The use of the 'OVC' term and its impact on the care and support of children in need in South Africa

By:

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ABSTRACT

The term 'orphans and vulnerable children' ('OVC') represents a shift from a focus on 'AIDS orphans' to the inclusion of other vulnerable children affected by the pandemic. However, with no clear framework of inclusion or exclusion, the term remains open to interpretation. This study seeks to determine how the 'OVC' term is being used by policymakers and service providers despite the absence of a clear framework for OVC and how this impacts intervention for children in need in South Africa. OVC-related documents by the South African government, international development agencies and non-governmental organizations are analyzed, and compared to interviews conducted with front-line staff of a participating organization. Its results indicate that the term's interpretation focuses on children directly affected by the HIV/AIDS epidemic, orphans and/or children living with an ill parent, at the exclusion of the larger number of children made vulnerable by their socio-economic situations. As such, this thesis recommends that the interpretation of OVC should shift from its focus on particular categories of children to a focus on children's needs.

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CHAPTER 1
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Introduction

1.1 Context and Development of the Research Problem

The consequences of the spread of HIV/AIDS have been widespread resulting in detrimental impacts on entire economies, societies, communities and families. At a familial level it is often the most dependent members who are affected the greatest. What UNICEF (2003) calls "a crisis of gargantuan proportions" is the vast number of children whose parents have died as a result of AIDS. The hardest-hit region is Sub-Saharan Africa where the percentage of orphans is greater than in any other region in the world. This is not to say that orphans exist as a result of the prevalence of HIV/AIDS alone. Orphans exist for many reasons such as war, conflict, natural disasters and other illnesses, yet it is hardly contested that the spread of AIDS has led to an unprecedented growth in the overall number of orphans. This has resulted in a proliferation of orphan-centred programs across much of the Global South aiming to assist children considered increasingly vulnerable as a result of the loss of their parents.

Nevertheless, as Skinner et al. (2004) note, "looking at the situation of orphans does not address the full scale of the problem, since the epidemic and surrounding poverty are generating a context where large numbers of children are becoming vulnerable" (p. 1). This reality is what sparked UNICEF and its associated agencies to shift away from an exclusive focus on 'AIDS orphans' to 'orphans and other vulnerable children' or 'OVC' (Meintjes and Giese, 2006). This shift in terminology was to ensure children other than those who are orphaned were recognized in approaches to supporting children in the context of HIV/AIDS and has now gained widespread use.

My awareness of these realities formed the starting point of my research study. I was motivated to conduct a study in this area as a result of my long-standing passion for addressing the needs of disadvantaged children. I intended to focus my study on the context of South Africa since I had worked in a respite care and transition home for abandoned and disadvantaged children there and had become interested in the broader context of vulnerability among children in the country. South Africa has one of the highest rates of HIV/AIDS in the world. As Meintjes and Giese (2006) note, this "escalation in the levels and pace of adult illness and death" is unprecedented (p. 408). Rampant adult death has lead to dramatic increases in orphanhood across the country. Additionally, many children besides orphans have been made vulnerable as a result of the pandemic, such as those living with sick and bedridden parents or those who themselves are infected with HIV. As a result, in South Africa a plethora of non-governmental organizations and community-based organizations exist for the support and care of OVC.

My initial idea for my study was to examine the different systems of support in place by the South African government for OVC to determine which one was the most effective. However, upon further research on OVC, I discovered that that the use of the 'OVC discourse' has been criticized. A small number of researchers and scholars have challenged the notion that the more inclusive terminology is in fact inclusive of all vulnerable children (Abebe, 2010; Meintjes and Giese, 2006; Skinner et al., 2004). Several have further argued that literature regarding 'OVC' as well as interventions for such children remain largely orphan-centred which is inappropriate given the wider issues of poverty and inequality that exist among children; particularly in an African context (Henderson, 2006; Meintjes and Giese, 2006; Skinner et al., 2004, 2006). The starting point for further research in this vein came, after reading *Spinning the Epidemic: The making of mythologies of orphanhood in the context of AIDS,* an article written by Meintjes and Giese (2006), researchers at the University of Cape Town. One statement from the article in particular jumped out at me:

> [A]lthough the term 'OVC' is fairly widely applied by agencies, government and service organizations, the more inclusive discourse has not yet permeated many

> arenas of practice nor more broadly shifted the focus of many policies and interventions responding to AIDS away from children who have been orphaned onto the broader collective of children who are burdened by the social, economic, physical and emotional effects of the pandemic (p. 410).

This statement intrigued me. I was particularly interested in the implications of the statement; if, while using the 'OVC' discourse, policy and programming maintained a focus on orphans, this would mean that the needs of other children affected by HIV/AIDS would not be addressed. However, this article went on to point out something else I found quite significant: "The research participants recognize the way in which HIV/AIDS is broadly impacting the neighbourhoods in which they live and work. Most research participants located children's experiences of vulnerability firmly within a broader context of poverty and hardship" (Meintjes and Giese, 2006, p. 420). This statement pointed to the context of poverty many children in South Africa experience. In fact, estimates of child poverty range between 59 percent and 75 percent of the total child population (Meintjes and Giese, 2006). Put differently, between 10 and 14 million children in South Africa live in poverty (Streak, 2004 cited in Meintjes and Giese, 2006). The implication is that OVC policy and programming is not solely focusing on orphans at the expense of other children affected by HIV/AIDS but is also excluding those children affected by the broader impact of poverty on their lives.

I began from the premise that many children—not simply orphans—have been made increasingly vulnerable as a result of the pandemic *and* surrounding poverty and should thus be able to benefit from the same mechanisms of care and support. My initial desire was to discover whether or not policy and programming for children in the context of HIV/AIDS had in fact remained orphan-centred or had rather shifted to include the larger number of vulnerable children in South Africa. To achieve this, I thought it best to examine the 'OVC' discourse as used by policymakers and program implementers to determine their understandings of the term and then compare these with actual policy and program efforts.

However, in conducting further reading in this area, I discovered additional issues with the 'OVC' discourse. In *Towards a Definition of Orphaned and Vulnerable Children,* Skinner et al. (2004) note:

> The term 'orphaned and vulnerable children' (OVC) was introduced due to the limited usefulness of the tight definition of the construct of orphanhood in the scenario of HIV/AIDS. This term in turn has its own difficulties, since it has no implicit definition or clear statement of inclusion and exclusion (p. 1).

It became apparent that this was the root issue of the criticisms of the 'OVC' discourse: there is no innate meaning for the term 'OVC'. As such definitions and uses of the term are open to interpretation and potentially also to confusion as to what related policy and service provision should encompass. The lack of a clear framework for 'OVC' also meant that there was no requirement for the term to be inclusive of all vulnerable children or even all children affected by AIDS. This seemed particularly problematic to me. Without a clear sense of the children considered 'OVC', how could OVC-related policy and programs be effective?

This became the new starting point for my research study. I recognized that there was very little literature that specifically addressed the problems regarding the OVC discourse, which gave me further impetus to contribute to the field. I still thought it would be important to examine the use of the 'OVC' discourse by policymakers and program implementers but this time within the context of an absent framework for OVC. I was also interested in the implications of the use of the 'OVC' term for the care and support of children in need. I felt that an understanding of both could provide insights for how a comprehensive 'OVC' framework might be established. My thesis question became: In the absence of a framework for 'orphans and vulnerable children' or 'OVC', how is the term used by policymakers and service providers, and how does this impact care and support for children in need living in South Africa?

1.2 Research Design and Methodology

My thesis question would be answered through a critical examination of the ways in which OVC are defined and the criteria used to categorize a child as 'OVC' by those engaged in policymaking and intervention efforts. As a result, the study would be qualitative. In particular, I planned to examine government, international development agency and non-governmental organization (NGO) documents and to interview front-line staff of a participating organization regarding their understandings of 'OVC'.

The first set of data was retrieved from OVC-related documents published by the South African government, international development agencies that fund OVC-related programs in South Africa, South African non-governmental organizations and the participating organization. Two government documents and two development agency documents were used, and one NGO document and one document from the participating organization were used. Documents were all published within 5 years of the study and related to policy or programming for OVC.

Charmaz (2006) highlights the benefits of using textual data as it can act as a "complementary strategy" to interview methods or field research. The documents were analyzed using Charmaz' (2006) textual analysis approach which encourages the examination of texts by looking at such things as the parameters of the information, what the information leaves out, and how the information affects actions.

The second set of data was retrieved by conducting focus group interviews with front-line staff of a participating organization that maintained a focus on OVC. I interviewed staff from 3 separate project sites. Interviews were conducted using the semi-structured interview method and questions asked participants about the children in the communities within which they work, the impact of HIV/AIDS on the communities, and their personal understandings of the focus of the organization as well as their understandings of OVC. The interview data was analyzed using grounded theory.

Although conducted separately, at the point of documentation, I merged both sets of data into related analyses around common themes. I pursued this approach after realizing that several themes emerging from both analyses overlapped. This facilitated a tighter and more integrated analysis.

1.3 The Rest of the Thesis: What to Expect

The following chapter of this thesis presents a synthesis of the literature surrounding children in the context of international development with a specific focus on children in poverty and children affected by HIV/AIDS. It discusses the 'orphan crisis' and the case for the support and care of orphans in the context of sub-Saharan Africa. It also discusses the shift from 'AIDS orphans' to the use of the terminology of 'orphans and vulnerable children' (OVC) and presents the criticisms on the use of this latter term. It concludes with a discussion on the inexistence of a framework for OVC and the potential impact this can have on interventions for vulnerable children.

The third chapter focuses on the South African context. It presents a brief history of colonialism and apartheid to provide the context for the current landscape of the country. It goes on to discuss the emergence of the HIV/AIDS pandemic in South Africa tracing it from near-genesis to the full-blown impact felt today. The chapter highlights the impact of the pandemic on children in the particular case of orphanhood. Finally it discusses the broad socio-economic realities currently facing children in South Africa.

Chapter four of this thesis focuses on the methodology of the research study. It states the thesis question and highlights the objectives of the study. It mentions the reasons for selecting documents and focus group interviews as data and discusses the procedures taken to acquire this data. The chapter highlights key processes in conducting field work and describes the methods of analysis used to analyze both sets of data.

Chapter five presents the findings and analysis of the research study. The analysis aims to answer the research question and thus presents the understandings of the 'OVC' term from the perspectives of the government, international development agencies and organizations as well as front-line staff of the participating organization. The analysis centres around four themes: defining vulnerability, a focus on OVC in the context of HIV/AIDS, a focus on the increased vulnerability of orphans and potential orphans, and externally-based definitions of OVC.

Finally the last chapter of this thesis concludes the research study by presenting the main findings and the conclusions that can be drawn from them. It highlights the gaps in the research and ways further research could fill in these gaps. Finally, it presents recommendations based on the research findings.

1.4 Important Notes

It is important to note two key points regarding the selected words and the usage of words throughout this thesis. 'OVC' is often referred to as such, with inverted commas around the letters. The inverted commas are used to highlight the fact that there is no concrete definition for 'OVC' and that the term remains an abstract or theoretical construct rather than a concrete term with an implicit meaning.

I have chosen to use the term 'Blacks' when referring to Black South Africans throughout Chapter three of this thesis. I have noticed that some authors tend to use the term 'Africans' only to refer to this group of individuals, however I find that this can be confusing considering the current diversity of African nations like South Africa and the reality that all these individuals, be they White, Coloured or Indian, could in fact refer to themselves as 'African'.

1.5 Conclusion

This chapter has presented the context of this research study including how I came to decide on the topic, how preliminary reading led to my ideas becoming increasingly refined and focused, the identification of the research problem, and the emergence of the thesis question. It described the relevance of this study particularly given the limited literature that exists on the topic. Next, it presented an outline of the research design and methodology as well as an outline for the rest of the chapters to follow. Finally, it discussed a few important notes with regards to the usage of certain words throughout the thesis.

CHAPTER 2
The use of the 'OVC' term and its impact on the care and support of children in need in South Africa
Literature Review

2.1 Introduction

This chapter constitutes a synthesis and review of the literature surrounding children in poverty and particularly children orphaned or made increasingly vulnerable as a result of HIV/AIDS. The chapter begins with a review of the definition of child poverty and the rationale for a specific focus on children in the context of international development. Core aspects of child poverty definitions are discussed and the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child are presented as frameworks for development efforts involving children and the execution of their rights. Next, the chapter examines children's vulnerability in the context of sub-Saharan Africa and the particular ways in which their socio-economic conditions intersect with the HIV/AIDS pandemic. The focus on orphans as a particular group of children affected by HIV/AIDS is then discussed as well as the complex and varied conceptions of the term 'orphanhood'. The debate surrounding the increased vulnerability of orphans as well as the capacity or inability of the extended family to act as a viable source of long-term support for orphans is discussed with particular reference to the theories of social rupture and social resilience. The shift from a focus on orphans to 'orphans and other vulnerable children' or 'OVC' follows. While this 'more inclusive discourse' is meant to consider the additional ways in which children are affected by HIV/AIDS, various definitions and understandings exist for OVC. As such, the chapter ends by concluding that no real framework exists for OVC. This is indeed a fundamental problem when it comes to the identification of children in need and the care and support of such children; the absence of a framework for OVC means there are no parameters to ensure the children most in need are supported.

2.2 Child Poverty and Vulnerability

As Minujin, Delamonica, Davidziuk and Gonzales (2006) write, globally, the majority of the poor are children and the majority of children are poor. Children are often considered one of the most vulnerable groups in society and when affected by poverty are considered increasingly vulnerable (Minujin et al., 2006; Minujin, 2010; Turshen, 2008). This is because children are, for the most part, heavily dependent on others to ensure their well-being (Marshall, 2003). Children also do not typically receive a proportional share of the household income which is why some authors contest that traditional parameters used to measure poverty, such as income or household consumption, are limited in their abilities to assess the nature of poverty among children (Minjuin, 2010; Minujin et al., 2006). Children's well-being often depends on non-market goods however aspects of child poverty such as "insecurity, lack of freedom caused by harassment or abuse and social exclusion" typically go undetected by these measurements (Minujin, 2010, p. 10).

Currently there is no one universal definition of child poverty. However, contemporary definitions tend to fall within three main categories that can be considered core elements of child poverty. Firstly, definitions tend to emphasize the material resources children in poverty lack. The lack of material resources is a major aspect of child poverty and remains a key mechanism to measure levels of poverty among children. Material resources typically refer to household income, nutrition, clean water, shelter, health care, schooling and other tangible resources and services (UNICEF cited in Gancheva, 2007; Marshall, 2003). Secondly, definitions also emphasize the intangible things children may be deprived of. The less tangible aspects of child poverty refer to exploitation and abuse, exclusion, discrimination, the loss of dignity and voice, and a lack of emotional, personal or spiritual development (Espindola and Rico, 2010; Gancheva, 2007; Marshall, 2003). These aspects of child poverty are clearly more abstract than the former aspects and are subsequently less feasible as measurements of the poverty levels of children.

Nevertheless, combined with the lack of material resources, they remain important indicators of child poverty which is increasingly recognized as both dynamic and multidimensional in nature (Minujin, 2010).

In addition to the above, many refer to child poverty as being an impediment to the fulfillment of children's potential (Du Plessis and Conley, 2007; UNICEF, 2005). As children grow, they move closer to that eventual reality when they are to become both participants in and valid contributors to the society in which they live. The realization of this future picture becomes uncertain with the addition of poverty. The lack of material resources can force children to become more dependent on society rather than contributors to it. Exclusion, exploitation and discrimination make it difficult to become an active participant in society as well. In this vein, child poverty is seen as a long-term issue as children experiencing may continue to experience lifelong poverty (Barrientos and DeJong, 2004). A cycle of poverty can be perpetuated when children experiencing lifelong poverty grow up to have children who also live in impoverished circumstances and generation after generation continues to struggle (Barrientos and DeJong, 2004; Marshall, 2003; UNICEF, 2002). A focus on children in poverty is important then to halt the cycle of poverty in any given society. As UNICEF insists, "poverty reduction begins with children" (cited in Gordon, Nandy, Pantazis, Pemberton and Townsend, 2003).

While references to poverty tend to refer mostly to material deprivation, vulnerability tends to refer to the less tangible aspects aforementioned. Liebenberg (2010) notes that all children are vulnerable by virtue of their inherent characteristics such as their dependence on adult care and guidance and their special emotional and developmental needs. However, children are considered especially vulnerable when the social and economic realities in which they live aggravate their exposure to risk (ibid.). When parents fall victim to impairment, illness, or death this can lead to an increasingly vulnerable situation for the children in their care. Examples of vulnerable children include those who suffer their own illness or impairment, or are the victims of conflict, war, neglect, abandonment, and abuse, among other situations (SADC, 2008).

2.3 The Rights of the Child

Poverty is considered "a major obstacle to children realising their rights" (Marshall, 2003, p.4). Strong connections are made between child poverty and human rights by various large international development organizations (such as the Canadian International Development Agency, Save the Children, The Institute for Democracy in South Africa). They argue that child poverty is a human rights concern and that the realization of children's rights is essential to reducing child poverty. The circumstances experienced by vulnerable children are also said to prevent a lack of fulfillment of their rights (DSD, 2005) and thus the realization of the rights of these children is also considered essential (Liebenberg, 2010). These notions have their roots in the promotion of both the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, both established as a tool to ensure the fulfillment of children's rights.

2.3.1 The Convention of the Rights of the Child

The United Nations' Convention of the Rights of the Child (CRC) was established in 1989 and has become a widely used tool to guide child rights and child advocacy efforts. The CRC has its roots in the Geneva Declaration of the Rights of the Child of 1924 and the Declaration of the Rights of the Child adopted by the United Nations General Assembly in 1959 (OHCHR, 2007). The latter was a non-binding resolution while the CRC is a binding treaty adopted by the UN General Assembly on November 20, 1989 and ratified by all but two countries in the world (the United States and Somalia).

