. Hunger impairs concentration and makes it difficult for children to learn properly. Also, if children lack essential nutrients over a prolonged period, their cognitive development as well as their healthy physical development can be impaired. Two examples of positive responses serve to illustrate the point. Educators who were interviewed in this study reported that school meals promoted regular attendance, helped learners to be more attentive and thus boosts academic performance. A paper on The Impact of HIV/AIDS on the Rights of the Child to Education presented by Kelly at the SADC-EU seminar on The Rights of the Child in a World with HIV and AIDS in Harare (2000) states that anecdotal evidence from teachers indicates that the orphaned children who remain in school may be at a disadvantage, they can be identified because they look thin, do not have pencils or exercise books, do not wear the full school uniform (Kelly, 2000).

South Africa has made important progress in addressing children's rights to education through introducing appropriate policies. Every child in South Africa has the right to education. School enrolment is compulsory for children from the age of 7 years until the age of 15 years, or from grade 1 to grade 9, whichever is reached first. Educators who were interviewed in this study mentioned that they were aware of these policies in relation to children's right to education and that they have posters in their offices on the children's rights.

Educators are the keys to success for schools to become open channels for information. However, the issue of HIV/AIDS requires a different methodology from the usual curriculum. Educators therefore, are trained to use new materials, to handle the

new curricula, and to communicate with children and adolescents since HIV/AIDS touches very sensitive issues and taboos like sexuality and power relations and thus requires a sensitive approach. The DoE has been successful in promoting the life skills education for OVCs to cope with their situations which is useful empowerment towards responding to their plight. Life skills Education, communication skills and decision making skills are very important for the children to cope with their situations.

5.3 Challenges facing OVCs and the country

5.3.1 Children deprived of parental care

Every child retains the right not to be separated from his or her parents against their will, a right that is being disdained by HIV/AIDS as it leaves children who are orphaned. Children need to be cared for by adults to enable their survival and development. The right to family care or parental care recognises this unique need of children. The death of one or both parents may force children to assume responsibility not only for themselves but also for their younger siblings, or place them in the care of older siblings who are themselves children, often with severe consequences for their rights and healthy all-round development.

In situations where there are inadequate alternative care systems, the death of a parent puts children at greater risk of abuse and exploitation. This is also among the causes of erratic school attendance and drop-out. Children are faced with the risk of falling behind in school when their parent or guardian becomes ill and are unable to care for their children due to HIV/AIDS.

5.3.2 Abuse and discrimination within extended foster families

Children have a right to live in safe environments, free of violence and threat. Responses that were given in the field suggest that children move to new homes, and that sometimes they make multiple moves. The ultimate aim of a developmental approach to child care and protection is to achieve a situation where most children are participating and cared for by members of well-functioning families, able to claim their legal rights. Close-knit families, inspirational parents, loving grandparents and welcoming extended families are critical for children's happy family experiences.

All necessary measures must be taken to protect children from any form of physical or mental violence or abuse. From the field work report, it was evident that children experience discrimination within the households to which they migrate to after the death of their parents. When asked the questions concerning their loss of parents and impact of alternative care, a girl who lived with her aunt was not happy because she felt that she was not being loved and cared for as the other biological children in the same household. She was being given different food from other children in the same household, being beaten, overworked and receiving inadequate clothing and not given enough time to play with other children. This young girl is no longer enjoying the freedom of being a child.

Discrimination can be experienced if the resources are scarce within the extended family household and when the burden of caring for orphans is felt within the extended family. Analysis based on Demographic and Health Surveys in sub-Saharan countries found evidence of intra-household discrimination against orphans as manifested by

investment in schooling, with orphans having lower enrolment rates than non-orphans in the same household (UNICEF, 2006).

According to UNICEF (op.cit, 2006:17), these extended family networks will face increasing burdens as adults continue to die and the number of orphans and vulnerable children increases. Orphanhood due to AIDS has overwhelmed the capacity of families, households, communities, and caring for orphans is stretching them to a breaking point.

Moreover, it is also important to point out that, within a household, the relationship between the new caregiver and the child strongly influences the education for the child. If orphans feel ill-treated in their new homes or if there are changes in the caregiver's circumstances, the child may be forced to move again. Such moves can be traumatic in the short term which then directly impacts on their education as the children get exposed to the risk of not attending school and not coping at school as a result of preoccupation of the mind with home circumstances. UNICEF (op.cit, 2006: 19) states that studies in sub-Saharan Africa have repeatedly emphasized the importance of children growing up in a family environment and have reaffirmed that institutional care for children should only be considered as a temporary option or a measure of last resort. It is noteworthy to comment that, OVCs' access to education in the light of the above circumstances is often impeded by overt and unpunished abuse and neglect by their caregivers.

5.3.3 Abuse of government grants

A child temporarily or permanently deprived of his or her family environment is entitled to special state protection and assistance. It is also worthwhile to note that not all extended families provide important benefits and protection for these children. For instance, the case of a boy in this research who indicated that his uncle was abusing his foster care grant on drugs and alcohol rather than covering his school costs, is an indication of a violation of his right to social assistance and right to education. This boy also mentioned that he reported the abuse of his grant to the local CBO which reported the matter to the DoSD, but that nothing was done by social workers to stop this abuse. The abuse of the foster care grants may also suggest that not all extended family members are providing foster care to OVCs because they want to help, but rather because of the interest in the foster care grant which comes with the foster care placements.

The monitoring of foster care and child support grants is a government responsibility as a way of protection of the right to social assistance. The right to social assistance when fulfilled for OVCs helps towards the protection of the right to education especially when children can afford to cover their school costs and are able to attend school regularly. This reinforces the principle of the rights based approach which rests its arguments on the interdependence and interrelatedness of human rights. The realization of one right often depends, wholly or in part, on the realization of others.

5.3.4 Child-headed households

Children have a right to rest, leisure, play and recreation. One of the worst features of the impact of HIV/AIDS on children is that so many must forego this right. Because of AIDS, children bypass this whole stage of childhood and take on adult responsibilities at a very young age, as generators of income for their own families and as heads of households with responsibilities to younger siblings.