The CRC promotes child development guided by the 'best-interests of the child' (UNICEF, 2002). It identifies children's rights to "a childhood in which they can learn, play, enjoy full health and develop to their potential" (Minujin et al., 2006). Its four foundation principles are:

1) *universality and non-discrimination*: children's rights to develop their potential regardless of race, gender, ethnicity, language or any other characteristic
2) *the best interests of the child*: the best interests of the child are to be the primary consideration in all actions and decisions affecting children and thus in situations of conflicting interests, the interests of the child should prevail
3) *the right to survival and development*: all children should have access to basic services and equal opportunities to achieve their full development
4) *the views of the child*: the opinions and rights of children should be respected and given regard in decision-making

(UNICEF, 2002).

The CRC emphasizes that all children are entitled to the realization of their rights (UNICEF, 2008). All children have the same rights and no right is of more importance than another (ibid.). Furthermore, rights are considered both indivisible and interrelated and focus on the child as a whole (ibid). As Abebe (2009) notes, "a rights-based approach takes at its basis the rights of *all* children who are excluded and who are not protected" (p. 81). Such an approach should remain inclusive putting all disadvantaged children at the heart of intervention efforts (Abebe, 2009).

By ratifying the CRC, a state "accepts an obligation to respect, protect, promote and fulfill the enumerated rights—including by adopting or changing laws and policies that implement the provisions of the Convention" (UNICEF, 2008, para. 2). Thus countries are encouraged to use the CRC as a guide or framework for the development and implementation of policy and programs to address the poverty and vulnerability of children (UNICEF, 2008).

The CRC also forms an integral part of what is known as child-centred development (CCD). This approach places children's rights not only at the centre of intervention efforts for poor children but for society as a whole. Children's rights and needs are to be considered the primary focus of development efforts since children are considered both

the greatest victims of poverty in the world and the most vulnerable (UNICEF, 2002). Proponents of this approach include UNICEF and Plan International.

UNICEF (2002) argues that by placing children at the starting point of development, nations can tackle the overall problems of poverty. The well-being of children is linked to the well-being of a nation and thus can act as a yardstick for measuring national development (ibid.). UNICEF (2001) even goes as far as to state that "if the youngest and most vulnerable are left to find their way alone, a country violates the rights of its people and sabotages its future as an equal partner in the global economy" (p. 62). Thus the adoption of the CCD approach is considered essential for the positive development of any country and the foundation for nation-building (UNICEF, 2002).

UNICEF (2002) notes that while there is no one way to apply a child-centred approach to development, there are several undisputed characteristics of CCD which include:

- guidance by the best interests of the child, non-discrimination and other principles of the UN Convention of the Rights of the Child (CRC) and the Committee on the Elimination of Discrimination against Women (CEDAW),
- involvement of children's participation as far as possible,
- strengthening of integrated community-based basic social services,
- emphasis on investment and a strategic focus in early childhood care, basic primary education and adolescence, and
- strengthening of families and the social and biological status of women.

CCD is said to address the needs of children to prevent the lasting and damaging effect poverty can have on their lives. It is considered the starting point for breaking generational cycles of poverty and vulnerability among children that restrict their capabilities and the achievement of their potential (UNICEF, 2002). Although children are clearly the primary focus of CCD, their needs are not examined in isolation. As UNICEF (2002) states, "a child grows as part of a family, community, culture and nation" (p. 9). Many individuals are accountable for the fulfillment of children's rights.

Parents and guardians are often the most important figures in a child's life and their actions contribute to the well-being of the child. Thus the capacity building of families and communities is also important in securing the rights of a child in any given society (Plan USA, n.d.; Richter, Beyrer, Kippax, Heidari, 2010; UNICEF, 2002).

While child-centred development is well developed in the literature, it is less evident in practice. Plan International is one of the only development organizations that explicitly promotes a child-centered approach in their development efforts. They emphasize the participation of children in their work as well as the strengthening of families and communities to provide a safe and healthy environment in which children can grow (Plan USA, n.d.). Other organizations more readily promote a rights-based approach. The Child Rights Information Network (CRIN) and Save the Children both released documents in 2005 to provide guidelines for associated organizations to implement a rights-based approach in programming efforts for children (See Save the Children, 2005 and CRIN, 2005). UNICEF has promoted the application of human rights principles in their programming efforts around the world while encouraging and supporting nations to uphold their commitments to the CRC (Rozga, 2001). They have worked with nations to change policies and laws to help uphold the rights of children (ibid.).

Twenty years have now passed since the establishment of the CRC. Nevertheless several researchers in the field of child poverty note that the world is still far from creating a world fit for children and the fulfillment of their rights (Crowe, 2007; McCarney, 2010; Minujin et al., 2006). Essentially, more needs to be done. Minujin et al. (2006) argue that child poverty has not been taken into account in debates regarding the definition of poverty as a whole or on poverty reduction policies: "not only has child poverty been excluded from the debate but it has also been invisible in the efforts to measure and tackle poverty" (Minujin et al., 2006, p. 482). Abebe (2009) further declares that "the time is long overdue...for the rights of disadvantaged children to be taken seriously in the making and shaping of the agendas that are pertinent to their lives" (p. 82). Such authors

agree that it is imperative that efforts be directed at reducing child poverty and ensuring the realization of children's rights.

2.3.2 The African Charter on the Rights and Welfare of the Child

The Organization of African Unity's (OAU) African Charter on the Rights and Welfare of the Child entered into force on November 29, 1999 and as of 2004 has been ratified by 37 African Member States (African Union, 2004). The OAU was established in 1963 among 32 African countries in an effort to promote the movement towards a united Africa (Foluso, 2002). The African Union (AU) replaced the OAU in 2002 as "the new continental body being established by African states" (Foluso, 2002, para. 1) yet maintains a commitment to the rights of the child as established in the 1999 Charter. The Charter reaffirms adherence to the previously instituted Declaration on the Rights and Welfare of the African Child adopted by the OAU in 1979 as well as the UN Convention on the Rights of the Child (CRC) and contains 31 articles (OAU, 1990).

Nieuwenhuys (2001) argues that the CRC maintains Western conceptions of the rights of children. Correspondingly, Oluwo (2002) notes that in ratifying the African Charter on the Rights and Welfare of the Child, African countries expressed concern about the CRC having "missed important socio-cultural and economic realities of the African experience" (p. 128). As such, the Charter declares the rights of the child in accordance with the African context; a notion of rights founded on characteristics of independence and reciprocity (Laird cited in Becker, 2007). Laird (2007) emphasizes that this notion of rights recognizes the responsibilities and duties children have towards their parents and families as much as the rights they possess themselves. Article 20 of the Charter declares parental responsibilities to ensure they maintain the best interests of the child in their care at all times and secure conditions of living within their abilities that are necessary for their child's development (OAU, 1990). Likewise, Article 31 establishes the responsibility of the child "towards his family and society, the State and other legally

recognized communities and the international community" (OAU, 1990, Pt. 1, Article 31).

The Charter further emphasizes that the situation of most African children remains critical and thus declares many rights that specifically address the vulnerabilities experienced by African children. These include among others the child's right to free and compulsory education and the need for states to progressively make secondary education free and accessible to all, the child's protection from drug abuse and sexual exploitation, the provision of alternative family care measures for any child permanently or temporarily deprived of his family environment, and the child's right to the best attainable state of physical, mental and spiritual health (OAU, 1990).

2.4 Poverty, HIV/AIDS and their Impact on Children

The African Charter on the Rights and Welfare of the Child emphasizes that "the situation of most African children remains critical due to the unique factors of their socio-economic, cultural, traditional and developmental circumstances, natural disasters, armed conflicts, exploitation and hunger" (OAU, 1990). These factors contribute to the vulnerability of children in Africa and a continuous emphasis on alleviating this vulnerability by governments, international development agencies and organizations working on the ground. One factor the Charter does not mention however is the impact of HIV/AIDS. While HIV/AIDS was not a prevalent issue in the context of Africa when the Charter was ratified in 1999, today it is one of the largest contributors to illness and death on the continent.

HIV/AIDS is widely recognized as "the most severe health crisis of modern times" (Nguyen et al., 2004, p. 5). The region of Sub-Saharan Africa alone is home to 70% of all HIV/AIDS infected persons worldwide and contains countries with HIV prevalence rates as high as 40% (Nguyen et al., 2004). In the context of sub-Saharan Africa, poverty and

HIV/AIDS are increasingly spoken of in the same breath. Casale and Whiteside (2006) note that poverty and inequality are both determinants and consequences of HIV/AIDS: "increased poverty and income inequality fuel the spread of the epidemic" (p. 3) while the epidemic, in turn, worsens levels of poverty and inequality countries continue to battle (Casale and Whiteside, 2006; Richter, 2004; Salinas and Haacker, 2006).

While most research on HIV/AIDS has focused on poverty and inequality as consequences to the virus, there is no question that the existing situation of poverty in many countries continues to fuel the spread of the epidemic (Casale and Whiteside, 2006). Limited access to basic resources such as health care and adequate nutrition can increase the susceptibility of individuals to contracting HIV (ibid.). Richter (2002) notes that vulnerable children are often susceptible to contracting HIV "because the pressures for basic survival—such as finding food—far outweigh the future orientation required to avoid infection" (p. 12). Furthermore, HIV infection is often perpetuated as a result of sexual abuse and exploitation that is present in many countries (Casale and Whiteside, 2006; Richter, 2004). Women and girls are particularly vulnerable, as they remain the most common victims of sexual abuse (ECSA-HC, 2011).

The effects of HIV/AIDS are evident both on a micro and a macro level. The macroeconomic performance of countries with high prevalence rates has been negatively impacted as a result of significant labour losses (Casale and Whiteside, 2006). Governments have had to step up funding to the health sector to facilitate access to treatment and care, while the health system itself deals with staff illness and death and heavy patient load (Nguyen and Stovel, 2004). It is argued, however, that the greatest impact of HIV/AIDS is felt at the level of the household (Casale and Whiteside, 2006). Households have been forced to deal with the shock of the illness and eventual death of family members that can result in a reduction of household income and access to basic resources necessary for survival (ibid.). These situations have been particularly difficult for rural households that are often impoverished even before the onslaught of the disease and thus face the potential for increased impoverishment as they attempt to cope.

The impact of HIV/AIDS on the lives of children has garnered increasing attention in recent years. As Barnett and Clement (2005) point out, HIV/AIDS is a slow moving virus. Not only does this speak to the long period between infection and death of persons with HIV but the impact on the generations that follow the death of infected individuals.

HIV/AIDS can have detrimental effects on health and welfare of children. If a mother is infected with HIV, this can reduce the probability of survival for her children (Nguyen, 2004). This often occurs as a result of mother-to-child-transmission (MTCT) of HIV during pregnancy, labour and delivery or breastfeeding (Pan, Wara, DeCarlo, Freedman, 2002). Children are especially affected if the primary income-generator of the household becomes infected. Children's ability to access basic resources and services such as food and healthcare may become limited, and children may be forced to work in order to compensate for the loss of income in the household (Richter, 2002). Furthermore, children are often cited as having the increased burden of caring for a parent who becomes infected with HIV, thus reducing their attendance at school (ibid.).

One group of children that has increasingly become the focus of many efforts regarding children affected by HIV/AIDS has been orphans. While orphanhood has always been present in sub-Saharan Africa, it has been exacerbated by the presence of HIV/AIDS. UNICEF (2003) terms it "a crisis of gargantuan proportions"; that is the vast number of children whose parents have died as a result of pandemic. The hardest-hit region once again is Sub-Saharan Africa where the percentage of orphans is greater than in any other region in the world: 11 million children in Sub-Saharan Africa have been orphaned as a result of AIDS, having lost one or both of their parents to the disease (ibid.). Over the past two decades, orphans have become the focus of much literature regarding children affected by HIV/AIDS as scholars and researchers attempt to understand the vulnerabilities experienced by this group of children as a result of parental loss and determine the best forms of care, support and protection they should receive. The increased number of children losing their parents to HIV/AIDS has also given rise to a

focus on the care and support of these children by governments, international development agencies and NGOs.

2.5 Divergent Conceptions and Definitions of Orphanhood

The increased prevalence of AIDS in the past two decades, and the subsequent rise in numbers of children losing their parents to the disease, gave rise to a focus on the care and support of children affected. An 'orphan-centred approach' was adopted by NGOs and governments to address the needs of children deemed especially vulnerable. Currently, the most widely used definition of an orphan is the definition propagated by UNICEF, UNAIDS and their associated agencies which defines an orphan as a child under the age of 18 who has lost *one or both* of their biological parents to death (recently changed from children 15 years of age and under). It is important to note that this definition does not make reference to the cause of orphanhood although orphans are typically spoken of within the context of HIV/AIDS. According to this definition UNICEF (2009) estimates there were 132 million orphans in sub-Saharan Africa, Asia, Latin America and the Caribbean in 2005. This definition of an orphan is, as Meintjes and Giese (2006) attest, contrary to "widespread popular understandings of the notion of an orphan", which identify orphans solely as children for whom both of their biological parents have died (p. 410). However, the logic behind the now globally accepted definition is that many children in the Global South already live with only one biological parent (typically their mothers) even if their other parent is alive (Kinnear, 1999; Mkhatshwa, 2009). In such cases, the death of the present parent can essentially leave children parentless.

Common categorizations when speaking of orphans include children as either maternal orphans (i.e. a child whose mother has died but whose father is living), paternal orphans (i.e. a child whose father has died but whose mother is living) or double orphans (i.e. a child whose mother and father have both died). This categorization is important given

that "the death of one parent can have different implications for children to the death of both parents, as can the death of a mother relative to the death of a father" (Hall and Marera, 2010, para. 2). Nevertheless, Meintjes and Giese (2006) contend that in much of the literature regarding orphans, clear definitions of the 'orphans' enumerated are not made. Virtually all the articles and reports written about the impact of AIDS on children make reference to current projections and estimates of orphan numbers yet often fail to make the important distinction between children who are without one parent versus children who are without both (ibid.). As the authors note, the conflation of these two categories of children "risks questionable conclusions" and misguides "an understanding of the statistical—and to some extent the social—dimensions of the issue" (Meintjes and Giese, 2006, p. 410).

Orphans have a history of being regarded as both disadvantaged and vulnerable as compared to the average child, particularly in the Western world. Judith Ennew (2005) points out that traditionally in Western society, orphans have been perceived as living outside the safety and protection of the family unit and thus are considered both vulnerable and dependent. This social history of orphanhood, arguably, has had a hand in shaping current conceptions of orphanhood. As orphans have increasingly become the focus of many research studies and development programs in recent years as a result of the spread of HIV/AIDS, these children are typically considered a particularly vulnerable group in society in need of specialized care and support.

Orphans are considered especially vulnerable as they risk growing up without the guidance and support they would have received from their biological parents (Bicego, Rutstein and Johnson, 2003). Parental loss is said to result in the decrease of financial support and changes to the child's social support system (ibid.). Many researchers have also noted the ways in which orphans are increasingly vulnerable to sickness and malnutrition, have lower school attendance rates, lower educational attainment and suffer from greater psychological distress than non-orphans (Bicego et al., 2003; Desmond and Desmond, 2006; Du Plessis and Conley, 2007; UNICEF, 2006).

Additionally, Abebe (2009) notes that the media has "produced the construction of orphanhood as crisis orphanhood" with orphans been perceived as 'ticking time bombs', part of a 'lost generation', and experiencing a 'robbed childhood' (p. 71-72). Similar discourse is highlighted by Bray (2003) in her account of the perception of the impact of high rates of orphanhood in Southern Africa in both media accounts and academic and policy literature. She notes that texts often describe orphans as experiencing poor socialization, moral decay and hostility within society, all of which have the likelihood to lead to social breakdown. Henderson (2006) also notes the ways in which children who lose their biological parents have been perceived as those in danger of not being appropriately socialized and thus having the potential to demonstrate both criminal and asocial behaviour.

While these views can be said to represent a large number of perspectives regarding the experiences of orphans, particularly in the context of HIV/AIDS, they have not escaped criticism. Several authors have argued that children who lose their parents are not necessarily more vulnerable as a result of their orphanhood and thus a focus on orphans in policy and programming is inappropriate (see among others, Abebe, 2010; Henderson, 2006; Meintjes and Giese, 2006).

Arguably, however, these conceptions of orphanhood have fueled aid and development efforts for the care and support of orphans typically emerging from the West. One may even go as far as to say these conceptions of orphanhood have presented a dramatic category of vulnerable children sure to illicit private donations to development organizations at the expense of other vulnerable children. Abebe (2010) speaks of the 'orphan problem' as having "hijacked the attention of the international aid community" (p. 461). Correspondingly, Meintjes and Giese (2006) note,

> the characterization of the orphan as the quintessential vulnerable child and as a key social and ethical problem in the HIV/AIDS pandemic means that children

who have no living biological parents become the focus of government, donors' and others' attention on children" (p. 418).

These authors further highlight the preoccupation with orphaning as linked to an agenda to mobilize global funds and action (Meintjes and Giese, 2006).

Some authors also highlight that external definitions of orphanhood have the potential to result in top down approaches to intervention efforts and insensitivity to local realities (Abebe, 2010; Phiri and Webb, 2002; Skinner et al., 2006). For instance, defining orphans as children who have lost one or both of their biological parents is not consistent with many local definitions. In many parts of sub-Saharan Africa the definition of an orphan is not linked to the absence of biological parents at all but rather the total absence of support systems for a child. Henderson (2006) notes that "the condition of orphanhood in an African context...has more to do with destitution, alienation and a lack of belongingness" (p. 307). Correspondingly, Abebe (2009) notes that in countries such as Ethiopia, Malawi, South Africa and Zambia, definitions of orphanhood refer more closely to children who have "fallen outside the traditional social safety net" rather than those solely experiencing parental loss (p. 462). Similar understandings of orphanhood are found in Russia (Schmidt, 2009), Brazil (Garcia and Fernandez, 2009) and China (Liu and Zhu, 2009).

Phiri and Webb (2002) argue that "this mismatch between community's notions of vulnerability and the imposition of external definitions tends to result in a top-down approach that is unlikely to encourage community 'ownership' of programme activities" (p. 8-9). Furthermore, Henderson (2006) argues that such conceptions of orphanhood have their roots in presumed understandings of childhood that are in turn used to shape intervention efforts. She argues that "imported assumptions may be inappropriate" and "may block any appreciation of local understandings" (Henderson, 2006, p. 305). Top-down, externally defined approaches to orphanhood remain, arguably, largely disconnected from the needs of children.

Nevertheless, the majority of the literature on orphanhood speaks of orphans as children who have lost one or both parents, particularly to HIV/AIDS. Many of the debates within this framework concern whether orphaned children are more vulnerable than other disadvantaged children (which either legitimizes or discredits an orphan-centred approach). The following two theories discuss the competing perspectives on this issue.

2.5.1 The Theory of Social Rupture

A growing body of literature has emerged in recent years supporting the notion that the extended family is extremely constrained if not collapsing under the strain of AIDS and in their ability to support orphaned children. This notion is referred to as the theory of social rupture (or the social rupture thesis) and is becoming commonplace in academic literature regarding orphan care by families (Ghosh and Kalipeni, 2004; Guest, 2003; Nyamukapa and Gregson, 2003).

The case for the social rupture thesis regarding orphan care in the context of sub-Saharan Africa in particular, often compares traditional care practices to care practices considered to be in effect today. In sub-Saharan Africa the care and socialization of children has long been shared amongst close kinship and social relations (Bicego et al., 2003; Foster, 2000; Ghosh and Kalipeni, 2004; Stein, 1997). Moreover, traditional safety nets (that preceded the AIDS epidemic) for orphans and vulnerable children exist, wherein surviving relatives, extended families and community groups step into the role of guardians and care providers for orphans and vulnerable children. As Bicego et al. (2003) note, extended families in Africa traditionally upheld a sense of duty and responsibility towards other members in need—almost without limits. Nevertheless, proponents of the social rupture thesis claim that as result of the spread of HIV/AIDS the extended family safety net has been stretched virtually to its breaking point (Miller, 2008; Project AIDS Orphan, 2007; Stover, Bollinger, Walker and Monasch, 2006; USAID, 2004). Specifically, the prolonged illness and death of income generating family members is said to limit the capacity of households to care for parentless children (Mathambo and

Gibbs, 2008). As Sloth-Nielsen (2003) notes, "[t]he African kinship care system that would once have absorbed children without parents into communal life can no longer be relied upon to fulfill that function" (p. 24-25). Several studies have been carried out pointing to the reality of a depleting extended family network such as those conducted in Kenya (Nyambedha, Wandibba and Aagaard-Hansen, 2003), in Zimbabwe (Nyamukapa and Gregson, 2003), and South Africa (Maqoko and Dreyer, 2007).

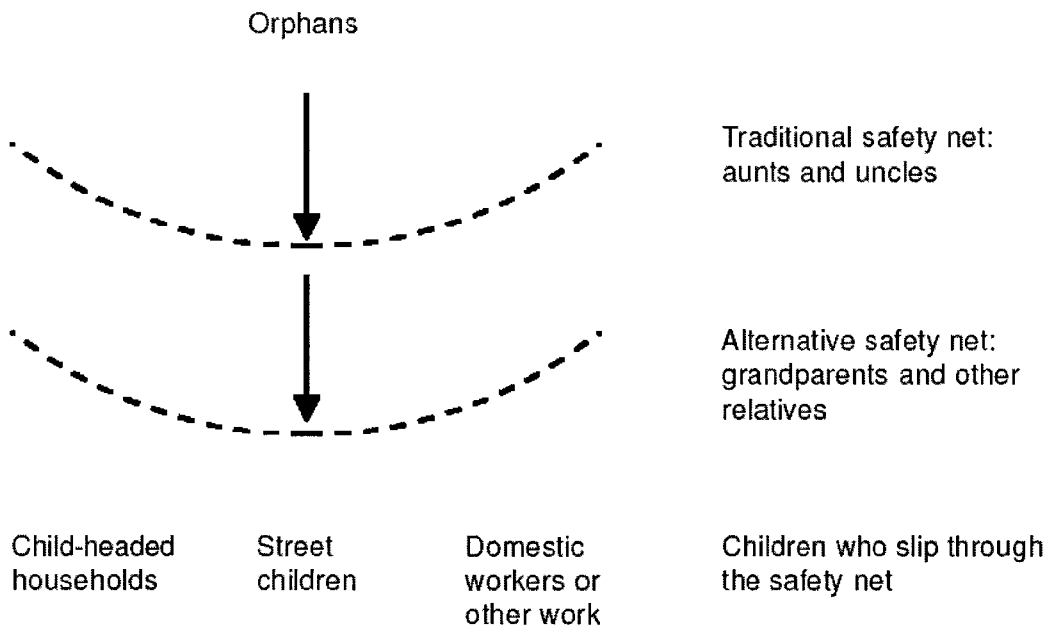
Ultimately, proponents of the social rupture thesis believe the extended family alone is insufficient to support the growing population of orphaned children. AIDS wears down resources of extended families over a period of several years while the number of orphans continues to increase (Foster, 2000; Rutayuga, 1992). This reality then is said to increase the vulnerability of orphans. As Foster (2000) notes,

> The extended family is not a social sponge with an infinite capacity to soak up orphans. Blanket statements about the role of the extended family in Africa as a safety net and assumptions that relatives will be ready and able to assist members in need should be treated with caution (p. 55-56).

The weakening of the extended family means many children will 'slip through the cracks' and become increasingly vulnerable (Foster, 2000). This is illustrated in figure 2.1 (see page 26).

Traditionally, aunts and uncles constituted the immediate safety nets for orphans. This practice has lessened leaving it to grandparents or other relatives to take in orphans when their parents pass away. These relatives may also be living in impoverished conditions and already struggling to support themselves and their own dependents (Snider and Dawes, 2006). The poverty experienced by these families hinders their ability to provide a safety net for children in need of care (ibid.). In particular, grandparents are considered by many to be under increasing strain when they take in their orphaned grandchildren as they "have lost one of their key support mechanisms, namely their sons and daughters" (Foster et al. cited in Bicego et al., 2002, p. 1247). Grandparents (particularly grandmothers) are increasingly becoming the caregivers for orphans in Africa: they care

Fig. 2.1 – Model of the extended family safety net for orphans in Africa



Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Psychology, Health & Medicine*, *5*(1), 55-63.

for approximately 40 percent of all orphans in Tanzania, 45 percent in Uganda, 50 percent in Kenya and 60 percent in Namibia and Zimbabwe respectively (Tsegaye, n.d.). Since grandmothers are aging and often living off a small pension they are not seen as viable long-term sources of care for orphans (ibid.).

Those children who slip through the last safety net are left without caregivers at all. Foster (2000) notes that "child-headed households have been observed especially in communities with severe AIDS epidemics and weakened safety nets" (p. 59). These children are considered even more vulnerable as they do not have any adults to care for them.

Child-headed households (CHH)—households where the oldest member does not exceed the age of 18—have always existed, particularly in times of hardship and conflict,

however, the increased prevalence of HIV/AIDS has led to an increased number of CHH in many parts of the world (Foster, 2000; Lang, 2005). MacLellan (2005) explains that when the sheer number or children needing homes outgrows the capacity for the extended family to care for them, children may be left to care for one another without the care or support of an adult. While global or regional estimates of child-headed households are limited, some country-wide estimates do exist: in 2005 there were an estimated 15,000 child-headed households in Cote d'Ivoire and 24,000 in Zimbabwe (Tsegaye, n.d.); in 2008 an estimated 97,544 child-headed households existed in South Africa (Statistics South Africa, 2009). While these numbers can be considered small in contrast to the number of orphaned households in these countries, UNICEF, UNAIDS and USAID (2004) all emphasize the need for the development and scaling up of community-based care opportunities for the small but highly vulnerable proportion of children living outside of family care.

2.5.2 The Theory of Social Resilience

The theory of social resilience contends that the extended family remains a viable and sustainable source of support for orphaned children. The theory suggests that this system of care can still be relied upon to support a large number of orphans, despite the increased prevalence of the AIDS pandemic and surrounding poverty. As Abebe (2010) notes the perspective of social resilience points to local realities wherein "extended families pull resources together to continue to ensure the safety and social security of orphans, with positive well-being outcomes" (p. 464-465).

Several authors support this thesis; that the extended family remains the main system of care for orphans, particularly in an African context, and thus challenge the notion of a social breakdown in the extended family system (Abebe, 2010; Bray, 2003; Chirwa, 2002; Meintjes and Giese, 2006; Tsegaye, n.d.). Mathambo and Gibbs (2008) attest that despite the many challenges families and households face, they remain a "critical social safety net" for children affected by the pandemic. Correspondingly, Locoh (2002)

highlights the ways in which the extended family has continued to assume the care of orphans as they have always done to both handle health crises and to protect children if their parents die. Mathambo and Gibbs (2008) further argue that rather than a total collapse of the extended family, conceptions of family, relatedness and childcare responsibilities are being reconfigured in innovative ways by households to include a "wider network of kin and social relations" in order to assist children in need (p. 4). Meintjes and Giese (2006) point out that in South Africa the majority of children who have lost their parents "find themselves in changed but not isolated circumstances" as childrearing remains "embedded in kinship and other networks" (p. 412). In response to the increased presence of child-headed households, Meintjes and Giese (2006) argue that like many other household forms, such households are fluid. They are both transitional and temporary households children exist in only for a period prior to the establishment of other arrangements of care (ibid.).

Richter and Sherr (2009) emphasize that "children everywhere are, and should be, connected to adults and other children, through family, kin and clan networks. The need for connectedness is heightened at times of stress, illness or challenge" (Connective Care section). As such, proponents of the theory of social resilience believe that the extended family support structure should be acknowledged and strengthened. Families and their social networks of support should be empowered and the strength of traditional practices preserved (Abebe, 2010; Richter and Sherr, 2009). Doing so would be providing a long-term and sustainable response to the needs of these children.

2.5.3 The Convergence of both Theories

While these two theories consist of opposing perspectives on the issue of the capacity of the extended family to care for orphans, most authors' perspectives lie somewhere in the middle. These perspectives point to the complexity of fosterage and orphan care. For instance, several authors have noted the multitude of factors that affect the ability of the extended family to provide long-term care and support to orphans. The relationship

between orphans and their caregivers is one of such factors. UNICEF (2006) mentions that "several studies have shown that the closer children remain to their biological family, the more likely they are to be well cared for" (p. 19). Mathambo and Gibbs (2008) agree claiming that the closeness of ties between deceased parents and their surviving relatives is a strong determinant of their willingness to foster orphans. Intra-household resource allocation among extended family members and the movement of resources between biological and extended families are additional factors of which might have a bearing on the attitudes of extended family members towards the care of orphans (Madhavan, 2004). Finally, Abebe (2010) highlights several other factors that can shape the quality and duration of the care orphans receive including: the circumstances of the children who need support, whether the parents have left resources for orphans, the emotional satisfaction of caregivers, the orphans' previous proximity to their deceased parents and the economic conditions of care-giving households. As such, it is clear that each situation is different and it is the combination of factors in each case that often determines whether families are able to care for orphans or not.

Additionally, Mathambo and Gibbs (2008) have identified a shift in the landscape of fostering which may shape the capacity of the extended family to act as a viable long-term solution for orphan care. The authors emphasize that while the extended family continues to take in and support orphans, a shift has occurred from purposive fostering—wherein children would go to live with various family members at different periods—to crisis fostering that is currently being observed in the context of the pandemic. Crisis fostering arrangements tend to be permanent and can thus be challenging arrangements for families already living in poverty. Grainger, Webb and Elliott (2001) emphasize that while the resilience and strength of communities is beyond dispute, poverty in many households proves an obstacle to the care of children affected by AIDS. The realities of poverty and the increased prevalence of HIV/AIDS in many societies cannot be ignored as they are certainly having an impact on the abilities and resources extended families have to care for orphaned children. Nevertheless, this does not necessarily point to the imminent breakdown of the extended family. As Chirwa (2002) notes, "admittedly there

is tension, and the structures and social relationships are over-stretched, but they are not totally breaking down" (p. 94).

Ultimately, these authors shift the issue of the capacity of the extended family to care for orphans from the realm of debate to the realm of discussion. Abebe (2009), Chriwa (2002), Mathambo and Gibbs (2008) and others focus on highlighting approaches to orphan care that are being adopted and the ways in which these efforts can be improved and supported. They recognize that the family remains the most appropriate setting for parentless children (rather than institutional care for example) and thus focus on the need to support this system of care rather than dismissing it, while simultaneously advocating for the support of communities and governments.

2.6 The Shift towards 'OVC'

Since the beginning of this decade some have found fault with the fact that services and resources for children affected by AIDS were directed almost exclusively at orphans; having noted the ways in which non-orphans are also adversely affected by the pandemic (Grainger et al., 2001; Monk, 2002; Skinner et al., 2004; UNICEF, UNAIDS, USAID, 2004). It is argued that an orphan-centered approach fails to acknowledge that vulnerability begins long before a child becomes orphaned since the 'time lag' between the infection and the death of a parent can already begin to have a significant impact on the life of a child (Abebe, 2010). An exclusive focus on orphans has the potential to neglect other significant problems faced by children in the context of HIV/AIDS and can exclude other vulnerable children adversely affected by the pandemic who could in fact be equally vulnerable to orphans (Desmond and Desmond, 2006; Skinner et al., 2004). Recognizing this, UNICEF and its associated agencies argued against interventions that singled out children orphaned by AIDS and spearheaded a shift away from exclusive terms such as 'AIDS orphan' to a reference to 'orphans and (other) vulnerable children' commonly abbreviated to 'OVC' (Meintjes and Giese, 2006).

The term 'OVC' has now become a global term most often used in reference to children in the context of HIV/AIDS. From international development agencies and governments to non-governmental and community-based organizations, many have come to adopt this term and use it in reference to the children they support. Nevertheless, the term 'OVC' can represent various and often divergent categories of children depending on the group using the term and the context within which it is used (Smart, 2003). The use of 'OVC' in the context of AIDS typically refers to children who have lost a parent to HIV/AIDS, children living with a parent who is ill as a result of HIV infection, and children who themselves are infected with HIV (UNICEF et al., 2004; World Vision cited in Richter, Manegold and Pather, 2004). Definitions sometimes also add children living with other family members who are ill as a result of HIV infection and children living in households that have taken in orphans. Together these constitute the more direct ways children are affected by the pandemic.

Nevertheless, some authors have also highlighted the indirect ways HIV/AIDS affects children that tend to figure less in definitions of 'OVC' (Meintjes and Giese, 2006; Richter et al., 2004; UNICEF, UNAIDS, PEPFAR, 2006). In a joint UNICEF, UNAIDS and PEPFAR (2006) report entitled *Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS*, the authors state that communities and community services are strained by the consequences of the epidemic affecting health care, education and other basic services which in turn can have an effect on the children residing in these communities. Similarly, Richter et al. (2004) note that "all children in regions of HIV prevalence are likely to be affected by the ensuing deterioration of services, the weakening of social institutions and high levels of stress" (p. 3).

Evidently, HIV/AIDS can have various effects on the lives of children. However for some researchers, writing on 'OVC' maintains a focus on orphans and the vulnerabilities they experience as a result of parental loss in the same way it did prior to the introduction of the 'OVC' term (Meintjes and Giese, 2006; Skinner et al., 2004). While UNICEF and

its partner agencies have argued that a focus on orphans of AIDS is inappropriate given the many other vulnerable children affected by AIDS in the world, they appear to maintain a focus on reporting and generating statistical information regarding orphans in their publications (ibid). Meintjes and Giese (2006) argue that the more inclusive discourse of 'OVC' has yet to shift the focus of policy and programming from an exclusive focus on orphans to "the broader collective of children who are burdened by the social, economic, physical and emotional effects of the pandemic" (p. 410). The authors argue that the agency's continued preoccupation with orphaning "compound[s] the problematic around the representation of children affected by HIV/AIDS" (Meintjes and Giese, 2006, p. 416).

Furthermore, while the term 'OVC' is typically applied to children affected by HIV/AIDS, some have emphasized that vulnerabilities experienced by children are not limited to the effects of the pandemic, but rather extend to the larger socio-economic constraints within which children live (Abebe, 2010; Phiri and Webb, 2002). As such, some definitions of 'OVC' include children orphaned and made vulnerable as a result of causes including but not limited to AIDS. For example, World Vision (cited in Richter et al., 2004), include children who lose a parent (or a parent substitute) through any cause of death or through desertion, children with a disability, children living in poor housing, children living on the street, children who have limited or no access to services such as schooling, health and social services, and children suffering from abuse, in their definition of 'OVC'. Correspondingly, Foster and Williamson (2000) encourage the use of wider definitions that include children made vulnerable as a result of various causes since it is "inappropriate at the community level to determine eligibility for assistance based on specific cause of parental death" (p. S275).