In all areas of the study, it was common for children to live in child-headed households. In these cases, the children were living alone with older girls expected to care for their siblings. Regular attendance in school proved to be very difficult in these cases, unless the household was receiving significant charitable support. Recognition and appropriate support for these care arrangements are crucial for the children who bear the burden of these responsibilities.

UNICEF (op.cit, 2006:18) argues that when a mother, father or both parents die, their children are denied the love, nurturing and protection by their biological parents that play such a critical role in early life and development. Findings from the field work indicated that, for the orphans, loss of parent/s meant loss of everything like love, hope, protection or security, care and support. Losing a parent means, the loss of someone to defend children's legal rights. One of the orphans who lived in a child-headed household interviewed in this study stated that as orphans they are exposed to different problems that require parental care and protection, which affect their identity and personality, as they do not have biological parents to hug them. Also that they become jealous when children around them are hugged by their parents. Lack of identity can

cause serious problems for children at school. Children with identity problems may find it difficult to choose good friends and their future careers. This might affect their performance since they may not be focused on future goals and may not see any reason for schooling.

Children in child-headed households are no longer enjoying the luxuries that they used to have when their parents were still alive. An OVC participant who lives in a child-headed household expressed that before her parents died, they used to get enough food, go for movies every month-end and had new clothes every Christmas; with the death of their parents, they no longer enjoy all these things, she now has to work and support her siblings.

Piot and Bellamy (2004:8) state that the Convention on the Rights of the Child affirms that the family has a primary responsibility to protect and care for the child, and that government has the responsibility to protect, preserve and support the child-family relationship. They further argue that the Convention also specifies the responsibility of the state to provide special protection for a child who is deprived of his or her family environment. Regardless of international conventions and national laws on child labour, children in charge of such child-headed households must work to sustain themselves.

5.3.5 Schools ill-equipped to address children's situations

OVCs require additional support and services to maximize their participation in school and to enable them to realize the rights they have in common with all other children.

Protecting the rights of OVCs requires monitoring at an individual level, monitoring the contexts in which OVCs live as well as the services and support provided to them.

From the responses given during the field work, it was apparent that schools are not well equipped to provide psycho-social support for their OVCs; they depend on referrals to local CBOs and DoSD. There is no tracking tool in place at any school to monitor their referrals. No follow-ups on such referrals are done by the educators to monitor whether their referred children were actually receiving the needed services.

Educators also mentioned that their schools were busy applying for donations and bursaries to support learners who could not afford to pay for their own school fees but that their applications are not always successful. A frequent response of the district municipality to the needs of orphans is to provide free meals to encourage orphans to attend school and to make sure that children do not attend classes with empty stomachs. This was stopped for the first three months of 2011 when the district could not sustain; it was resumed with the start of the new financial year in April 2011. School feeding is important for children's concentration and the availability of food at school is an important 'pull' factor for children. The question is whether the municipality shares the same view in terms of priorities for their budget.

The educators also mentioned that the district municipality funds transport for those children who live far away from their schools and cannot afford to pay for their own transport. This was also affected in the first three months of 2011 when the district municipality did not have enough funds to sustain it and as a result poor attendance was experienced by the children that were affected. The fact that children were left for

some time without transport to schools indicates that the child's best interest principle of the human rights based approach was ignored. It was not considered to be of paramount importance as the children were left to suffer as long as it suited the district's budget.

A rights-based approach ensures a supportive, nurturing, safe and healthy learning environment which helps to defend and protect all children from abuse and harm, both inside and outside the school. This ensures that children at risk are protected through education. If schools are to operate within the rights based framework, they must be concerned with what happens to children before entering and after leaving school and must provide support to all children entering school; including strengthening of the family as the child's primary caregiver and educator.

Schools proved ill-equipped to address the complex hardships faced by OVCs, other than to acquiesce to their need to miss school. For instance, a young girl who lived with her sick parents mentioned that her school teacher was always aware of her absence at school due to the fact that she needed to look after her sick mother. The state should ensure the same rights to education and equality of opportunity for all children, irrespective of their sex and social status.

5.3.6 School fees and costs

The UNCRC consistently emphasizes the right to free education. This commitment requires that governments remove both direct and indirect fees that hinder the realization of the right to education. School-related costs such as fees, uniforms and

transport costs seriously limit children's exercise of their right to basic education. Schools must be affordable; therefore governments should seek to eliminate school fees as well as other expenses which might serve to effectively deny access to school for OVCs, such as fees for uniforms, stationery and textbooks. From the field report, it is evident that the school uniform, stationery and school fees serve as barriers to schooling to many children concerned. Children revealed their difficulties experienced in relation to the payment of school fees, buying stationery and uniform. For instance, a young girl who was living with her sick parents stated that the money in their household was being used to buy medication for her sick mother and she could not afford to buy stationery. Hidden costs of education like books and other learning materials may effectively deny access.

Whilst South Africa has a system of school-fee waivers for children who cannot afford to pay, it was evident in this study that not all children are benefiting from this system. Some schools are still demanding school fees and the pupils explained the ways in which schools deal with non-payment such as withholding school reports, expelling children from school and sometimes meting out other forms of punishment if they do not have appropriate stationery.

5.3.7 Administrative burden of applying for government grants

The administrative burden of obtaining court orders and applying for foster care grants are overwhelming. This is resulting in significant backlogs in the child protection system and care and protection of the needy and vulnerable children are compromised. Certain requirements prescribed by the government need to be fulfilled in order to access the

grant; the caregiver has to present his/her identity document, the birth certificate of the child, and sometimes the death certificate of a child's parents. Such required documentation and long delays in getting the child support grant and the foster care grant pose a problem in a number of cases in a way that children fail to access education. As a result, some OVCs who are eligible for receiving the child support grant and foster care grant are not receiving it. For instance, a boy in this study who lives with his grandmother mentioned that his foster care grant application was rejected because he was born out of wedlock, his grandmother was told to go and look for his father who was believed to be alive and working somewhere. This was done because she had failed to present the biological father's death certificate.