The socio-economic conditions within which children live certainly have a major impact on their vulnerability. Poverty impacts children and youth by limiting or constraining their access to basic resources and services necessary for survival. Education can be cost-prohibitive for children living in poverty resulting in lower school enrolment (Min-

Harris, 2009). Children can also suffer from a lack of access to shelter, adequate nutrition and health care services. Rates of poverty among children in sub-Saharan Africa are high. According to research conducted by Gordon, Nandy, Pantazis, Pemberton and Townsend (2003), 65 percent of children in sub-Saharan Africa are living in absolute poverty. 62 percent of children in the region suffer from what they term 'severe shelter deprivation' and 25 percent of children under the age of 5 suffer from 'severe food deprivation' (Gordon et al., 2003).

Furthermore, violence and abuse are issues prevalent in many communities causing increased vulnerability to children. Delano (1998) notes that youth are often the victims of violence and sexual exploitation as they often lack "the economic and social status to resist or avoid it" (para. 1). Violence and sexual abuse are frequently perpetrated in the immediate environments of children such as in their homes and schools (ECSA-HC, 2011). The East, Central and Southern African Health Community (ECSA-HC) (2011) cite data from various regions across sub-Saharan Africa that all suggest high prevalence of all forms of child sexual abuse. ECSA-HC (2011) also highlights the intersection between sexual abuse and HIV/AIDS: sexual abuse is both a precursor to the increase of HIV-related vulnerability and an effect of HIV infection.

2.7 The Absence of a Framework for 'OVC'

The introduction of the broader term of 'OVC' has certainly been important for acknowledging that interventions exclusively targeting orphans are inappropriate. Nevertheless, some authors have noted the difficulties with the use of the term 'OVC' (Baingana cited in Levine, 2001; Meintjes and Giese, 2006; Phiri and Webb, 2002; Skinner et al., 2004). 'OVC' have become the subject of government assistance programs and the target of support for many NGOs worldwide. However, upon examination of the use of the term, it is evident that currently there is no clear definition of or uniform framework for 'OVC'. Some definitions of 'OVC' are limited to those children directly

affected by HIV/AIDS, while other definitions have expanded the term to encompass those children indirectly affected by the pandemic and/or affected by the larger socio-economic situations of poverty they find themselves in. As such, Skinner et al. (2004) note that the term 'OVC' "has no implicit definition or clear statement of inclusion and exclusion" (p. 1).

Since the meaning of 'OVC' is not implicit, different groups define 'OVC' in different ways. The diverging conceptions of orphanhood have already been examined above. Similarly, the term 'vulnerable child', being a very abstract category of children, can also be conceptualized in various ways as demonstrated by the varied vulnerabilities experienced by children mentioned above. Skinner et al. (2004) note, that while there is a limited classification system for orphans, vulnerability is much more difficult to define. Correspondingly, Smart (2003) highlights the complexity of the term 'vulnerability' as illustrated by the varied definitions provided by communities across several African countries. Nevertheless, Baingana (cited in Levine, 2001) emphasizes the fundamental need to define "who are vulnerable children" in the context of 'OVC' (p. 8). This need was also stressed at the 9th International Congress on AIDS in Asia and the Pacific where all presenters acknowledged that developing an approved definition of vulnerability was one of the major challenges to developing a regional strategic framework for protection, care and support of children affected by HIV/AIDS (Shumba, 2009).

Considering that the discourse of 'OVC' is being used to guide intervention efforts for vulnerable children all over the world, the inability to concretely define 'OVC' is certainly problematic. Varied understandings and uses of the term have the potential to lead to inequities in service provision for children in need.

2.8 Conclusion

This chapter has presented a synthesis of the literature surrounding children in the context of poverty and vulnerability. It has presented the understandings of child poverty and the emphasis on the fulfillment of the rights of the child as outlined in the UN Convention on the Right of the Child and the African Charter on the Rights and Welfare of the Child. The chapter has outlined the ways in which children are vulnerable as a result of their socio-economic conditions including the impact of poverty, violence and crime and most especially HIV/AIDS. Initial interventions targeting children living in the context of HIV/AIDS focused on 'AIDS orphans', nevertheless much concern has emerged during the course of the last decade regarding the inappropriateness and inequitability of this exclusive focus. Many have outlined the ways in which non-orphaned children are also adversely affected by the pandemic and the socio-economic circumstances that often surround it. The recognition of this reality has lead to a shift from a focus on 'AIDS orphans' towards a more inclusive discourse that refers to 'orphans and (other) vulnerable children' ('OVC'). However, various concepts and understandings of 'OVC' exist given the various ways in which children experience vulnerability. As a result, no framework for 'OVC' currently exists. This is a significant issue considering the prevalence of OVC discourse in efforts to provide care and support to vulnerable children.

CHAPTER 3

The use of the 'OVC' term and its impact on the care and support of children in need in South Africa

Background: The South African Context

3.1 Introduction

No issue in South Africa can be examined without first contextualizing it within the history of the country. South Africa's long history of racial segregation has significantly impacted all facets of South African life and its effects continue to be felt. It is important then to locate the issues of orphanhood, child vulnerability as a result of HIV/AIDS and child poverty in South Africa within the context of South Africa's history. This chapter constitutes an overview of the history of South Africa from the early colonial period to modern times, highlighting in particular the rise of apartheid and the rise of HIV/AIDS in the country. These events are clearly connected to the socio-economic situation of children in the country today – the latter focus of this chapter.

3.2 The Early Colonial Period and the Roots of Apartheid

In 1987, Pascoe writes that in South Africa, "overall, wealth and poverty, privilege and want divide sharply along colour lines" (p. 13). At this point in history, the wealth and political power were completely controlled by the minority population in the country—4.5 million Whites. Pascoe (1987) goes on to write, "the vast majority of the country's people—about 20 million Blacks—are shut out of government and, for the most part, from opportunities for a better life" (p. 13). This was due to the system of Apartheid; a policy of strict racial segregation put in place by the White South African government.

Most of the laws that established apartheid were put into place in the 1940s and 1950s. Yet racial discrimination and segregation in South Africa dates back more than 300 years

ago when the first White settlers arrived in 1652 by way of the Dutch East India Company (Lapping, 1986). Initially the Dutch were not met with hostility but related amicably with the native Khoi Khoi tribe they encountered. However, the amicable relations were short-lived as the Dutch began encroaching on the Khoi Khoi's land seeking to establish a permanent post in the Cape (ibid.). Attacks and counter-attacks occurred between both parties resulting in the eventual defeat of the Khoi Khoi, with Khoi Khoi and other natives being enslaved (Burger, 2010).

When the British colonialists arrived in the late 1700s clashes ensued between these new arrivals and the Dutch (Lapierre, 2009). The British took control of the Cape colony, incorporating it into their international trading empire (Burger, 2010). The cost of the new colony caused the British to heavily increase taxation for all inhabitants (Wills, 2009). Furthermore, the British sought to establish their dominance in the new land by enforcing the 'Anglicization' of the entire White population and upheld the Emancipation Act passed in London in 1833 which abolished slavery in Britain and its colonies (Lapierre, 2009). The culmination of these events bred discontentment among the Dutch Afrikaners who felt increasingly alienated by the British system (ibid.). The Afrikaners sought to maintain their culture, language and ways of life and live in a land independent of British rule. This lead to the 'Great Trek' of 1835—where over 10,000 Afrikaners, or Boers as they became known, travelled North of the Cape securing two states: the Transvaal and the Orange Free State (Lapierre, 2009; Pascoe, 1987).

Friction persisted between the British and the Boers. The British sought a unification of South Africa under the British flag while the Boers sought to maintain their nationality within their independent states (Kwaa, 2004). The discovery of gold the Transvaal meant the Boers could restrict the rights of any newcomers seeking to profit from the goldfields—particularly the right to vote. This became a contentious issue between the British and the Dutch and the overall friction between the two culminated in the 'Anglo-Boer War' in 1899—a war that was to last two-and-a-half years (Pascoe, 1987). Most Blacks sided with the British. Up until this point the reality of freedom had not yet

materialized for Blacks who remained exploited and dispossessed, yet they believed the British were committed to the extension of their civil and political rights (Burger, 2010). However, by the end of the war Blacks were left disappointed "as in the Treaty of Vereeniging that ended the war, the British agreed to leave the issue of rights for Africans to be decided by a future self-governing (White) authority" (Burger, 2010, p.30). Blacks were forced instead into low-wage labour in the mines.

The White authorities were primarily concerned with ensuring labour supply for the mines remained consistent. Land dispossession, taxation and a forced pass system closed off any and all other employment alternatives for Blacks (Burger, 2010). Thus wage labour in the mines proved essential for their survival and the survival of their families (ibid.). In the mines, Blacks were bound into strict contracts to supply an abundance of cheap labour for the White, largely British, mine owners. The conditions of the mines were severe—workers were forced to work four months straight with no days off and no ability to visit their families (Pascoe, 1987). The mining industry produced the beginnings of the fluid family arrangements that have since existed for many Black South African families.

The self-governing White authority came in the form of the Union of South Africa established in 1910 following the second Anglo-Boer war. The Union united the Boer's Transvaal and Orange Free State with the two British colonies, the Cape and Natal; yet each province retained its own policies towards non-Whites (Lapierre, 2009). The establishment of the Union left Afrikaners divided. One faction, following the first union Prime Minister Louis Botha, favoured cooperation with the British (ibid.). The second faction, comprised of many Afrikaner mineworkers, resented the British as they had become rich business leaders in the country. There were also fears of competition since the Afrikaner mine workers were often overlooked in favour of Black labourers mine owners could employ at less cost. Furthermore, they remained threatened by the possibility of rights being given to non-Whites (at the time non-Whites were able to vote

in the Cape if they owned property) and some believed that economic and political rights for Blacks would cost them their jobs and their voice in the country (ibid.).

In 1912, the Nationalist Party under the leadership of James Hertzog, along with the Labour Party, backed Afrikaner mineworkers wanting an overthrow of the government and the induction of a Prime Minister who would promote the interests of a White race in South Africa (Lapping, 1986). By 1924, the two parties had formed a coalition that unseated the unionists and Hertzog became Prime Minister. He immediately began instituting a series of laws that would eventually lead to the establishment of full racial segregation in the country.

3.3 The Story of Apartheid

In 1948, Daniel Malan took over as Prime Minister. Pascoe (1987) describes him as "a fanatical racist and Afrikaner nationalist" (p. 70) who would pick up where Hertzog left off, further entrenching policies of White domination and racial segregation in the country. Malan appointed Dr. Hendrik Verwoerd as the Minister of Native Affairs, who acted as a key player in the establishment of 'Apartheid'—the Afrikaans word meaning 'separateness' which would become synonymous with the government's system of racial segregation (Neame, 1962). Apartheid produced a country of extremes "overflowing with resources and wealth but corrupted by brutalities" (Lapierre, 2009, p. 77).

The effects of apartheid were first felt with the institution of several laws; laws that were passed essentially to legalize inequality (Thompson, 1995). In 1950, the Population Registration Act provided the means to develop a national register where every individual in the country would be classified in one of three racial groups: White, Black or Coloured (the latter including Indians and other Asians who later would be classified as a separate group) (Lapping, 1986; Neame, 1962). Blacks were considered the most inferior race yet all non-Whites were victims of the apartheid laws.

The Group Areas Act gave the government the power to designate where each racial group could live (Lapierre, 2009). The law eliminated the 'anomalies' in the country—rare neighbourhoods like Sophiatown in Johannesburg, and District Six in Cape Town—where people of different races cohabitated (Lapierre, 2009). Several million non-Whites were forcefully removed from areas deemed White to "peripheral, often impoverished regions" (Lapierre, 2009, p. 93). Homelands or 'Bantustans' were reserved for Blacks and separated along tribal lines. They were destined to become autonomous states where the inhabitants would be able develop their national independence and exercise their rights as citizens but would not be recognized by any other nation outside of South Africa (Lapierre, 2009). The rationale for racial separation was that this would give each race "the largest measure of self-government possible" (Neame, 1962, p. 77). The result: 75 percent of the country's total population resided on 13 percent of the land (Lapierre, 2009). The removals also resulted in the overpopulation of the homelands and rampant unemployment (Thompson, 1995).

Malan's party also instituted what was known as the pass law, emulating the British General Pass Regulations Bill of 1905. All non-Whites were required to carry a pass containing information about their identity when travelling out of a 'homeland' (Neame, 1962; Pascoe, 1987). Failure to produce a pass was a criminal offense resulting in fine or imprisonment. Malan, Verwoerd and their colleagues would proceed to create a society in which each race lived completely separate from one another. Additionally, in areas where races would need to interact by virtue of employment for example, there would be separate facilities for Whites and non-Whites including restaurants, churches, schools, elevators, and even public benches. "'Whites only' notices appeared in every conceivable place" to clearly identify which races were permitted therein (Thompson, 1995, p. 197).

Blacks would be forced to adopt an inferior system of education known as Bantu education. All non-Whites were also stripped of any political rights they may have had in the past. They were forced to elect Whites to represent their interests in Parliament but

were not able to vote for themselves. Pascoe (1987) explains that "by the early 1960s most of the major laws setting up apartheid were in place. Their combined effect was to condemn many Blacks to a life of poverty and repression" (p. 78).

South Africa under apartheid would produce a completely fragmented society in which Whites and Blacks would lead two diametrically opposed realities. Most White South Africans lived privileged lives working high-level jobs with good wages, received excellent public services and were in good health (Thompson, 1995). Black South Africans on the other hand lived a very different reality. Homelands were overpopulated and breeding grounds for all forms of illness. Public services were inadequate or non-existent. Unemployment and ill health were common. Those, mostly men, who did go to work, did so as migrant laborers, moving to White urban centers. There they lived in townships established outside White cities, in crowded compounds, leaky houses or shacks (Thompson, 1995). Most Whites were unaware of these realities as the state-controlled press limited awareness of how Blacks lived.

3.4 Resistance and Freedom

Despite the grim circumstances non-Whites found themselves in, most did not accept the reality of apartheid as their fate but rather fought vigorously against it. Walter Sisulu, Oliver Tambo and Nelson Mandela, members of the Youth League of the African National Congress (ANC) elected in 1949 (at the same time many apartheid laws were instituted), spearheaded many resistance campaigns against the apartheid government (Lapierre, 2009; Thompson, 1995). Resistance took the form of boycotting buses due to increased fares, refusing to carry the pass book, and striking in demand of higher wages and improved working conditions.

In March 1960, police opened fire on an anti-pass demonstration and 69 demonstrators were killed (Burger, 2010). A state of emergency was imposed. Many Black political

organizations were banned and leaders were either arrested or forced into exile. Following the "Rivonia Trial" several ANC leaders, including Nelson Mandela, were sentenced to life imprisonment.

By the mid-1970s a "sustained anti-apartheid revolt" had begun (Burger, 2010, p. 35). In June 1976, over 15,000 Black students in Soweto walked the streets in protest of the compulsory use of Afrikaans as the medium of instruction in their schools. The Soweto uprising lead to youth uprisings all around the country and resulted in over 2,000 deaths at the hands of the police (Davie, 2006).

Many Whites also stood together with non-Whites in opposition to apartheid. Many White church leaders spoke out vehemently against the apartheid laws. The National Union of South African Students (NUSAS), boldly opposed apartheid through demonstrations and protests (Thompson, 1995). Noted parliamentarian, Helen Suzman, the only Progressive party member of Parliament from 1961 to 1974, forcefully opposed every racially oppressive bill of the apartheid system (ibid.). By the 1980s, "there was vigorous resistance to the apartheid regime in every city and nearly every homeland in the country" (Thompson, 1995, p. 229). By this time the international community had also joined the anti-apartheid movement, by imposing sanctions and boycotts (Burger, 2010).

This pressure from the international community as well as massive resistance domestically acted as the catalyst for the unraveling of the apartheid system. From his prison cell on Robben Island, Mandela and several other ANC colleagues, drafted a negotiated settlement, which was then sent to President B.W. Botha in 1989 (Thompson, 1995). The settlement aimed to negotiate a way out of the conflict in the country as well as a demand for majority rule by the ANC (ibid.). While Botha initially seemed willing to negotiate with the ANC, he suffered a stroke and resigned that same year, meaning negotiations would have to continue with his successor, Frederick Willem De Klerk.

The election of Willem De Klerk as head-of-state in 1990 signaled the beginning of the end of apartheid. De Klerk was from the younger generation of Afrikaners and recognized the need for the government to shift directions in order to quell domestic and foreign pressures (Thompson, 1995). He concluded that "the best hope for his people was to negotiate a settlement from a position of strength" (Thompson, 1995, p. 145). De Klerk proceeded to lead a series of radical changes in the country by freeing political prisoners incarcerated for nonviolent reasons and the suspension of capital punishment (Thompson, 1995). In 1990, Nelson Mandela was released from prison after 27 years of imprisonment, and in 1994 South Africa held its first truly democratic elections where every citizen had the right to vote. The ANC emerged victorious and Nelson Mandela became the first democratically elected president leading a government of National Unity including De Klerk as his second deputy president (Athiemoolam, 2003). So began South Africa's journey towards reconciliation and a non-racial future.

3.5 The Socio-Economic Context of Post-Apartheid South Africa

The government of South Africa received international acclaim for having conducted a peaceful political transition to democracy despite the country's turbulent past. Its constitution has been heralded as one of the most liberal in the developed world (Athiemoolam, 2003). Mandela and De Klerk were jointly awarded the Nobel Peace Prize in 1993 "for their work for the peaceful termination of the apartheid regime, and for laying the foundations for a new democratic South Africa" (Nobel Prize, 1993). After the success of its Truth and Reconciliation Commission, the country became a major contributor towards peace and stability in the world (Athiemoolam, 2003).

Nevertheless, the socio-economic review of post-apartheid South Africa was less than pleasant. Apartheid had entrenched vast inequalities across racial groups and the shift towards democracy would not change this reality overnight. In 1995, 68 percent of the Black population was living in poverty while poverty was virtually non-existent for

Whites (Hoogeveen and Özler, 2006). This vast economic divide between Blacks and Whites classified South Africa as one of the most unequal countries in the world (ibid.).

The government of South Africa introduced two significant programs in an effort to boost job creation and decrease poverty. The Reconstruction and Development Program (RDP) was established in 1994 with a goal to increase job creation, promote redistribution through land reform and conduct major housing, service and social security infrastructure projects (Hoogeveen and Özler, 2006). The Growth, Employment and Redistribution program (GEAR) was developed in 1996 as a formal macroeconomic framework for growth to build upon the RDP's goals of increased growth and job creation (ibid.).

Yet the government's efforts were largely unsuccessful. Inequality did not decrease over time. Between 1995 and 2000, poverty levels amongst Black households increased while for non-Blacks it either remained stagnant or decreased (Athiemoolam, 2003). GDP grew minimally and vast unemployment persisted. Approximately 1.5 million jobs were created between 1995 and 2002 yet the labour force had grown by close to 5.2 million resulting in a massive increase in national unemployment levels (Bhorat and Oosthuizen cited in Bhorat and Kanbur, 2006). The demand for high-skilled labour increased while low-skilled labour remained in large supply. This further perpetuated a rise in inequality "due to rising incomes for a small group of educated South Africans and stagnant or declining incomes for a much larger group of low-skilled individuals" (Hoogeveen and Özler, 2006, p. 61). During this time many communities in the former homelands had up to 75 percent unemployment rates (Hoogeveen and Özler, 2006).

Nevertheless, the government's increase in social expenditure for the poor resulted in significant gains. Between 1996 and 2001 for example, access to electricity in Black African households increased from 44 percent to 62 percent (Leibbrandt et al., 2006). Sanitation services increased as well as access to piped water. Improvements in local government services were also made (Bhorat and Kanbur, 2006). Yet one key component in the post-apartheid socio-economic landscape of South Africa would overshadow many

of the gains made in the country. The HIV/AIDS pandemic would deal a devastating blow to the economic growth of the country and would disproportionately affect young, economically active adults (ibid.).

3.6 HIV/AIDS

Today, HIV/AIDS is the largest cause of death in South Africa (Handley, 2004; Phillips, 2003). It has claimed more lives than any other disease and has affected every aspect of society. However, the prevalence of HIV/AIDS now evident in South Africa has evolved over the course of over twenty years and has increased its spread as a result of various actions, and inactions, along the way. It is useful to document this trajectory to highlight the evolution of the pandemic and how it has become the reality apparent in South Africa today. The evolution of the pandemic in the country is thus explored by positioning AIDS within Bradshaw, Johnson, Schneider, Bourne, and Dorrington's (2002) 'waves'. The first wave occurs when people are newly infected with HIV, next is the wave of prevalence, the third is the wave of AIDS deaths and the fourth is the wave of AIDS orphans. These waves will be described below in the context of South Africa's HIV/AIDS pandemic.

3.6.1 The First Wave: New HIV Infections

In 1990 less than one percent of the South African population was infected with HIV/AIDS. But by the year 2000, when the World Health Organization (WHO)'s goal of 'health for all' was to be attained, the prevalence rate had reached 25 percent and it had one of the fastest growing infection rates in the world (UNAIDS, WHO, 2004). Worldwide, AIDS would claim the lives of 3 million people in 1990 while 36 million were already infected (UNAIDS cited in Phatlane, 2003).

3.6.2 The Second Wave: HIV/AIDS Prevalence

By the turn of the century, HIV/AIDS prevalence rates across the African continent far exceeded Western rates. For example, in 1999 the prevalence rate of HIV/AIDS among adults in North America was 0.6% contrasting sharply with the 8% prevalence rate in sub-Saharan Africa (HEART International, 2002). Many attribute this phenomenon to the relationship that exists between AIDS and poverty (Phatlane, 2003, Nguyen and Stovel, 2004).

Africa is home to some of the poorest countries in the world. Poverty is recognized as a major cause of ill health and countries with the least amount of resources tend to carry this burden (Phatlane, 2003). The combination of HIV/AIDS and poverty seems to have a crippling effect on poor countries in particular. The onslaught of AIDS reduces labour productivity, contributes to a loss of skills in potentially key sectors of the labour market, and ultimately results in the loss of significant proportions of the adult labour force (Bollinger and Stover, 1999; Dixon, McDonald, and Roberts, 2002). On a micro level, households have been forced to deal with the shock of the illness and eventual death of a family member. Financial costs such as medical care, drugs and funeral expenses are incurred (Bollinger and Stover, 1999). These situations are particularly difficult for rural households that are often impoverished even before the onslaught of the disease and thus face the potential for increased impoverishment as they attempt to cope (UN, 2004). Furthermore, access to treatment is not always consistent for those living in impoverished societies. Phatlane (2003) notes, "there is no question that [HIV/AIDS] treatment is essentially available to the affluent and this partly explains why HIV kills much more rapidly in Africa than it does in Western countries" (p. 76).

Despite South Africa's economic positioning on the African continent, the country "has one of the highest per capita HIV prevalence and infection rates in the world" (Van Aardt cited in Phatlane, 2003, p. 77). Many believe this situation has much to do with the lingering effects of apartheid (Phatlane, 2003; Cichocky, 2007; Sachs, 2002). While the

existence of apartheid did not cause the HIV/AIDS pandemic it is certainly credited with having created the conditions to fuel and drive its prevalence (Phatlane, 2003).

As previously stated, forced removals to 'homelands' and townships on the periphery of the designated White urban areas resulted in overcrowding and unsanitary conditions. Blacks living in these areas were exposed to immunosuppressant conditions and thus more susceptible to becoming infected with HIV at a later stage (Phatlane, 2003). There were increased incidences of tuberculosis (a crowd disease) in these areas, which is known to accelerate the course of HIV infection (ibid.). Rampant unemployment in the homelands combined with inequitable food distribution led to increased malnutrition, which is known to lower one's resistance to illness (ibid.).

The migrant labour system under apartheid saw many men working in townships far from home. They were brought from the homelands to work in the mines and industrial complexes in the urban areas but were not allowed to bring their families with them and forced to live in overcrowded, single-sex hostels (Sachs, 2002). This undermined the important function of family and of long-term monogamous relationships (Phatlane, 2003). Men living in the townships away from their wives and children began engaging in extramarital sex, which inevitably led to the spread of HIV and other STDs both at work and in their rural homes when they returned (ibid.).

Furthermore, adequate health services in the homelands or 'Bantustans' were non-existent. The apartheid government segregated the health system, creating ten additional departments of health—one for each of the ten Bantustans (ibid.). The departments had limited degrees of efficiency and health facilities were both under-funded and fragmented (Phatlane, 2003; Sachs, 2002). These conditions did nothing to prevent the spread of the disease but rather made individuals more susceptible to infection by HIV.

Yet it was the apartheid government's perspective that AIDS was "a 'Black issue' and therefore inconsequential" (Phatlane, 2003, p. 78) that truly contributed to the inaction in

confronting HIV/AIDS when it first came on the scene. While infection rates continued to rise throughout the 1980s and 1990s, this policy of 'limited action' would remain for the most part until 1994 when the ANC took control of the country.

3.6.3 The Third Wave: AIDS Deaths (and the government's response)

Phillips (2003) applauds the ANC government's approach to HIV/AIDS, attesting that "[the party] gave the fight against the disease greater priority than any of its predecessors had done when faced by an epidemic particularly prevalent among the largest segment of the population" (p. 76). The presence of the epidemic occurred against the backdrop of a growing human rights culture and government commitment to uphold them (Phillips, 2003). Yet some would argue that the ANC actually did not fare much better than previous ruling parties in responding to the rise of HIV/AIDS prevalence and resulting death in the country. Handley (2004) insists that the ANC failed to respond promptly and adequately to the threat of HIV/AIDS prevalence, which "has undoubtedly exacerbated the health crisis and weakened the government's international standing as well as public trust in the government" (p. 197).

The late 1990s were pivotal times in the history of South Africa. Few fail to applaud Nelson Mandela for leading the country in a peaceful and successful transition from apartheid to full democracy. Yet it is in fact these efforts along with the government's focus on "the larger socio-economic challenges posed by the legacy of apartheid" that many believe led to its slow response towards the AIDS epidemic (Leclerc-Madlala, 2005, p. 846). The ANC was preoccupied with dismantling the ten separate departments of health and establishing one national health department. This stalled the implementation of the 'National AIDS Plan', developed in 1994 by the National AIDS Committee of South Africa and the implementation of other health policy (Leclerc-Madlala, 2005). In more recent years, Mandela himself has publicly expressed regret that the ANC did not do enough to combat the threat of HIV/AIDS; particularly when his son passed away as a result of AIDS in 2005 (ibid.).

While Mandela holds his government partially responsible for the lack of action in the wake of the epidemic, it is former President Thabo Mbeki who is held by many as chiefly responsible for undermining the country's response to HIV/AIDS. While some would argue the severity of the AIDS pandemic had not yet surfaced during Mandela's presidency, by the time his successor Mbeki had become president in June 1999, the gravity of the disease was clearly evident. Several high-profile international reports were released in 1999 highlighting the tragedy of AIDS in Africa including the *1999 Human Development Report of the United Nations Development Program,* and *HIV/AIDS in Africa* published by the Joint United Nations Program on HIV/AIDS and the World Health Organization. These reports revealed among other things that AIDS had become the leading cause of death on the continent, surpassing both malaria and tuberculosis and that the continent was also home to the largest number of people living with HIV/AIDS (cited in Leclerc-Madlala, 2005).

In South Africa, rates of HIV infections continued to rise. In 1999 it was estimated that over 4.7 million South Africans were HIV positive (Department of Health, 2001). That same year an estimated 250,000 died of AIDS (UNAIDS, 2000). Nevertheless, president Mbeki is said to have reacted with inaction, denial and reluctant engagement towards the threat of HIV/AIDS (Handley, 2004). While many believed the link between HIV and AIDS was irrefutable, Mbeki believed that HIV was simply one of several contributing factors in causing AIDS. Humanitarian news source IRIN (2000), recounts Mbeki's perspective on the issue as he spoke to parliamentarians in September 2000:

> "A virus cannot cause a syndrome. A virus can cause a disease and AIDS is not a disease it is a syndrome," [Mbeki] told parliamentarians. He said that while he could accept that HIV contributed to the collapse of the immune system, other factors like poverty and poor nutrition were also involved (para. 2).

Mbeki also believed pharmaceutical companies were overstating the link between HIV and AIDS to increase the sales of anti-retroviral (ARVs) drugs and that they were

downplaying the toxic side effects of the drugs which dissidents believed actually killed more people than the disease itself (McGreal, 2007; Sachs, 2002). Furthermore, in his view, the rollout of anti-retrovirals was not cost effective. As a result, Mbeki's government decided to block the distribution of ARVs to people living with HIV/AIDS in the country. Protest erupted from much of the scientific community and civil society groups. Yet, as van Rijn (2006) notes, "for two years, Mbeki and his African National Congress (ANC)-led government wavered on the issue of the cause of AIDS and how to deal with it" (p. 522).

Handley (2004) sympathizes with Mbeki and the ANC, attesting that when the government was initially faced with the problem of HIV/AIDS, they may have been unable to truly comprehend the scale of the problem. As the dimensions of the crisis became clearer, Handley argues that the nature of the response became highly politicized. Since the end of apartheid in 1994, the ANC had been focused on poverty alleviation and addressing social needs and therefore may have been reluctant to shift this focus solely to AIDS. Rather, Handley (2004) notes:

> as progressives and social activists, [Mbeki and the ANC] were predisposed toward a solution that regarded AIDS as arising out of poverty—the very ill that they were primed to address—and hence they were open to the dissident view that questioned the causal link between HIV and AIDS and pointed instead to the impact of poverty (through chronic malnutrition, a lack of clean water and shelter, and constant exposure to disease and environmental stress) on the immune system (p. 198).

Furthermore, because the apartheid government had restricted the growth of the Black population by campaigning the use of birth control, the government may have been reluctant to recognize AIDS as a sexually transmitted disease (STD) that condom use could curb (Handley, 2004). Identifying AIDS as an STD also required "a frank and public discussion of matters sexual"; a discussion a conservative and traditionalist public would undoubtedly frown upon (Handley, 2004, p. 198).

Nevertheless, Mbeki certainly has more critics than supporters and few deny that his questioning of the link between HIV and AIDS and his subsequent inaction in response to the growing pandemic undermined the government's response to the growth of HIV/AIDS during his presidency (Handley, 2004). A Harvard study published in the New York Times concludes that Mbeki's actions contributed to the premature deaths of over 365,000 South Africans (Times Online, 2008). Correspondingly, former Archbishop Njongonkulu Ndungane, cited Mbeki's inaction as a "crime against humanity" (IRIN, 2000).

Ultimately, Mbeki did step away from the controversial debate and the government proceeded on the basis that HIV causes AIDS (Sachs, 2002). The provision of ARVs finally began in mid 2002, though limited to sexual assault survivors and their babies (Leclerc-Madlala, 2005). Continued domestic and international pressure pushed the government to establish a comprehensive national rollout plan in September 2003. Nevertheless, the progress of the rollout was uneven and slow. By 2005 only 10 to 14 percent of people in need of ARVs were receiving treatment and South Africa was cited as the country with the highest unmet need for anti-retroviral therapy in the world (Kates and Leggoe, 2005). However, as some have argued, the government was not the only one to blame for the slow rollout (Leclerc-Madlala, 2005; Ndlovu and Daswa, 2006; Alcorn, 2004). Obstacles preventing an effective rollout program included lengthy laboratory processing, slow accreditation of treatment sites, low morale amongst health workers and thus a steady loss in personnel and dissenting views from powerful groups on the dangers of ARVs (Leclerc-Madlala, 2005; Alcorn, 2004).

3.6.4 The Fourth Wave: Orphanhood

By the late 1990s, it was apparent that the impact of the pandemic was far-reaching and would be felt in all aspects of South African society. The health sector, education and the economy would all suffer severe blows to their development as individuals formerly capable of contributing to society were dying, in the hundreds of thousands, as a result of

HIV/AIDS. In addition to its widespread impact, the effects of the pandemic were felt within the household. Specifically, mothers and fathers were dying, leaving their children parentless.

Historically in South Africa, biological parents have remained separated from their children for long periods of time (Henderson, 2006). Migrancy patterns during Apartheid, where parents would leave their children for months at a time to work in the cities, left many children with one absent parent or both. The system of apartheid also made parental death or neglect more common. Children were also abandoned or ran away from home due to the rupture of traditional ties binding African families (Wren, 1991). Nevertheless, the onslaught of AIDS led to unprecedented numbers of parentless children. In 1998 alone, over 100,000 South African children became "AIDS orphans" as a result of the death of their parents (Worldwatch Institute cited in Kirby, 1999). In 2001 there were 700,000 children orphaned as a result of AIDS living in the country and by 2007 this number had grown to 1.4 million (Horton, 2005; UNICEF, 2010). The dramatic increase in numbers of orphans became known as an 'orphan crisis' and was not only taking place in South Africa but across the entire continent.

At the turn of the century, the problem of the 'orphan crisis' seemed to lie not only in the growing numbers of orphans that existed in the country—those who had lost one or both parents to AIDS—but in the nature of orphanhood and assumed risks and vulnerabilities children would face as a result of their plight. Orphans were seen as traumatized by the loss of their parents and lacking "the necessary parental guidance through crucial life-stages of identity formation and socialisation into adulthood" (Bradshaw et al., 2002, p. 2). Similarly, the lack of love, attention and affection orphans experienced as well as the psychosocial damage of losing a parent was emphasized (Hunter and Williamson, 2000, p.4; Subararo et al., 2001, p. 3). In his report from the Eastern and Southern African Regional Workshop on Children Affected by HIV/AIDS John Williamson (2001) writes: "Children without parental protection lose opportunities for school, health care, growth, development, nutrition, shelter, and even their rights to a decent and humane existence

itself" (p. 1-2). This reality was echoed by the Medical Research Council of South Africa who spoke of the "threats to basic survival" such as the lack of adequate food, housing or health care that orphans would undoubtedly experience, in their 2002 Policy Brief (Bradshaw et al., 2002, p. 2). It was also noted that many orphaned children were HIV positive, exacerbating the problems they were expected to face.

While many South African communities have a history of parentless children being absorbed into homes of extended family, there is wide-spread agreement that extended family cannot be solely relied upon to provide this support to orphans. This is largely due to the sheer volume of orphans, the depletion of available adult caregivers due to AIDS and the abject poverty of those who remain alive (Landman, 2002, Department of Social Development, 2002).

Concerns were also raised about the ways in which mass orphanhood would have long-term effects on the wider society. In particular, many government officials, researchers and journalists alike believed a large orphaned population could lead to increased levels of juvenile crime (Bradshaw et al., 2002; du Venage, 2002; Johnson and Dorrington, 2001). Many believed orphans were also inclined to end up as street children and thus increasingly vulnerable to substance abuse and sexual exploitation (Barnett and Whiteside cited in Bray, 2005; Garson, 2002). Ultimately the combination of all of these factors was predicted to result in increased economic burden on the state (Johnson and Dorrington, 2001).