There appears to be no systems in place to support families in obtaining these required documents or help with the obstacles in the application process as this young boy reported that his grandmother pleaded with the statutory organisations concerned to help them look for his father. CBOs volunteers in their efforts to assist the children in applying for birth certificates and identity documents reported to have faced lack of cooperation in some instances from the staff at the government departments processing these legal documents. There appears to be no monitoring mechanisms in the state to address barriers to educational access due to circumstances as these. The state needs to appeal for assistance from the organisations and schools as well as providing incentives for them to help.

OVCs mentioned that they are relying on their grandmother's old age grants to cover some of the school costs. The old aged grant is not enough to help grandmothers cope

with their extreme conditions of poverty. This grant was not intended by the state to be the main income of the household, but it has sadly come to be the main source of livelihood which is to ensure the survival of the family.

5.3.8 Discrimination and stigmatisation

Central to the concept of the human-rights based approach is a principle of non-discrimination which states that all individuals are equal as human beings, and by virtue of the inherent dignity of each person, are entitled to their rights without discrimination of any kind. Children have the right to protection against all forms of discrimination. They must not be discriminated against on the basis of the status of their parents or family members. This right is infringed when children experience discrimination, stigma or taunting in school or elsewhere simply because they come from HIV/AIDS affected households. Seven children that were interviewed in this study reported that other children were making remarks on their social status, laughing at them and refusing to befriend them because they were told to do so by their parents out of fear of being infected. In addition, one child who was living in a child-headed household looking after her sibling reported that uncaring teachers yelled at her, made fun of her, and put her out of the classroom whenever she was late for school.

HIV/AIDS has always been linked with stigma which is one of the main reasons that lead to school drop-outs and rejection by others. Stigma and discrimination continue to accompany the HIV/AIDS epidemic (UNAIDS, 2001). In cases of stigma, children tend to be rejected as soon as their parents fall ill with AIDS. Some children may be teased because their parents have AIDS, while others may lose their friends because it is

assumed that proximity can spread the virus (UNAIDS, *ibid*, 2001). Chibamba (2011) argue that sometimes people can be insensitive to those who are HIV positive as well as OVCs by making hurtful remarks and such remarks may have negative impact on those who are infected. They are likely to feel isolated, rejected and socially withdrawn. During this time they need more social support to help them work through the variety of emotions. Social support is associated with less depression.

The above evidence reveals ignorance, discrimination, lack of caring and knowledge. It also shows that many forms of discrimination exist in every society as well as negative attitudes about HIV/AIDS. This shows that children come with negative perceptions from their families and communities against OVCs. This shows that people still need more information on HIV/AIDS despite the efforts by CBOs to educate the communities. Not only do these attitudes and the behaviours by children violate the rights of many OVCs, they also impede their education. When children are systematically discouraged, marginalized and reviled they lose confidence and self-esteem, which in turn impacts on their motivation and ability to learn.

As rights-based institutions, schools should play a major role in protecting pupils and teachers against discrimination. Schools have undeniable advantages in that they can be adapted to provide a range of coordinated support for these pupils. For instance, schools are in a better position to call a community meeting in order to educate the parents on stigmatisation so that they can be empowered to impart the correct information to their children. For this to occur schooling must be made available to all children and every effort must be made to ensure that all children remain in school.

Maintaining OVCs' schooling through avoidance of discrimination is an important intervention in that it retains OVCs' connection to their peers, to familiar adults and to an institutional identity.

Furthermore, children associate going to school with leading a 'normal' life and being integrated into a community. Being able to attend school provides children and society with important knowledge and skills. Keeping OVCs in school could also help to prevent vulnerability to HIV infection by protecting children and reducing the child's need to seek shelter, food and clothing through, for example, prostitution and drug dealing, as is currently the case in some instances.

5.3.9 School enrolment, attendance and performance of OVCs

Children have an inalienable right to education, and with a view to achieving this right, states are required to make primary education compulsory, available and free to all. However, the impact of the HIV/AIDS epidemic poses a real risk to the aim of making education available to all children. Evidence from the interviewed schools indicates that girls are the most affected in a situation where a parent dies or is sick. They are the ones who usually take over the care and responsibilities and as such they miss out on schooling because they do not attend school regularly. Regarding enrolment at schools, educators can only get to know the left out kids through the help of community members with whom these children live. This means that if the community does not care enough to look after their children, some children may miss out on schooling.

Educators do receive reports of alcohol abuse in families, where in some instances such behaviour affects the health of OVCs in those families who rely on their adult caregivers to support them in taking their anti-retroviral treatment. Such children end up defaulting treatment because of their caregivers' drinking habits.

In terms of performance, the impact of factors such as preoccupation with the illness or death of parents, the isolation due to the loss of friends, and the undertaking of additional work that comes with caring for ill parents or supporting oneself after one's parents have died, often make it difficult for orphaned children to concentrate in school. Educators point out that such affected children have a tendency of daydreaming at times, coming to school infrequently, arriving at school unprepared and late, or not being responsive in the classroom.

5.3.10 Children being denied of correct information on issues affecting them

Children affected by HIV/AIDS are denied correct information on the cause of the death of their parents. One educator from a primary school reported that when young children are HIV positive they simply do not understand what they are suffering from as compared to older ones, and that the attendance of those who have adult support is not affected. This however, does not guarantee their school completion because if they do not receive any psycho-social care in the process they are likely to be emotionally affected when they are old enough to understand their health status.

Psycho-social services can only be provided by professional social workers or psychologists and, this field work has shown that there are no social workers or

psychologists at the schools to offer such services. The schools rely on external referrals to DoSD and civil society organisations which have backlogs of referrals. The schools do not have any tracking tool for their referrals.

5.3.11 Challenges faced by CBOs in ensuring that the children's right to education is fulfilled.

CBO officials reported that they do not have enough funds to support all the orphans and vulnerable children in their communities. They do not have sufficient funding for stipends for their child and youth care workers to be able to cover all the areas and villages in their communities. The care workers themselves are not enough to be able to visit and render services to the growing number of OVCs within their communities. From the researcher's observation, the CBOs are reluctant and are not capacitated enough to be able to source funds; they wait for funders to go to them. For instance, all the three interviewed USAID funded CBOs did not source funds from USAID, they were just lucky to be amongst the chosen ones by the Starfish Great Hearts Foundation.

The care workers who come to volunteer at the CBOs are not qualified enough to deal with social problems that the OVCs face, they rely on qualified social workers who visit them about once a month to come and supervise their work. Most of the volunteers who come to work at CBOs are HIV infected and therefore they die at an early stage of their employment which in turn has a negative impact on the children that they work with because the relationship that they establish with children gets to be terminated at an early stage by death. Children may also get traumatized in the event that the CBO care worker dies. Death also contributes to a high staff turnover within the organisations. The

new care worker might take a long time to understand the CBO work and children are affected as the school attendance monitoring might not be done.

The care workers suffer from a lot of burn-out as they do not have access to professional debriefing. The care that is also provided at the CBOs lacks interdisciplinary specialised skills. The care worker identifies an OVC in need of care and offers home-based care and, sometimes, basic counseling but there is no professional nurse to cater for the health services, like treatment adherence monitoring of the child and no social worker to offer psycho-social services like in the case of complex family problems. This may affect the school attendance for the children concerned as they might become sick at times due to defaulting treatment. There might also be a need for family therapy in cases of, for instance, an alcohol or drug abuse problem and this needs social worker skills. These services cannot be offered at a CBO.

All the CBOs that were interviewed had, in the past, received funding from USAID in order to provide services to HIV/AIDS OVCs. The CBO officials spoke about the problems that they faced in the financial year 2010/2011 when USAID stopped funding the feeding programmes in their organizations. They ended up relying on their income generating activities and on donations in kind or money except for Masivuke HCBC which was funded by DoSD to sustain their feeding programme. There is clearly a need for the CBOs to think of alternative ways to sustain their feeding programmes, such as the establishment of food gardens in schools or in their communities. This will help to reduce dependence on the funding from USAID and the DoSD. Handing out food plates

may in the long run create dependency in the sense that children will be unwilling to work for themselves and will rely on handouts from local CBOs.

The children receiving support from CBOs are selected from orphans staying with their poor old grandmothers, child-headed households, living with extended families and those whose parents are critically ill. The idea of selection is itself problematic in that it does not take into account other children who are in need of care, for instance, children who are HIV infected but their parents have not yet disclosed to anyone or even to the child concerned. The selection process might lead to stigmatisation and labeling as it specifically focuses on HIV/AIDS OVCs.

5.4 Conclusion

It is apparent from the field work as outlined above, that children affected by HIV/AIDS face serious obstacles of school attendance and learning as they are required to work for subsistence purposes and to provide palliative care to their sick parents. In the face of reduced income and increased expenditure due to sickness of the parent in the household, money allocated for school expenses gets used for basic necessities and health requirements. In those cases where children were not withdrawn from school, their learning competes with the many other duties that they have to assume, this is particularly true for female children. Also, stigmatisation affects children as others may choose to withdraw from school rather than endure exclusion or being ridiculed by teachers and peers.

Affected and orphaned children are traumatized as they suffer a variety of psychological reactions to parental illness and death. They endure exhaustion and stress from work and worry, as well as financial insecurity and stigmatization as it is often assumed that they too are infected with HIV. Loss of a home, separation from friends, increased workload and social isolation all impact negatively on children's current and future decisions to remain in school. In the light of the above circumstances, there is a dire need to respond in an effective and humane way to the plea of OVCs to affirm their sense of belonging as full and equal members of the society, with their needs being attended to and their rights protected.

The South African Constitution, the UNCRC, The South African Schools Act and other policies such as the new Children's Act 38 of 2005, guarantee children of their rights to protection, participation, survival and development as per the best interest of the child. However, the majority of OVCs are still suffering and their rights to learning are denied. The rights of OVCs need to be upheld and protected for them to lead a "normal" life like other children. These children need more care and protection to survive in this world.

CHAPTER SIX

Conclusion and Recommendations

6.1 Introduction

Rights-based approaches can rectify many of the distortions that have arisen from crisis-driven responses to children affected by HIV/AIDS and can provide a portent for how to move forward.

This chapter outlines the conclusions that were drawn from the study as well as the recommendations which highlight programmes and interventions aimed at the protection and care of OVCs in respect to their educational right in the context of HIV/AIDS.

6.2 Conclusion

The following conclusions are based on the findings of the research:

OVCs live with their extended families, with some forming part of child-headed households once their parents die. Some of these extended families provide some important benefits for these children while others expose them to abuse, discrimination and lack of love. This has an adverse effect on the education for these children. Abuse is perceived to be caused by an extended burden of caring for these OVCs.

For the orphans, loss of parents means loss of everything valuable to them like love, hope, protection, financial security, care and support. They do not feel loved as they

desire to have happened if their parents were still alive. Sickness and eventual loss of parents is accompanied with emotional trauma for the OVCs as they are too young to accept and understand the fact that death is a normal process. OVCs suffer from preoccupation with home circumstances during class sessions and some end up day dreaming, thus affecting their performances and life chances.

It has been established that some extended families are willing to foster their relatives' children in the event of death, for pecuniary gain rather than concern for the wellbeing of such children; they are concerned with getting a foster care grant which they use for their own benefits. Such children end up missing on school as their schooling costs end up not being catered for.

Economic problems for OVCs arise from income loss due to the death of a parent and it is considered as a major problem hindering them from accessing education. Orphans and vulnerable children rely on government grants like the child support grant, care dependency grant and foster care grant, piece jobs and their grannies' old aged grants for financial security. Some local churches, CBOs and NGOs provide material assistance for the OVCs as a way of supporting and fulfilling their right to education. Not all children benefit from such charity and welfare services as they live in remote areas, due to scarcity of resources at CBOs and some children are regarded as not qualifying to receive such government grants but they still live in destitute families.

Abuse of government assistance by some foster parents has been reported. Such incidents can be attributed to the fact that foster care placements are not being adequately monitored due to backlogs in the welfare system and the shortage of social

workers. Schools and CBOs lack capacity to deal with all OVC problems in a holistic manner and therefore they rely on referrals.