The notion that orphans were vulnerable to a loss of their basic needs and were susceptible to exploitation and delinquency meant government and civil society groups needed to respond swiftly and take a stance against the threat of mass orphanhood (Bradshaw et al., 2002; Johnson and Dorrington, 2001). Since South Africa was the country with the highest HIV prevalence rate in Africa, it had the potential to become the country with the largest number of orphans as well. Thus several non-governmental organizations (NGOs) were formed to address the problem of orphans "work[ing] hand in

glove with local social services" (Landman, 2002, para. 8). These groups urged governments to prioritize the care and support of orphans. Prior to the rollout of ARVs, NGOs petitioned governments to provide the drug to HIV/AIDS victims in order to curb the rate of AIDS-related deaths and subsequently drive down the number of orphans (Bradshaw et al., 2002; Giese cited in du Venage, 2002). They also advocated for the expansion of state support for children including an extension of the Child Support Grant to all children up to 18 years of age (in 2002 it was limited to children aged 7 and under; in 2009 it was extended to children under 15) (Bradshaw et al., 2002).

As aforementioned, the discovery of the 'orphan crisis' triggered a focus on intervention efforts targeting orphans who had lost their parents to AIDS. However, advocacy and development workers soon began to note the ways in which non-orphaned children were also affected by the pandemic (see Loudon, 2002; Monk, 2002; Morgan 2000; UNICEF, 2004). In their joint report *Children on the Brink 2004,* UNICEF, UNAIDS and USAID declared:

> Orphaning is not the only way that children may be affected by HIV/AIDS. Other children made vulnerable by HIV/AIDS include those who have an ill parent, are in poor households that have taken in orphans, are discriminated against because of a family member's HIV status, or who have HIV themselves. Consequently, programs should not single out children orphaned by AIDS (p. 3).

What followed was a shift in terminology by UNICEF and its associated international agencies from 'AIDS orphans' to 'children orphaned by AIDS', and finally to 'Orphans and (other) Vulnerable Children' (abbreviated to 'OVC'). This term was quickly adopted by government agencies and civil society groups worldwide and remains widely used today.

While there is no explicit mention of AIDS in the term 'OVC', Meintjes and Giese (2006) note, that "in its application, it is widely acknowledged that the phrase refers to the context of AIDS" and children who are affected by the pandemic (p. 409). However, as noted in Chapter 2, the pandemic affects children in multiple ways. In targeting OVC,

many have focused on children who have lost a parent to HIV/AIDS, who are experiencing the illness or death of a parent to HIV/AIDS, the illness or death of another caregiver or member of their household as result of HIV/AIDS, their own HIV infection, or the addition of orphaned children into their already impoverished household (UNICEF et al., 2004; World Vision cited in Richter, Manegold and Pather, 2004). Nevertheless, many have noted the ways in which children are indirectly affected by the pandemic. Hunter (cited in Levine, 2001) highlights the threat of reduced social services and safety nets as an adverse effect of the pandemic on children. Similarly, UNICEF (2004) mentions the reality of communities having been weakened by HIV/AIDS affecting children's schools, health care delivery systems and other social support networks. Furthermore, the prevalence of HIV/AIDS in South Africa is such that its impact on the lives of children is certainly widespread. There are currently an estimated 5.2 million people living with HIV in the country (Statistics South Africa, 2010c). Additionally, in 2006, AIDS accounted for 47% of deaths in South Africa. As a result of the prevalence of the disease felt in so many communities across the country, Desmond and Gow (2002) contend that "[e]very child in South Africa will feel the impact of HIV/AIDS" (p. 3).

Considering the various ways in which children can be affected by the pandemic, understandings of which children constitute 'OVC' vary according to the group using the term. Nevertheless, intervention programs targeting 'OVC' proliferate the country. On its own, the U.S. development agency, PEPFAR, provides financial and technical support to 168 OVC programs in South Africa (Measure Evaluation, n.d.). OVC programs service children considered OVC based on the criteria established by the facilitating organization. Programs may be operated at the community level but initiated and/or funded externally by international development agencies (Schenk, 2008). Programs may also be initiated and facilitated exclusively by community-based organizations (ibid). Programs often draw their pool of front-line service workers from the surrounding community who are either hired or brought on as volunteers (Ching'andu, Njaramba and Welty-Mangxaba, 2008; World Vision International, 2005). Most programs provide the children they support with items such as food parcels, school uniforms and school

supplies, and with services such as increased access to health care, exemption from school fees, counseling and psychosocial support (Meintjes and Giese, 2006; Schenk, 2008).

Alongside NGOs, the government has also scaled up its efforts in working to meet the needs of OVC. The Department of Social Development (DSD) has been the primary department focused on the support of OVC often working in collaboration with other departments and international donor agencies. In June 2002, the DSD along with the Departments of Health and Education, UNICEF, Save the Children, and members of the National Action Committee for Children Affected by HIV and AIDS, held a three-day conference entitled "A Call for Coordinated Action for Children Affected by HIV and AIDS". The objective of the conference was to facilitate a coordinated response to the needs of OVC. The government also developed several strategic plans and frameworks to address the needs of OVC in various capacities and to influence policy and programming efforts concerning OVC. These include the National Integrated Plan for Children Infected and Affected by HIV/AIDS (NIP) in 2000, the National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS in 2002, the Policy Framework for orphans and other children made vulnerable by HIV and AIDS in 2005 and the National Action Plan for orphans and other children made vulnerable by HIV and AIDS in 2006.

The government social service system has also made strides in providing financial assistance to OVC and their families. The Child Support Grant is a monthly income support to adults in need who care for children. Applicants qualify for the grant if they fall under a particular income threshold. The threshold had been stagnant at R800 or less since its inception in 1998, yet in 2008 the grant effectively doubled its income threshold allowing more parents and caregivers in need to be able to access it to support their children (Hall, 2010). The grant currently provides monthly support of R250 per month to adults in need caring for children 18 years of age and under (SASSA, 2010).

The Foster Child Grant provides monthly support of R710 per month to adults who foster children under the age of 18 offering assistance to the many family and community members who take in children who have lost their parents (SASSA, 2010). In 2009 there were over 8.7 million beneficiaries of the child support grant and over 400 000 beneficiaries of the Foster Care Grant (Burger, 2010).

The DSD's HCBC (Home- and Community-Based Care) Program provides funding and support to organizations that offer services to persons infected and affected by HIV/AIDS (Department of Social Development, 2010). Many HCBC-supported organizations provide assistance to OVC and their families.

3.7 The Current Socio-Economic Context of South Africa and the Intersection between Poverty and HIV/AIDS

In 2003, Landman et al. write, "the single most important issue facing South Africa ten years after the transition to democracy is breaking the grip of poverty on a substantial portion of its citizens" (p. 1). While the clutches of apartheid have mostly loosened their hold on the nation, poverty and inequality remain prevalent in contemporary society and the legacy of apartheid has certainly contributed to this reality. The effects of unequal distributions of income and wealth that existed during apartheid can still be felt today (Armstrong, Lekezwa and Siebrits, n.d.).

Poverty (in all its forms) is certainly evident in South Africa. From the informal settlements outside major cities, to the high levels of unemployment and informal labour in many rural areas, to the lack of basic services in many townships, poverty is a reality in South Africa (Triegaardt, 2006). Currently, the official unemployment rate[1] in the

[1] That is the percentage of the economically active population who are not working but who want to and are available to work (Statistics South Africa, 1998).

country is 24 percent (Statistics South Africa, 2010a) and it is estimated that 47 percent of South Africans live below the poverty line; the poorest individuals living in the rural areas (Armstrong et al., n.d.). It is this disturbing reality that makes poverty alleviation "one of the most important concerns for the country" (Armstrong et al., n.d., para. 1).

Children are recognized as the most poor and vulnerable in society in South Africa, (DuPlessis and Conley, 2007). In the country, 64 percent of children live in poverty (Statistics South Africa, 2009b). This accounts for close to 12 million children (ibid.). As mentioned in the previous chapter, the presence of poverty in the lives of children can result in a lack of access to basic resources and services such as food, shelter, clothing, health care and education. Over 3.3 million children in South Africa live in households where child hunger was reported (ibid.). Food security is often dependent on whether the income generated in the household can adequately provide for all the household members. As a result, children living in households without any employed adults are more vulnerable to hunger than children living in households with at least one employed adult (Statistics South Africa, 2010b).

According to 1998 statistics, 41% of all households in South Africa were female-headed (Encyclopedia of the Nations, 2010). Bigombe and Khadiagala (2003) note that the presence of such households is a by-product of the legacy of apartheid in the country:

> In South Africa, apartheid policies in many forms directly impacted family cohesion and reinforced the destructive influences that urbanization and industrialization had on the family. Thus, one consequence of the legacy of apartheid is the high number of single-parent families, resulting largely from pregnancy outside marriage and from divorce.... a large proportion of the nation's children grow up in female-headed households... (p. 8).

Shisana, Rice, Zungu and Zuma (2010) point to the fact that young female heads of households in particular, are more likely to be poor and HIV positive. This reality would certainly have an impact on the welfare of children who grow up in such households and the presence of poverty and/or HIV infection in their lives.

Although free primary health care is now available for children under six years of age, less than 14 percent of children in South Africa have access to medical aid (Statistics South Africa, 2010b). School attendance is also a challenge for many children. In particular, for children living in rural areas, having to travel long distances in order to get to school can negatively effect their regular school attendance and punctuality (ibid.). School drop-outs are also not uncommon among children and youth—enrolment rates sharply decline at the end of compulsory schooling at grade 9 (Panday and Arends, 2008). School fees can be restrictive, economic deprivation may force children to leave school to work to support their families, and the peer pressure from friends can also pull them out of school (ibid.).

In addition to poverty, children and youth in South Africa are often the victims of violence and abuse. Abrahams (2004) argues that the decades of apartheid and state-sponsored violence have contributed to the prevalence of physical violence evident in South Africa today. She notes that violence has become normative and a "first line strategy for resolving conflict and gaining ascendancy" (Abrahams, 2004, p. 4). Additionally, while important commitments have been made towards the realization of children's rights in the country since the first democratic elections were held in 1994, the implementation of these commitments has been far from ideal, particularly with regards to the threat of violence against children (CASE, 2005).

The socio-economic conditions of many children make them particularly vulnerable to abuse. In 2000 and 2001, the most common crimes committed against children under the age of 18 were rape and attempted rape, common assault, and assault with intent to do grievous bodily harm (CASE, 2005). More current estimates from the Presidency of South Africa (2009) report that 40 percent of all reported rape victims are less than 18 years of age. Some studies conducted with teenaged girls in South Africa have reported that many girls experience forced sex or rape as their initial sexual experience (Abrahams, 2004). Studies among schoolgirls have also drawn attention to the sexual

violence girls experience at school, which can cause them to drop out of school due to the violence they have experienced (ibid.)

The previous chapter highlighted the relationship that exists between poverty and HIV/AIDS. On the one hand, HIV/AIDS can be said to contribute to poverty while on the other hand it is also evident that poverty can perpetuate the prevalence of the pandemic. Richter (2004) notes that "[p]overty is the undeniable background to the HIV/AIDS epidemic and HIV/AIDS itself deepens the poverty of already vulnerable children" (p. 21).

This reality is certainly evident within the context of South Africa. Danzinger (cited in Nguyen and Stovel, 2004) mentions the toll HIV/AIDS has on households that can lead to increased poverty for all household members,

> The cost of care for AIDS patients and orphans often falls squarely on families.... The effects of care-giving can vary across households, but most will face a drop in living standards due to costly health care, loss of income as the sick and their caregivers drop out of the workforce, and funeral expenses, all of which can lead to debt and poverty (p. 25).

Alternately, Nattrass (cited in Tladi, 2006) speaks of the socio-economic conditions within which many South Africans live as exacerbating the pandemic. High unemployment rates and rampant poverty can cause people to behave in ways they otherwise would not (ibid.). For example, it has been found that some individuals put themselves at risk for HIV infection in order to become eligible for a disability grant while others, who are already infected, refrain from taking antiretroviral treatment in order to remain eligible for the grant (Tladi, 2006). For many, their quest for survival is greater than the threat of HIV. As Preston (1996) notes, many believe "it is better to die in 15 years time of AIDS than to die in 5 days time of hunger" (qtd in Phatlane, 2003, p. 86).

While HIV/AIDS remains a mounting issue in South Africa often cited in reference to the vulnerabilities experienced by children, vulnerability is not solely linked to HIV/AIDS. While numbers of orphans have lost one or both of their parents to AIDS, a large number of children have become orphans because their parents have died of causes other than AIDS. In South Africa, it is estimated that HIV/AIDS has created only half of the country's orphans (Government of South Africa, 2007). Additionally, as evidenced by the description of vulnerabilities experienced by children mentioned above, children can become vulnerable as a result of their wider social, economic, physical and emotional contexts.

Phiri and Webb (2002) contend that "reaching consensus on definitions of children about whom we are most concerned is one of the critical challenges facing all of us involved in responses to the needs of children made vulnerable by AIDS" (p. 9). Arguably, reaching this consensus is critical to respond to the needs of all children, including but not limited to those affected by the pandemic. The cross-cutting issues of poverty and AIDS in addition to the social, economic, physical, educational and emotional circumstances of children in South Africa, point to the myriad of vulnerabilities children experience.

The previous chapter highlighted the reality that the term 'OVC' has no implicit meaning and thus that no clear framework exists for OVC. This has resulted in varied definitions and understandings of the term and the children who qualify as 'OVC'. Nevertheless, it was highlighted above that various groups working to assist children in need in South Africa are using these definitions and understandings of 'OVC' as the basis for policymaking and program implementation. This is certainly problematic when it comes to addressing the needs of the most vulnerable children on the ground.

3.8 Conclusion

This chapter has briefly traced the history of South Africa in an effort to provide a context within which to examine the current circumstances of orphans and vulnerable children. The history of South Africa from colonial times through to the post-apartheid period has truly shaped the socio-economic landscape of the present. The chapter began with a documentation of the early colonial period which laid the foundation for the establishment of a White governing power that would eventually institute apartheid—a system of government in which racial segregation and discrimination were the norm. It continued by presenting the nature of the apartheid system, the restrictions placed upon Blacks in particular and the conditions of depravity that they came to live under during apartheid. It discussed the ways in which this system has contributed to the rise of HIV/AIDS as well as sustained poverty among South Africa's Black population.

A discussion on HIV/AIDS emphasized the reality that the pandemic has further crippled the Black community in South Africa leading to massive parental death and the rise of orphanhood. It discussed the shift towards the discourse of 'OVC' as a more inclusive term to identify children affected by the pandemic. While acknowledging the negative impacts of AIDS on children as the starting point for the discussion on 'OVC', it located the vulnerabilities experienced by children within the larger socio-economic conditions of society in South Africa. It further highlighted the links between HIV/AIDS and poverty and the ways in which the presence of one perpetuates the other. Finally, it discussed the absence of a framework for 'OVC' as highlighted in the last chapter. It pointed out that the absence of this framework is problematic given that understandings of the 'OVC' term form the basis of policymaking and program implementation for children in need in South Africa.

CHAPTER 4:
The use of the 'OVC' term and its impact on the care and support of children in need in South Africa
Theoretical and Methodological Issues

4.1 Contextualization

South Africa is one of the countries with the highest rate of HIV/AIDS in the world (UNAIDS, 2010). The pandemic has spread to every aspect of society affecting the social welfare system, the education system, health care, communities and families. Particularly, there has been a rise in orphanhood—children who have lost a parent to the disease. To date, an estimated 1.4 million children in South Africa have lost one or both of their parents to HIV/AIDS and millions of other children are said to have been made increasingly vulnerable as a result of the pandemic be they living with a parent suffering with AIDS or being HIV infected themselves (Avert, 2010). Nevertheless, close to 1.5 million children (44%) in South Africa are estimated to have been orphaned as a result of causes other than AIDS (ibid.). Additionally, the nation of South Africa has suffered much in terms of poverty and inequality. The effects of the system of apartheid linger and many communities and families continue to suffer from poverty and unemployment. As for children, 66 percent live in severe poverty (Du Plessis and Conley, 2007). Overall, the situation is such that there are millions of children living in vulnerable conditions across the country.

As the previous chapters have highlighted, initial interventions targeting children living in the context of HIV/AIDS focused on 'AIDS orphans'. However, much concern has emerged during the course of this decade regarding the inappropriateness and inequitable nature of an exclusive focus on this category of children. Many have outlined the ways in which non-orphaned children are also adversely affected by the pandemic. The recognition of this reality has lead to a shift from referring to 'AIDS orphans' towards a more inclusive discourse that refers to 'orphans and (other) vulnerable children' ('OVC').

The use of the 'OVC' terminology has gained widespread use in the context of South Africa mostly applied to children made vulnerable as a result of HIV/AIDS. Nevertheless, the effects of HIV/AIDS on children are vast and so are the impacts of the surrounding socio-economic conditions of poverty and abuse children experience. These realities point to a myriad of ways in which children experience vulnerability thus eliciting various uses and understandings of the term 'OVC'. Ambiguity surrounding the meaning of the term 'OVC' has important implications for policy and intervention efforts for children in need.

This study seeks to contribute to the growing discussion on the incorporation of an OVC construct in policy, programming and frontline service provision. Particularly, it seeks to examine how the 'OVC' term is used by policymakers and service providers given the absence of a framework for 'OVC'. This examination is of particular relevance in the South African context, the site of the research project, given the prevalence of the pandemic in the country and the multitude of programs targeting 'OVC'. Therefore, my research question is as follows: in the absence of a framework for 'orphans and vulnerable children' ('OVC'), how is the term 'OVC' used by policy makers and service providers, and how does this impact care and support for children in need living in South Africa?

4.2 Aims of the Research Project

The aim of this research project is to examine existing uses of the 'OVC' term and how they impact care and support for children in need in South Africa. To achieve this aim, this project will critically examine the ways in which OVC are defined and the criteria used to categorize a child as 'OVC' by those engaged in these intervention efforts, since this will determine which children have access to these forms of assistance. This will be achieved by the examination of government, development agency and organizational documents, and by interviews conducted with administrators and front-line staff of a

participating multi-site non-governmental organization (NGO) regarding their understandings of the 'OVC' term.