Lack of knowledge on HIV/AIDS still exists in the communities and as a result HIV/AIDS continues to be a stigmatised pandemic. Negative remarks are still being passed on to the OVCs and as a result they feel rejected by their own communities. Policies on children's rights are in place at schools but the implementation of such rights is not being monitored. There are not enough programmes at schools to provide awareness on HIV/AIDS and issues related to it. Some educators at school are still misinformed about the HIV/AIDS pandemic as they discriminate against OVCs. Schools are also not adequately capacitated to deal with OVC issues. In general, it was established in the study that issues of attendance, enrolment and performance for OVCs at schools have to do with the impact of the HIV/AIDS pandemic.

6.3 Recommendations

6.3.1 Social welfare responses to HIV/AIDS: A way of fulfilling the OVCs' right to educational access.

Social welfare responses to HIV/AIDS at all levels should be holistic, covering all aspects of prevention, care and treatment. They should strive to fulfill all children's rights. From the data analysis, it was established that the protection of one right enhances the protection of another. Therefore HIV/AIDS programmes should be integrated into all programmes for children like basic education, primary health care and general child protection initiatives.

The physical needs of OVCs such as food and health care can often appear to be the most urgent. Emotional needs of children who have lost a parent should not be forgotten. Having a parent who becomes sick and dies is clearly a traumatic experience for any child, and they may be affected for the rest of their lives. The study also proved that emotional needs affect education. Therefore, once OVCs are identified in any school environment, psycho-social support needs to be provided for them to cope with their emotional needs.

Programmes to support OVCs need to be directed at the care networks and other influences that surround children like families, schools, neighborhoods and media that have a bearing on the children's lives. Children should be encouraged and supported to participate in community and programme interventions in a meaningful and ethical way. The media and public discourse should be continuously trained to ensure their agendas focus more on how to lessen children's vulnerability in order to have their right to education fulfilled rather than focusing exclusively on HIV/AIDS.

Social welfare responses should recognize the root causes of the spread and the impact of HIV/AIDS in specific communities as they may differ in their patterns of contracting the HIV virus. From the field work reports, it was established that in one of the communities where a certain CBO is situated people abuse alcohol and drugs, which is likely to lead to contracting new infection as they will not be in a good position to make informed decisions under the influence of drugs and alcohol, thus engaging in unprotected sexual behaviours. In another community high incidences of prostitution

were reported as people resorted to prostitution due to poverty and ignorance regarding the disease and so are likely to contract new infections.

HIV/AIDS contributes to child-headed households. As a result children end up running the families with their siblings. The older sibling earns the money and provides the love, care, affection and education to the younger siblings. These children suffer from the emotional trauma, stigma and discrimination and poverty which have a negative bearing on their school performance and attendance. OVC lives must be given purpose and dignity as active members of the community rather than as victims. Children should also be given an opportunity to participate in planning and carrying out efforts to lessen the impact of AIDS in their families and communities. Moreover, NGOs and governments need to strengthen the programmes that they have to work with the child headed families.

Men should be supported and encouraged to care of and provide guidance to children living in communities affected by HIV/AIDS contrary to their traditional gender roles. Men and boys should be supported and encouraged in their roles as partners to contribute positively to mitigating the spread and effects of HIV/AIDS.

The social welfare responses should also address children of different ages and in different contexts of the HIV/AIDS pandemic. Young children are particularly affected by changes in and loss of primary caregivers and by changes to their usual care environment and their daily routines. Programmes should focus on reducing the impact of parental death by reaching out to children living in communities affected by HIV/AIDS before they become orphans.

After the death of both parents most of OVCs live with their extended families and aged grandparents. There is need for focused interventions on these extended families and grannies. Government and NGOs need to introduce extended families and grannies' based interventions to provide the psychosocial support and livelihoods for them. All children deserve to be in a stable and caring relationship with at least one adult caregiver. This calls for a set of collective community and programme responses to strengthen caregivers' commitments to the well-being of children, supported by constructive national policies and strong government welfare systems. Interventions should recognize and empower caregivers to fulfill specific duties of caring for the children in a way that protects the children and provides for the children's needs in the best way possible under the prevailing circumstances.

Caregivers must be empowered to have future plans for the children, their care of the child must be guided, not only by the considerations of today or next week, but also by how the child will "turn out" as an adult. Caregivers should be taught on how to secure economic and social resources to provide for children's protection and care. For instance, they can be taught on how to save from the government grants that they receive for the children towards their education when the child no longer receives the grant. Foster placements need to be monitored also to prevent possible abuse of children by foster parents, which affects their concentration in classrooms.

Social welfare efforts to support OVCs should address the critical material needs of AIDS-affected households, including those headed by HIV-positive parents through

easy access to social security, income-generating activities, work opportunities, vocational training, food, clothing, school fees, and social support.

The CBOs can play a critical role in identifying community volunteers to help increase the momentum of community sensitization and community mobilization to participate in HIV/AIDS activities. Community mobilization can be conducted through various community meetings like child care forums. It is significant to guarantee sustainability and success of community-based responses to HIV (Chibamba, op.cit, 2011). It brings local leaders to the table together with community members, youth, parents and culturally diverse groups to maximize their resources in response to needs identified by the community. The greatest resources that CBOs have to confront HIV/AIDS are the people themselves especially those who are willing and motivated to take action and care for others who are ill and affected by HIV/AIDS.

In response to HIV/AIDS, community participation as a key component of the rights based approach, is not merely a requirement, it is a condition for success because studies have shown that communities that engage their citizens and partners deeply in the work of community endeavors raise more resources, achieve more results and develop in a more holistic, and ultimately, more beneficial way. Through sensitizing and mobilizing the community, a study by Chibamba (2011) on the GCHBC CBO revealed that the CBOs play an essential role in creating a good context for the participation of community members in fighting HIV/AIDS. For instance, other than only drawing interest from community residents wanting to volunteer, the local school took in orphans and the district authority administered the food basket and destitute rations through the CBO.

Community members voluntarily participated in identifying patients, orphans and vulnerable children and helped them access services at the local health facility and the social welfare office. The key community leaders also participated in making decisions about what development activities and actions the CBO must pursue.

The promotion of community participation as an outcome of community mobilization is an important result here. Participation is a principle of the rights based approaches and it promotes a spirit of togetherness among members, it helps to overcome the indifference, pessimism and passivity of local people as it empowers them and maximises resources and compensates for severe resource limitations in poor communities (Chibamba, *ibid*, 2011).

In order for CBOs to try to overcome the challenges of inadequate resources, they need to focus on mobilizing more human volunteers, technical and financial resources to support their outreach activities for the benefit of the orphans and vulnerable children. Though the CBOs still have challenges of resources, these resource mobilization efforts may help bring the CBOs in contact with various stakeholders willing to support them to benefit their OVCs' educational access. The CBOs need to develop partnerships and look for support from stakeholders including those from outside the boundaries of their communities. They need to seek for donations from local community members in the form of labour, money, food, clothing and providing other things that orphans and vulnerable children need for their daily living. For example, a local shop owner can be requested to consider offering some groceries and food that will be distributed to orphans and vulnerable families.

Social welfare departments need to make sure that their social workers supervise their foster placement on a regular basis using spot visits in order to prevent possible abuse of children in foster placements. They should also monitor the expenditure of the foster care grant by requesting cost receipts from foster parents as well as monitoring school progress for such foster children through school visits.

6.3.2 Education system responses to HIV/AIDS: Spreading HIV/AIDS information and awareness as well as care for OVCs in the system

The education sector is by its nature an important tool for spreading HIV/AIDS information and awareness. The study acknowledges the efforts made by the education sector in promoting HIV/AIDS awareness. Large audiences can still be reached through the education system. Not only learners, administrative staff and educators can be reached but also parents and extended families can be reached at all levels. The education sector represents an already existing ground, and the use of it as a channel for promoting HIV/AIDS education would hence be cost-effective compared to other innovations, provided that sound planning and administration is catered for.

As the pandemic continues to bite, greater resources and creative energies will be needed to protect access to education for children affected by the pandemic. The Education department needs to learn how to stabilise the system, devise innovative ways to reduce the impact of HIV/AIDS on the sector, and respond creatively to new learning requirements in the context of HIV/AIDS.

Educators are suitably trained for the successful integration of life skills and AIDS education, as well as working with peer educators. Trained peer educators can be used to provide awareness in the communities. The education sector probably represents the most effective structure to reach out to a large proportion of parents and extended families with this important information. In order to get the message through to people there is a need for governmental commitment both in terms of planning and advocacy. Support from the media, parents, and other community members are vital, but this cannot be obtained on a broader basis without proper governmental effort. For instance, the media can create awareness on government benefits for children to increase the accessibility for OVCs. NGOs, government, and media have to sensitize the communities and promote the responsibility in the communities.

There are several ways of using the school system as a channel for HIV/AIDS awareness, and they are all quite common ways of spreading HIV/AIDS information today. Peer counseling can be organized both within the education system itself, and through local NGOs and CBOs. Peer counselors initiate discussions and talk sessions about HIV/AIDS in or outside the classroom during school hours. In some places, optimal peer counselors, for example, those with a special status in a youth group can be identified in advance. The youth that volunteer as peer counselors can be offered incentives like small scholarships, certificate of acknowledgement or even special credit points to appreciate their efforts.

Peer counseling is effective in that HIV/AIDS awareness is spread and is put into context by peers, and is thus optimally adjusted to local realities. In addition, the peer

counselors themselves represent an important group of young people who are natural role models for friends, siblings and family. There are a number of ways to involve pupils in HIV/AIDS education. The main thing is to strive for openness at school in order to help children communicate their experiences and knowledge about HIV/AIDS. A good learning environment is created if children are encouraged to share the information they already possess.

Participation is another way that is at the heart of the rights based approaches. Participatory methods like dance and drama are effective and motivating ways of spreading HIV/AIDS information, and may help both actors and audiences to name important experiences and issues. Essay writing about HIV/AIDS is another way of involving the pupils and their experiences. HIV/AIDS essay competitions can be arranged as a co-operation between schools and the local radio stations.

Moreover, formation and strengthening the school support groups and providing the knowledge on HIV/AIDS, stigma and discrimination and peer pressure, can help to protect children from peer pressure.

Lastly, as a way of providing care for the OVCs that are already in the system, teachers must be equipped with basic counseling skills in the case that there is no school social worker or psychologist. Schools must be provided with social workers to deal with their OVCs' issues since teachers are too busy to even do follow-ups on their referrals. Social workers are able and equipped to assess the child facing a problem and they can provide early interventions and facilitate referrals and follow-ups to the relevant stakeholders.

6.4 Conclusion

This study has identified four pertinent issues which includes, denial of rights to education, to non-discrimination, to parental care and to lack of protection from abuse as four structural issues that need urgent attention. There is need for more detailed and extensive information on the degree to which these rights are being violated, and in what forms, over a national sample of children. Data about children's rights must continue to be gathered from children so that cumulative information can be collected to monitor changes in the rights situation of children in South Africa more effectively.

If the country is unaware of the problems and issues that concern its children and young people it cannot devise strategies or solutions that will address their concerns. This study gives a clear indication of children's priorities in terms of rights violations in South Africa with special attention to rights to educational access. These should be heard and acted upon.

APPENDICES

Appendix 1

Semi-structured interview schedule for OVCs

Objectives

The main objective of the study is to assess the impact of HIV/AIDS on the children's right to education.

Caution will be exercised in this study to ensure that information gathered from you will be used purely for academic purposes. Confidentiality is important hence the research will not use names of the people interviewed.

SECTION 1

Biographical data

1. Age

1.2 Gender

Female	
Male	

SECTION 2

Home background

2.1 How do you feel about being an orphan?

2.2 Who do you stay with?

2.2 How do you feel living with people or relatives who are not your real parents?

2.3 How do you feel living with sick parents or guardian?

SECTION 3

Experiences

3.1 How has your life changed since you lost your parent/s?

a) Eating:

b) Washing:

c) Clothes:

d) Joy:

e) Playing with other children:

3.2 Are there any siblings or sick parents that you are taking care of at home?

3.3 What are the other things that you are unhappy about?

SECTION 4

Economic status

4.1 Do you work or have you been working to support your siblings and pay for your school fees?

4.2 Have you got any help/assistance with your school costs?

4.2.1 Who is helping you with your school needs?

a) Uniform

b) Books

c) Fees

d) Other things that are needed at school

SECTION 5

HIV/AIDS and stigma

5.2 Do people make remarks in your presence that indicate that they are aware of your social status?

a) Other children and teachers

b) Community

If yes:

5.3 What kind of remarks?

5.4 How do you feel about those remarks?

5.5 How does it influence your decision to continue with school?

5.6 What do you want to become in life?

5.7 Tell me other things that I have not asked?

Thank you for your cooperation

Appendix 2

Semi-structured interview schedule for educators

Objectives

The main objective of the study is to assess the impact of HIV/AIDS on the children's right to education.