4.3 Data Collection Methods

For this study, it is important to acquire information related to government, organizational and participants' interpretations and understandings of the 'OVC' term. Such interpretations are subjective, determined by social discourses. A qualitative research approach has thus been selected for this study, allowing for "open ended [and] inductive exploration" (Terre Blanche, Kelly, and Durrheim, 2006, p. 272) as well as a necessary degree of flexibility in the research process (Bryman, 2004).

The data for this research project was collected in two ways. The first set of data was retrieved from 'OVC'-related documents published by the South African government, international development agencies, non-governmental organizations, and the participating organization. The analysis of these documents provided an understanding of the 'OVC' term from the government, development agency and NGO perspectives and the potential effects the use of these understandings of 'OVC' could have in policy and program implementation. Secondly, data was retrieved from focus group interviews conducted with front-line staff working with OVC in South Africa. Participants were asked about the nature of the children they work with and their understandings of the OVC term (see interview guide, section 4.4.2). These interviews were designed to elicit insights into the socio-cultural and economic contexts of children on the ground and the impacts of current understandings of the 'OVC' on the care and support of children in need.

4.3.1 Textual Data Collection Methods

Using texts as data can act as a "complementary strategy" to interview methods or field research observations in qualitative research as they can provide relevant "insights into perspectives, practices, and events not easily obtained through other qualitative methods" (Charmaz, 2006, p. 39; see also Flick, 2006). Kathy Charmaz (2006) notes the relevance of using texts in qualitative research and its ability to act as a comparative tool for field research:

> You might find sharp differences between organizational reports and the field observations that you made. For example, you might discover that managers redefine their failed projects and tout them as successes in their yearly reports. Such important data could direct your analysis in pivotal ways (p. 38).

Undoubtedly, comparisons between primary data collected in the field and written documents can generate important insights concerning the commonalities and divergences between what is said and what is actually done (Charmaz, 2006). In this regard, the use of texts in this study provides an understanding of the perspectives of 'those on top' (i.e. government and development agencies) as compared with the perspectives of front-line staff working with 'OVC'. Furthermore, as in Charmaz' example above, by examining the documentation of the participating organization and then comparing it with the information received in the field, disjunctures as well as overlaps in program policy and operation could be identified.

The documents selected to be examined for this study were those written from the perspectives of the South African government, international development agencies that fund OVC programs in South Africa, non-governmental organizations and the participating organization. As Mekonen (2010) notes "[g]overnments remain critical bodies in fulfilling the rights of children, particularly in the African context" (p. 206). Development organizations also have a major stake in ensuring the well-being of children in Africa considering their massive presence in countries on the continent and their

funding of a plethora of non-governmental and community-based programs on the ground.

Much has been written on the divergences between 'top-down' and 'bottom-up' approaches to development and the need for governments to adopt an approach that increasingly takes local realities into account (see among others Guerts, 1997; Ingelaere, 2010; Matsamura, 2005). In this study, I seek to examine documents from the perspectives of the South African government and development agencies that fund work in the country to arrive at an understanding of the focus of their efforts with regards to 'OVC' and their understandings of 'OVC' themselves. The inclusion of the perspectives of non-governmental organizations in addition to the nature of their intervention efforts and understandings of 'OVC' was also important as these have increasingly become the sites of "the confluence of global and local forces" (Thomas, Yeboah, Gray, Ofori-Boadu, 2010, abstract). This would provide valuable insight into the perspectives of these organizations as they simultaneously grapple with donor stipulations and the realities taking place on the ground. Finally, it was important to include documentation from the participating organization with which I conducted the interviews. This would allow for the comparison of the similarities and differences between the dictates of the organization and what actually takes place on the ground.

Examining how these entities understand 'OVC' was key. An examination of the 'OVC' term as it was used in the texts would allow for an understanding of the ways in which OVC are defined by these entities, the criteria they use to include or exclude children from the category of OVC and the implications of this for the support and care of children in need on the ground. In selecting the documents it was important for them to remain contextually relevant to the study particularly considering the shift in terminology over the past decade. Only documents produced within the last five years (between 2005-2010) were selected to be included in the study. Additionally, all documents reviewed have a focus on OVC as the target recipients of support and are policy- and/or

programming-focused so that the link could be made between understandings of 'OVC' and their use in policy and program implementation.

I chose to select two documents from each of the groups: the analysis included two government documents, two development agency documents, one document that represented a wide range of non-governmental organizations and one document from the participating organization for a total of six documents. I felt this would provide a good overview of the perspectives of each group while remaining a manageable load for this study. The title and brief description of each document are listed below:

1) *The Policy Framework for Orphans and Other Children made Vulnerable by HIV and AIDS* – Department of Social Development

The Policy Framework for Orphans and Other Children made Vulnerable by HIV and AIDS was produced by the Department of Social Development (DSD) of the South African government and is said to reflect the collective commitment of government, faith-based organizations, community-based organizations, civil society and the business sector. The document's objective is to "promote an enabling environment for more effective delivery on the existing obligations and commitments on orphans and other children made more vulnerable by HIV and AIDS at legislative, policy and programme levels" (DSD, 2005, p. 7). The document is directed at all people involved in the fight against HIV and AIDS and in the children's sector in South Africa.

The Policy Framework document was produced by drawing upon policies, laws, regulations, programmes and activities related to "the protection, empowerment, and care of children at risk for the violation of their rights due to HIV and AIDS" (DSD, 2005, p. 11). It also draws upon existing research on the needs and rights of orphans and other vulnerable children in the context of HIV and AIDS including government

documents, research reports by academic institutions, case studies from NGOs and research conducted with children themselves.

2) *Situational Analysis of Children in South Africa* - The Office of the Presidency

The Presidency of South Africa, and in particular the Office of the Rights of the Child, commissioned UNICEF to conduct a study on the situational analysis of children in the country from September 2007 to December 2009; the study upon which this report is based. A reference group composed of officials from the Presidency, Statistics South Africa, the Departments of Health, Social Development, and Education, UNICEF, Child Welfare and the National Children's Rights Committee, guided the selection of indicators and data for inclusion in the report. The report summarizes the data collected from the study. Its objective is "to provide information on children's rights gains and to identify areas and capacity gaps that need to be addressed by various stakeholders dealing with children's issues" (The Presidency, 2009, p. viii). Certainly, the Office of the Rights of the Child, having commissioned the study upon which this report is based, influenced the child rights framework of the text.

The *Situational Analysis of Children in South Africa* is not solely focused on policy or intervention efforts targeting OVC. The document focuses on several issues affecting children such as child mortality, poverty, hunger, exploitation, violence and abuse and thus speaks of several categories of children including but not limited to orphans and vulnerable children. The nature of this document as well as the range of groups collaborating on its production certainly contributes to the content of the document not being exclusively focused on OVC but rather factors affecting the vulnerability of all children.

Given the document's multi-faceted focus, two specific chapters were selected to be analyzed: Chapter 2: *Child Poverty* and Chapter 6: *Child Protection.* These chapters

both address issues related to orphans and other vulnerable children as well as children living in the large context of poverty and were therefore appropriate for this analysis.

3) *Orphans and Other Vulnerable Children Programming Guidance* - The United States President's Emergency Plan for AIDS Relief (PEPFAR)

The United States President's Emergency Plan for AIDS Relief (PEPFAR) is the author of this document; an international development agency and a subsidiary of USAID. PEPFAR was established in 2003 and works to fund, support and implement HIV/AIDS related programs worldwide (including Heartbeat, the participating organization). The objective of this document is to offer "practical guidance for programs aimed at addressing the needs of children made more vulnerable by HIV/AIDS" and is aimed at staff members of such programs, particularly PEPFAR's in-country staff and implementing partners. The document makes use of data generated from previous PEPFAR documents as well as from international development agencies USAID, UNICEF and UNAIDS.

4) *Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS* – United Nations Children's Fund (UNICEF)

Africa's Orphaned and Vulnerable Generations is a document published by UNICEF and constitutes an update of the organization's 2003 report entitled *Africa's Orphaned Generations*. The change in title from the former document to this one certainly demonstrates a recognition of the effects HIV/AIDS can have on non-orphans. The objective of the document is to "shed light on the circumstances of children affected by the AIDS epidemic and to encourage action" (UNICEF, 2006, p. 1). The document incorporates new and refined estimates of the number of orphaned children in sub-Saharan Africa along with up-to-date research on the impact of AIDS and orphanhood on children.

5) *OVC Programmes in South Africa Funded by the U.S. President's Emergency Plan for AIDS Relief - Summary Report for 32 Case Studies* – O'Grady, M., Njaramba, P., Sebastian, B., Ching'andu, A., Oti, S., Selvaggio, M., Welty-Mangxaba, J., Thurman, T. R.

This document is a summary report of case studies conducted for 32 PEPFAR-funded programs targeting OVC in South Africa. In PEPFAR's view, not enough documentation concerning the strategies deployed to improve the well-being of OVC exists. In an effort to fill these "knowledge gaps", PEPFAR commissioned Khulisa Management Services to research and write case studies about each of the aforementioned programs in an effort to "impart a better understanding of the important contributions of South African programmes supporting the needs of OVC" (O'Grady et al., 2008, p. 6). The case studies were also commissioned to inform current OVC programming and to ensure successful OVC programs within South Africa and across the continent are replicated. The intended audience of the report consists of OVC program implementers, policy-makers and funding agencies addressing the needs of OVC both in South Africa and in the rest of the continent.

6) *Impact Analysis 2007: Heartbeat Model of Care* – Heartbeat Centre for Community Development

Heartbeat Centre for Community Development (hereinafter referred to as 'Heartbeat') is a community based organization providing support to OVC through community change. As the participating NGO of the study, it too warranted inclusion in the document review. Heartbeat's *Impact Analysis* is a report based on a study conducted with participants of Heartbeat's programs. The aims of the study were to explore the ways in which Heartbeat's model of care has transformed the lives of OVC as well as to assess the model by exploring participants' assessments of the projects, the gaps and needs present in Heartbeat's model and by developing a deeper understanding of

the impact of the Heartbeat model on participating OVC. It was hoped that the overall assessment of Heartbeat's model could be used to inform policy makers about best practices for OVC to be scaled up or upgraded in the future.

4.3.2 Interview Data Collection Methods

To complement the perspectives of the South African government, international development agencies and non-governmental organizations, it was necessary to examine the perspectives of front-line staff working with 'OVC'. Front-line staff remain active observers of those they support, thus their perspectives were invaluable to developing an understanding of the 'OVC' term as it is used on the ground (Rothi, Leavey and Best, 2008). Front-line staff working directly with children in need are well-acquainted with the circumstances and needs of these children as well as the larger community context in which these children reside. As such, an organization that clearly identified 'OVC' as its target recipient of care and support was invited to participate in the study allowing for focus group interviews with staff.

Due to the socio-economic differences across provinces and regions in South Africa, multi-sited studies are often beneficial. For example, the poverty rate in South Africa is highest in the Eastern Cape with 72% of the population living in poverty as compared to in the Western Cape where 32% of its inhabitants are considered poor (Schwabe, 2004). In terms of HIV/AIDS prevalence, Shisana et al. (2009) note that 2008 rates were highest in the KwaZulu Natal (between 13% and 19%) and Mpumalanga (between 12% and 20%) provinces while the Northern Cape (between 5% and 8%) and the Western Cape (between 3% and 5%) had the lowest rates. Thus, it was important that the participating organization have project sites in multiple and diverse communities so that a range of perspectives and contexts would be represented in the study. This would allow for a broader and more in-depth understanding of the interplay between conceptions of 'OVC' and resulting intervention efforts.

The multi-site nature of this study, however, is not meant to achieve 'generalizability' in the conventional sense of the term which is often better suited for quantitative research. In other words, by interviewing participants at various locations it was not assumed that this would constitute a generalizable sample wherein I could conclude that the responses of the front-line staff interviewed at the three sites represented the opinions and perspectives of all front-line staff working with OVC in the country. Rather, it was hoped that a multi-site approach together with the document review, would facilitate a broad understanding of the use of the OVC term as well as its application to practice in the country.

4.4 Data Collection Procedure

4.4.1 Collection of Textual Data

Texts were gathered by means of Internet searches. Searches were limited to documents containing the words 'orphans' and 'vulnerable children' or 'OVC' that were published within the last five years. To acquire the government texts, I searched the Department of Social Development's website (www.dsd.gov.za) as I knew that this was one of the departments with primary oversight of social assistance and care for children in South Africa. My initial search led me to the *National Action Plan for Orphans and Other Children made Vulnerable by HIV and AIDS.* While this document initially seemed like a viable option to be included in the document review portion of the study, it did not contain explicit reference to policy or programming which was a necessary criteria. Nor did it include a definition of OVC that could be analyzed. The document did however mention another document, *Policy Framework for Orphans and Other Children made Vulnerable by HIV and AIDS,* produced by the Department of Social Development, which seemed more apt. It included an outline of its concept of 'OVC' in addition to a list and description of policies pertaining to 'OVC'. As such it was the first government document selected.

I also searched the South African government's website (www.info.gov.za) to locate additional government documents that might be well suited for the study. The *Situational Analysis of Children in South Africa* produced by The Office of the Presidency was one of the first documents found as a result of the search conducted. It seemed particularly apt because it was a wide-ranging document focusing on the situations and needs of vulnerable children as a whole but with reference to specific categories of children. I opted to focus my analysis on two chapters of this document: Chapter 2: *Child Poverty* and Chapter 6: *Child Protection.* The chapter on child protection contained information regarding orphans and other vulnerable children while the chapter on child poverty presented information regarding poor children more generally and policies that would benefit them. I believed this would provide a good understanding of the perspectives of the government as it related to children in vulnerable situations more generally and 'OVC' specifically.

The development agency documents were selected as a result of their large programming focus on 'OVC'. Being one of the major donors of the participating organization, I chose to select a document produced by PEPFAR. Examining the links and divergences between the development agency on the giving end and the participating organization on the receiving end would provide important insights into the nature of the relationship between donors and recipients and how this impacts intervention efforts on the ground. The *Orphans and Other Vulnerable Children Programming Guidance* document was accessed by searching PEPFAR's website (www.pepfar.gov) for documents containing the words 'orphans' and 'vulnerable children'.

UNICEF's document *Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS* was selected primarily to include the perspectives of this agency that has spearheaded not only the shift from the discourse of 'AIDS orphans' to 'orphans and other vulnerable children' but that has been a key influence in intervention efforts for vulnerable children the world over. This document focuses on OVC within the particular

context of Africa, presents UNICEF's definition of 'OVC' as well as policy and intervention efforts targeted at this group of children, and was thus particularly appropriate for inclusion in this study.

The *OVC Programmes in South Africa Funded by the U.S. President's Emergency Plan for AIDS Relief - Summary Report of 32 Case Studies* was also identified by means of an Internet search conducted on PEPFAR's website. Initially I planned to select two documents produced by two separate non-governmental organizations (NGOs), however this document, that encompassed a review of several organizations, proved especially apt to be included in the document review. The document would provide a broad range of perspectives and approaches of NGOs in relation to 'OVC'.

Finally, it was important to include a document produced by the participating organization in the document review to ensure the perspectives of the organization from the administrative and managerial level were obtained. Again, this would be important to contrast with the perspectives of the organization's front-line staff working directly with children on the ground as well as the perspectives of policy makers and funders. The *Impact Analysis* produced by Heartbeat, the participating organization, was selected as it was one of the main reports produced by the organization in the last five years, and included both programming approaches (the mission statement and objectives of the organization, the qualifying criteria for children supported by the organization, the services provided to the children they support, etc.) and a review of programming impact. The document was retrieved from the organization itself.

4.4.2 Collection of Interview Data

The interview facet of the research study was conducted in partnership with Heartbeat. I discovered Heartbeat by conducting an Internet search for organizations servicing 'OVC' in South Africa. Heartbeat is a non-profit organization based in South Africa. The organization was founded by Dr. Sunette Pienaar in 2000 to act as a response to the

challenges of orphanhood in the country. Their mission is "to alleviate the suffering of orphaned and vulnerable children (OVC) by facilitating change in communities" (Heartbeat, 2007, p. 1). Currently, the organization has 14 projects operating across 7 of the 9 provinces in South Africa namely: Gauteng, Limpopo, Northern Cape, Free State, Mpumalanga, North West Province, and an emerging project in KwaZulu Natal (Heartbeat, 2009).

Heartbeat works within communities to assist 'OVC'. 'OVC' are identified within each respective community and are then registered with the organization in order to receive assistance. Project sites act as resource centres for the children where they can receive after-school homework assistance, food parcels, financial support, counseling, and access to support groups. Children are assisted by the staff working at each project centre which include: the childcare workers (CCW) who visit the children in their homes and monitor their situations on a regular basis; the community development facilitators (CDF) who lobby for services for the children such as government grants, government-issued identification documents and housing; the site administrative officers (SAO) who act as liaisons between the project site and Heartbeat's Head Office staff who oversee overall the affairs of the project site; the 'Choza' or After-school Coordinators who oversee after-school homework assistance; and social workers who provide children with the necessary psychosocial support by means of individual counseling and peer-support groups (Heartbeat, 2007).

I initially approached Heartbeat through the general e-mail address provided on their website, emailing a letter that briefly described the nature of the study and inviting them to participate in the study (Appendix A). I received a response from Heartbeat's Manager of Research and Development indicating Heartbeat's willingness to participate. Her response also included the requirements under which research could be conducted:

1. Heartbeat's name must be mentioned in all research results and credits,
2. The research results must be disseminated to all Heartbeat stakeholders,

3. A contract between the researcher and Heartbeat is to be signed that highlights the following issues:
    a. Heartbeat will not be able to provide you with any transport, accommodation or any other costs that you might have to incur during your research.
    b. We want to see what you are going to publish and approve the contents before you can use it in any form

(C. Swart, Personal Communication, May 18, 2009).