Caution will be exercised in this study to ensure that information gathered from you and this school will be used purely for academic purposes. Confidentiality is important hence the research will not use names of the people interviewed.

1. Is the school community aware of the existence of HIV/AIDS?
2. Do you have any children at school that are affected by HIV/AIDS?
3. What are your experiences about these children that are affected in their learning here at school (a) attendance (b) performance (c) stigma
4. What attempts are made by your school to ensure that learning continues with these children?
5. Is there anything from the District in relation to this situation?
6. Is the intervention effective? Why do you say so?
7. What do you recommend be done by both the school and the district?
8. The law in relation to the children's rights to education says every child has a right to education and the state must make this progressively available to all. 8.1 Are the school and district aware of this?

8.2 What are they doing about it?

9. What do you think about these rights? 9.1 Can they be used to help children?

Appendix 3

Semi-structured interview questions for CBO officials

Objectives

The main objective of the study is to assess the impact of HIV/AIDS on the children's right to education.

Caution will be exercised in this study to ensure that information gathered from you and this organisation will be used purely for academic purposes. Confidentiality is important hence the research will not use names of the people interviewed.

Details of the CBO

1. Name of the CBO.....
2. Services offered.....
3. Date the organisation started operating.....
4. Areas serviced.....

Details of respondent

1. Age.....
2. Sex.....
3. Position held in organisation.....
4. How long have you been working at the CBO?

Organisation's profile

1. What is/are the objectives of the organisation?
2. Does your organisation undertake activities related to OVCs?
3. What is the total number of OVCs who are benefiting from your services
4. What are the problems faced by OVCs in your communities (Probe: educational opportunities, school attendance, enrolment and performance, and psychosocial conditions)
5. Have you noticed in this area an increase in the number of OVCs?
6. If yes, how big is the problem of OVCs in your community?
7. What are the major causes of the increase of OVCs in this area?
8. What effects do you think HIV/AIDS is having on the well-being of children?
9. What are the major problems facing OVCs in this community?
10. What are the major support needs of OVCs?
11. Are there specific criteria that must be met for children to benefit from your services? If so, please explain
12. What type of assistances/services does your organisation provide to OVCs? (Probe: Food ,education, School fee and other related costs)
13. Are the services offered to OVCs by your organisation adequate?
14. Does your organisation have access to/provide psychosocial support for children and their families under your care?
15. What are the major problems experienced by your organisation when providing care and support to OVCs?

Appendix 4

Table 1: Personal details of OVC participants

<u>Participant (students)</u>	<u>Pseudo Names</u>	<u>Age (years)</u>	<u>Gender (Male/Female)</u>	<u>School (A,B,C)</u> A (Urban but township Primary School) B (Rural High School) C (Rural high School))
1	Yandiswa	10	Female	A
2	Sino	9	Male	A
3	Asanda	13	Male	A
4	Dineo	11	Female	A
5	Themba lethu	12	Male	A
6	Bukosi	14	Male	B
7	Zimkita	16	Female	B
8	Gregory	15	Male	B
9	Siya	14	Male	B
10	Siphokazi	13	Female	B
11	Stanley	14	Male	C

12	Yolanda	14	Female	C
13	Kenneth	16	Male	C
14	Melikhaya	15	Male	C
15	Reyne	17	Female	C

Appendix 5

Consent letters

TO WHOM IT MAY CONCERN

LETTER OF ATTESTATION

**I, Dr. K. E. Monyai, hereby certify that I received and edited the Masters
Dissertation of Moreblessing Ndonga**

Director/ Editor/ Educator

Dr. K. E. Monyai (Ph D)

PARLONS LA LANGUE – LET US SPEAK THE LANGUAGE cc

Diploma in French (National Ministry of Education, Paris)

Post Graduate Diploma RE (London)

B Th (Urbaniana, Rome), B Phil (University of Hull, England), M Th (UNISA)

P.O. Fort Beaufort, 5720

Email: drkemonyai@gmail.com Cell: 0733064512 Fax: 0866282812

Langaliphumile High School

14 March 2011

The Principal

Dear Sir/ Madam

REQUEST FOR PERMISSION FROM THE PRINCIPAL TO CONDUCT RESEARCH IN THE SCHOOL

I am studying for a Master's degree in Development studies with the University of Fort Hare. As a requirement for this degree, I have to carry out some research.

It is in this regard that I am writing this letter to you, to ask for your permission to carry out the said research at your school. My research objectives are as follows:

- Examine the impact of HIV/AIDS on children's experiences and opportunities for meaningful access to education.
- Investigate how HIV/AIDS programmes can be made an effective part of the education system in terms of the rights-based approach.

I therefore wish to ask for permission to meet with a view of interviewing one educator from your School as well as five orphans and vulnerable children at your school. The interview will be carried out outside the normal teaching hours to ensure that classes are not disrupted. I estimate that the interview will last for about 45 minutes.

Educators and OVCs who shall agree to be interviewed are assured of anonymity. No information they shall divulge shall be directly ascribed to or used against, them in any way. The name of your school shall also not be divulged to anyone. The interview shall be recorded and the readings transcribed at a later date.

Thanking you in advance for your kind consideration.

Yours truly



Moreblessing M. Ndonga

Parkside Primary School Windyridge Rd

Parkside East London 5209

14 March 2011

The Principal

Dear Sir/ Madam

REQUEST FOR PERMISSION FROM THE PRINCIPAL TO CONDUCT RESEARCH IN THE SCHOOL

I am studying for a Master's degree in Development studies with the University of Fort Hare. As a requirement for this degree, I have to carry out some research.

It is in this regard that I am writing this letter to you, to ask for your permission to carry out the said research at your school. My research objectives are as follows:

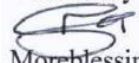
- Examine the impact of HIV/AIDS on children's experiences and opportunities for meaningful access to education.
- Investigate how HIV/AIDS programmes can be made an effective part of the education system in terms of the rights-based approach.

I therefore wish to ask for permission to meet with a view of interviewing one educator from your School as well as five orphans and vulnerable children at your school. The interview will be carried out outside the normal teaching hours to ensure that classes are not disrupted. I estimate that the interview will last for about 45 minutes.

Educators and OVCs who shall agree to be interviewed are assured of anonymity. No information they shall divulge shall be directly ascribed to or used against, them in any way. The name of your school shall also not be divulged to anyone. The interview shall be recorded and the readings transcribed at a later date.

Thanking you in advance for your kind consideration.

Yours truly



Moreblessing M. Ndonga

Attention: The Project Manager

14 March 2011

Dear Sir/Madam

RE: REQUEST TO UNDERTAKE RESEARCH AT YOUR ORGANISATION (CBO)

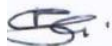
This is a request for you and your Care Workers to take part in a research study that I am doing by taking part in an interview session that I am required to conduct with participants. The following are the objectives of the study:

The main objective of this research study is to assess the impact of HIV/AIDS on the children's right to education whilst the specific objectives are to:

- Examine the impact of HIV/AIDS on children's experiences and opportunities for meaningful access to education.
- Investigate how HIV/AIDS programmes can be made an effective part of the education system in terms of the rights-based approach.

Hoping that you will respond positively to my request

Yours truly



M.M Ndonga

**PARKSIDE
PRIMERE SKOOL**



**PARKSIDE
PRIMARY SCHOOL**

Windyridgeweg, Parkside, Oos-Londen, 5209, Tel:043-7224303/Faks:043-7227718
Windyridge Road, Parkside, East London, 5209, Tel:043-7224303/Faks:043-7227718

13 May 2011

To Moreblessing M Ndonga

RE: PERMISSION TO CONDUCT A RESEARCH AT OUR SCHOOL.

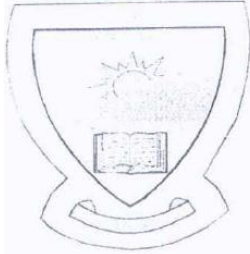
In your application dated 14 March 2011, you informed us that you were accepted by the University of Fort Hare to study Master of Social Science in Development studies. You requested permission to conduct research at our school with educators as well as with orphaned and vulnerable children.

We appreciate your intention to study on the pupils that we and we believe that your study is useful in order to help us improve our services to them. So for this purpose, we would like to grant you permission to conduct your study at our school.

Kind Regards

Mrs Likei (Deputy Principal)

PARKSIDE PRIMARY SCHOOL
WINDYRIDGE ROAD
PARKSIDE, EAST LONDON 5209
TEL: 043 722 4303
FAX: 043 722 7718
DEPARTMENT OF EDUCATION & CULTURE



LANGA-LIPHUMILE HIGH SCHOOL "SINAKHO"

P.O. BOX 782
KING WILLIAM'S TOWN
5600
TEL: 040 655 7970
TELEFAX: 040 655 7970
28/07/2011

University of Fort Hare

Alice

Date: 28 July 2011

Dear Moreblessing M Ndonga (Researcher)

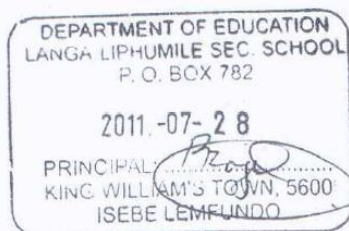
RE: CONSENT TO CONDUCT RESEARCH AT LANGALIPHUMILE HIGH SCHOOL

Following your request to conduct a research at our School with one educator and five OVCs, this letter serves to inform you that we would like to give you consent to do so. We have read and understood the objectives of your research and we hope that it will contribute towards better care and support for orphaned and vulnerable children that we try and educate. We look forward to seeing you at our School.

Thank you

Yours faithfully

P. ROJI (Acting Principal)





Nceduluntu Reeston Support Group
"We care"

Physical Address: 58291 Dice Rd

Email: nceduluntureeston@gmail.com

East London 5201

Cell: 071 7384 370

034-687-NPO

10 August 2011

Dear Ms M.M Ndonga (Researcher)

RE: CONSENT TO UNDERTAKE RESEARCH AT OUR ORGANISATION

As the Project Manager of Nceduluntu Reeston Support Group, as an honour to your request to do research at our CBO, I would like to communicate to you via this letter to allow you permission to come and do your research at our Organisation concerning our work to support orphans and vulnerable children. We look forward to working with you.

Yours Sincerely

Zoliswa Schrieber



Project Manager

AGAPE SUPPORT GROUP

"Unconditional love"

042-695-NPO

Physical Address: 47 Windyridge
Rd East.London

P.O Box 10120 Pefferville Post
Office

East London 5201

Cell: 076 173 6099

Alt: 072 1909 446

13 October 2011

Dear Ms Moreblessing Ndonga (Researcher)

RE: PERMISSION TO CONDUCT RESEARCH AT OUR ORGANISATION

We hereby give you permission to do research at our Organisation in connection with the OVCs and the work that we do to support them. We have read and understood the objectives of your research and we would like to participate in your research.

Your Faithfully

Charlotte Smith

Project Manager

042-695-NPO



MASIVUKE EDUCATION AND TRAINING HCBC

022-060-NPO

Physical Address: Nokomityi Bookshop, Main Street, Kieskammahoek

Postal: P.O Box 138, Kieskammahoek Eastern Cape

Phone: 040 658 0224

Cell: 0829678776

Email: masivukehcbc@gmail.com

17 May 2011

Dear Moreblessing M Ndonga

RE: Permission to do research with Masivuke HCBC for Masters study

This letter serves to inform you that we would like to give you consent to come and do an interview with Masivuke HCBC staff for the purpose of your research. We received your letter of request to conduct a research study with our Organisation and we are more than happy to participate. We thank you for giving us an opportunity to participate in your research.

Yours truly

Mrs P. Tiki



Project Manager

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