Once I agreed to these requirements, the manager and I proceeded to coordinate the details of my research via e-mail. She was interested in the nature of the study and the benefits that would accrue to Heartbeat as a result. She believed that through the interview process with front-line staff not only would I gain information relevant to the study, but would also gain valuable information that could help Heartbeat better understand its staff and the ways in which the latter conceived of the work they did and the children they sought to assist.

I expressed to the manager my desire to conduct interviews with front-line staff at three of their project sites to get a diverse sample of respondents. She in turn recommended I visit three project sites in the province of Gauteng. Since Heartbeat's offices were located in Gauteng this would be more feasible to coordinate. The manager informed me that if I desired to visit project sites in different provinces, her department would need to coordinate with those project sites in advance as well as arrange for a Heartbeat representative to accompany me to the project site. In response I expressed my desire to visit at least one project site outside of Gauteng to add to the breadth of the study. I suggested the project site located in Mpumalanga, a province that neighbours Gauteng. She agreed and proceeded to connect me with a Research Assistant (RA) in order for us to coordinate the specific details of the interview process including my initial meeting at their office and the dates of my visits to the project sites.

My continued coordination with the RA included identification of three project sites I would visit and acquiring background information regarding these sites. I informed her of my intention to conduct individual interviews with approximately 4 participants at each project site. She in turn suggested that group interviews would be more appropriate. Based on previous experience conducting research at their various site offices, she felt front-line staff would feel more comfortable being interviewed in a group setting than one-on-one. As a result, we agreed to conduct 2-3 group interviews at each site.

As Morgan (1997) notes, "group interviews vary along a continuum from more formally structured interaction to more informal gatherings" (p. 6). The degree of formality used depends on the researcher's goals and the specific purposes of the research project (Morgan, 1997). In more informal focus group interviews, participants are explicitly encouraged to talk to one another during the interview process so that it becomes a dialogue or discussion facilitated by the interviewer (May, 1997). I decided the focus group interviews conducted for this study should be slightly formal: while participants would be encouraged to add to or comment on what one of their colleagues might speak about, it would be equally important for me to direct the interview process maintaining a focus on understandings of 'OVC' and their impact on programming and frontline work.

I also contacted and liaised with my friend and colleague Lifa Phoku, a South African, to ask if she could provide support to me during the fieldwork. At the time, Lifa was pursuing a Masters degree in social policy. She had experience conducting field research in the South African context and spoke 9 out of the 11 official languages. Furthermore, being a native of Mpumalanga province, Lifa was very familiar with local culture. Lifa was willing and available to accompany me. Additionally, while most of the participants spoke English, we were told some would feel more comfortable speaking in their 'home languages' and thus might respond either partially or entirely in the latter. As such, Lifa agreed to provide translation when necessary. Lifa was asked to sign a confidentiality agreement as part of the study's ethics protocol (see Appendix B).

Upon my arrival in South Africa, Lifa and I met with the Research and Development Manager and the Research Assistant at Heartbeat's head office and finalized the details of my field research. The dates of our visits to the project sites had been set and the research assistant agreed to accompany us to the two project sites located in Gauteng. I presented the interview guide I had prepared to the Manager and the Research Assistant. Interview questions were aimed at gaining an insight into the lives of the children participants worked with (their everyday realities, home situations, etc.) as well as participants' understandings of the OVC construct. The interview guide consisted of the following questions:

1. Tell me about the children in this community.
2. What has the impact of HIV/AIDS been on the community?
3. What has the impact been on the children in particular?
4. What is the focus of this organization? Who is it meant to serve?
5. How long have you been working at this organization? And with children in need in general?
6. Describe the children you work with here. What vulnerabilities do they face?
   Probing Question: Are there children who have experienced…
   - death or desertion of parents;
   - severe chronic illness of parents;
   - illness;
   - disability;
   - poverty, including access to grants;
   - poor housing
   - access to services, schooling, health, social services;
   - inadequate clothing;
   - emotional problems;
   - abuse, including excessive discipline;

- substance abuse by caregivers or the child.[2]

7. What resources are available to the children living in this community? What forms of assistance does your organization provide them?
8. How does the organization determine which children qualify?
9. How do you understand the term 'OVC' (orphans and other vulnerable children)? How would you define such children?
10. Would you classify the children you organization supports as OVC?
11. Do the children identify themselves as OVC?
12. What benefits are derived from using this term?
13. Avoiding personal identification, can you tell me a story of a child who is doing well in this community?

The Research and Development Manager and the RA believed that the questions were appropriate given the information I was seeking and thus would be easily understood by the participants who would be interviewed.

Project Sites

As mentioned above, I conducted interviews at three of Heartbeat's project sites. The first two sites were located in the province of Gauteng and the third in the neighbouring province of Mpumalanga. While it was my original intent to interview participants from three project sites located in three different provinces respectively, the organization identified project sites in only two provinces. However, the project sites selected were quite different from one another and reflected divergences both in community demographics and in resource-levels of the project centres themselves. All the project sites were located in semi-rural areas yet the socio-economic conditions varied from one

[2] This list was retrieved from Skinner et al. (2004). *Defining Orphaned and Vulnerable Children.* HSRC Publishers: Cape Town.

community to the next. Additionally, all project sites were located in Black African townships and had one SAO, one CDF, one Choza and varied numbers of CCWs on staff.

As aforementioned, the first two project sites I visited were located in the province of Gauteng. While Gauteng is the smallest of South Africa's provinces, it is the most populated with an estimated total of 10.5 million people (Statistics South Africa, 2009). This is due to the fact that the province remains the "commercial powerhouse of the country" (South Africa Tourism, 2009) and home to both the financial and political capital cities of Johannesburg and Pretoria respectively. Beyond the borders of these densely populated cities are many suburbs and townships. The most prevalent languages spoken in Gauteng are isiZulu, Afrikaans, Sesotho, and English (SAinfo, 2001). While Gauteng makes the greatest contribution to the national GDP, there remain many impoverished areas in the province.

Project Site #1 (PS1) is located in a township approximately 40 km from Johannesburg and 35km from Pretoria. Two different socio-economic groups exist within the community. The area immediately surrounding PS1 is more of a middle-income community whereas just a kilometer away is a lower-income community. Within the middle income community, most homes have approximately 5-7 rooms while within the lower-income community individuals live in smaller 3 room houses. Johannesburg serves as a source for employment for many in the township yet there is also a visibly bustling informal economy. While in the township I noticed many people selling fruits and snacks along the road as well as young men washing and fixing cars.

The project facility at PS1 consists of one large room with 3 smaller rooms: an office, a kitchen, and a library. At the time of the research, there were 13 childcare workers on staff and one social worker (in addition to the CDF, the SAO and the Choza) for a total of 17 staff members. The project also had 360 registered children: 179 boys and 181 girls (N. Knoetze, Personal Communication, June 18, 2009). The staff members spoke either isiZulu or Sesotho however most were fairly fluent in English as well.

Project Site #2 (PS2) was also located in a township which was 35 km from Johannesburg. This township is one of the largest in the province and as a result there were visible socio-economic differences—from individuals with high-end vehicles parked in their driveways and larger homes to informal settlement housing further away where individuals mostly use taxis as a means of transport. The PS2 facility was noticeably larger than the PS1 facility. They serviced 580 children: 286 boys and 294 girls and had 20 CCW and one social worker on staff (N. Knoetze, Personal Communication, June 18, 2009). As with PS1, staff spoke either isiZulu or Sesotho yet many were also fluent in English.

The third project site (PS3) was located in the province of Mpumalanga. Mpumalanga has a population of 3.6 million people (Statistics South Africa, 2009). The most common languages spoken are siSwati, isiZulu and isiNdebele although Afrikaans and English are also spoken (SAinfo, 2001). Mpumalanga is a notable tourist destination in South Africa, known for its beautiful mountains, waterfalls and its many gaming reserves such as the world-renowned Kruger National Park. However, beyond these sights are many townships ranging from the more developed locales to the extremely impoverished.

The community immediately surrounding PS3 was the smallest of the three sites and filled with mostly informal housing. There were some socio-economic differences within the community however, with some families having the ability to afford a house made of bricks while other families lived in shacks made of scraps of wood, sheets of corrugated iron and other materials. The socio-economic differences were not separated geographically however, as an individual living in a shack may live next to an individual living in a brick house. The PS3 facility was the smallest of the three facilities with two rooms – an office and a kitchen – yet located on the largest plot of land. There were 4 CCWs on staff but no social worker. All the staff members spoke siSwati and English. They serviced 125 children: 63 boys and 62 girls (N. Knoetze, Personal Communication, June 18, 2009).

Participants interviewed were all adults. All of the participants were well acquainted with the communities in which they worked, either living in the community itself or a community nearby. Thus they were familiar with the culture and languages spoken in their respective communities. Most of the staff were clearly middle-income earners within the context of their communities.

Conducting Focus Group Interviews

Heartbeat's Research Assistant accompanied Lifa and I to the first two project sites we visited. She was present in order to confirm that Heartbeat's head office had authorized the research, although prior communication was made with staff at each project site via telephone. At each project site, all the staff members were invited to participate in the study. In total 36 people participated (See Table 4-1).

Table 4-1

Project Site	# of Groups	# of Participants	Breakdown
PS1	2	14	PS1-1: 5 participants PS1-2: 9 participants
PS2	4	15	PS2-1: 5 participants PS2-2: 6 participants PS2-3: 3 participants PS3-4: 1 participant
PS3	2	7	PS3-1: 2 participants PS3-2: 5 participants
TOTAL	8	36	---

Group sizes were chosen based on the number of participants willing and/or available to be interviewed at each of the project sites. Smaller groups were also chosen in an effort to create the most suitable group setting at each project site. As May (1997) states, "A balance needs to be struck between the group being too small for interactive study or too large thus preventing all group members from participating in the discussion" (p. 125). During the first set of group interviews at PS1, we realized that an ideal group size would

consist of 5 persons or less to allow everyone the opportunity to speak. Based on our experience at PS1, we also decided to conduct interviews with CSWs and managerial staff (SAOs and CDFs) separately. Since the managerial staff were often more experienced than the CSWs, they tended to monopolize the interviews. Thus interviewing them in a separate group would provide the CSWs with more opportunities to speak.

As is noted in Table 4-1, one of the interviews at PS2 was an individual interview. This interview was conducted with the CDF of that project site who had been away from the site and unable to participate in any of the previous group interviews. While it was my goal to solely conduct group interviews, I decided to conduct the individual interview with the CDF as he was not only eager to participate but had a wealth of knowledge about the community and the project in particular.

Each interview began with introductions. Participants were also welcomed and thanked for their willingness to meet with us. The nature of the research as well as the participants' research rights and protocols were then briefly explained and participants were each given a copy of the Informed Consent form (Appendix C). I emphasized the confidential nature of the study, that their real names would not be used and that no personal information would be included, and that they were free to withdraw from the study should they wish to do so at any time. I also informed the participants that the interview would be recorded (in audio form only) in order to facilitate accurate data collection. I encouraged participants to use the language most comfortable for them, as Lifa would be able to translate. After giving them a few minutes to read over the form and ask any questions they might have, I asked them to sign the bottom of the form given they agreed to participate in the study. I confirmed verbally that participants had read and understood the consent forms, that they had signed them, that they were aware they did not have to answer a question they did not feel comfortable answering and that they could withdraw from the study at any time. Once participants confirmed they understood, I started recording and began the interview process.

Given the focus group format of the data collection process, I did face the issue of limited anonymity. By virtue of being in a focus group, participants were privy to the information being shared by their fellow participants. However given the nature of this study, I did not believe this to be a significant issue. Ensuring the anonymity of research participants is usually of concern when the subject matter being discussed is of a personal and sensitive nature and where there is the potential for putting the participants in harm's way (Söderström, 2011). This was certainly not the case here as participants were not discussing information particular to their lives nor information that was personally sensitive. Furthermore the focus group setting was encouraged by Heartbeat's Research and Development department believing front-line staff would feel more comfortable expressing themselves in such a setting. Therefore although full anonymity could not be ensured, I believe it was more important to ensure the comfort of all participants throughout the interview process. As such, when I met with the participants, I informed them that they would not be asked any personal or sensitive information. It was understood that the information they shared would become known to the group, but that this did not have the potential to not put them in harm's way.

Interviews were semi-structured, allowing participants to answer on their own terms while still providing a structure of comparability. Semi-structured interviewing also allows the researcher "the latitude to probe beyond the answers and thus enter into a dialogue with the interviewee" (May, 1997, p. 111; see also Bryman, 2004). As a result, the researcher can deviate from the 'interview guide' to ask new or follow-up questions to interviewees, or even alter the order or wording of questions as is deemed necessary.

The semi-structured interview method was most apt for this research project as it allowed the participants and I to enter into a dialogue where they could feel comfortable sharing from their experience. Furthermore, it was important for me to have the ability to seek clarification or elaboration on certain answers or intriguing comments since, from time to time, these proved to provide greater insight into the participants' understandings of 'OVC' than the pre-determined questions allowed for.

The interview process was fluid in that each interview built on the strengths of the previous one and was modified to facilitate better interaction with the participants. For example, after conducting the first set of interviews as PS1, I realized that modifying the order of some of the questions asked would improve the flow of the interviews. Rather than asking how long participants had been working at the organization near the beginning of the interview, I reserved this question for the end and used it as a vehicle for participants to speak about their experiences and what motivates them to do the work that they do. This, in addition to the final question asking participants to relate a story about a child doing well in the community, would help the interview to end on a positive and uplifting note.

Translation and Transcription

While most participants spoke English fairly fluently, most would not be familiar with my accent or manner of speech (pronunciation of words, pace of speech, vocabulary, etc.). Marshall and While (1994) note the advantage of using the semi-structured interview method when interviewing respondents who have English as a second language (ESL). Since semi-structured interviews allow for a fair amount of flexibility: the researcher can "replace certain words within the interview with more simple and appropriate ones" without changing the meaning of the question being asked (p. 569). This, they found, has been a successful method in aiding comprehension among ESL interview participants in qualitative research (ibid.). Thus, I aimed to ask questions in a clear and concise manner and reformulated my questions if there was any hint that the participant(s) could not understand what I was asking. Although rare, questions were sometimes rephrased and posed again to participants if their answers suggested that they had misunderstood the question.

I also made every effort during the interview process to simplify my language. After the first set of interviews had taken place, I recognized that some of the words used in the

interview guide would need to be simplified or rather modified to facilitate greater understanding among the participants and thus aimed to make these adjustments. For instance, asking what the 'focus' of the organization was, seemed confusing to participants. Participants responded better to the word 'mission' as they were familiar with the 'mission statement' of the organization and could draw on that in their response. Similarly, asking participants what 'challenges' children they work with face rather than what 'vulnerabilities' they faced seemed to give participants greater clarity on what I was seeking to discover. Finally, I opted to remove the question 'what benefits are derived from using [the] term [OVC]' as participants seemed unclear as to what I was asking. I recognized that participants were in fact already answering this question when describing how they understood the term 'OVC' and how they defined such children, and this was more than sufficient.

Many participants opted to speak in their first language when responding to the interview questions. This sometimes occurred after they had been responding in English for some time. Although I could not understand participants (for the most part) when they were speaking in their home language, I made an effort to remain engaged in what they were saying by maintaining a relaxed and interested posture during the interview process, good eye contact and an interested tone of voice (Marshall and While, 1994). I also tried to respond supportively to English words that dotted their dialogue or particular words I understood in their home language.

When participants opted to speak in their home languages during the interviews, Lifa translated the questions I asked. However, Lifa did not translate their responses back to me at that time. This was done so that the interview process would not be slowed down and also to allow participants to respond with ease without the need to slow down or pause during their responses. While there were some drawbacks to choosing this approach in that I was unable to ask probing questions or confirm a point a participant may have made, Lifa's participation in the research compensated for this. Having discussed the nature of the research with her prior to conducting the interviews and

having conducted interviews of this nature for her own research, she had a clear understanding of the objectives of the study and what statements might warrant further investigation or clarification.

During the transcription process, all non-English responses were translated into English and then transcribed. Padgett (2008) cautions that the reliance on translation by interviewers who do not speak the language of their study participants can be an "awkward undertaking" since "distortions and misunderstandings" can occur (p. 119). Furthermore, many have noted the variety of 'Englishes' that have been produced over the years as a result of contact between English and other languages and cultures of the world (see Kirkpatrick, 2007 and Gnutzmann and Intemann, 2008). As a result, even when participants are speaking the same language as the interviewer, "communicating with a subject who thinks and speaks in the context of another language and culture can further jeopardize the accuracy of interpretation" (Headley, 1992 cited in Marshall and While, 1994, p. 568). Thus, it could be difficult for a Canadian English speaking individual, like myself, to interpret the meaning of the English spoken within the particularities of the South African culture. Therefore, for the purposes of this study, 'translation' (i.e. making explicit the meaning of certain words or phrases) of local English dialect was also necessary. It was important to have an individual that was familiar with both the culture and the local use of English by participants as part of the research team. Lifa, responsible for the translation of the interviews and assisting with their transcription, filled that role.

Translation was conducted in part using the translation model outlined by Lopez, Figueroa, Connor, and Maliski (2008). While they use a fairly in-depth translation model involving various stages of translation, examination and revision that was not used here, their emphasis on direct translation was upheld. Following their guide, interviews were translated directly into English yet "when a direct translation did not convey the intended meaning within the context of the conversation, the contextual translation was included in parentheses for clarification" (Lopez et al., 2008, p.1734).

Trustworthiness and Rigor

Following the guidelines outlined by Lincoln and Guba (1985) on trustworthiness, I aimed to ensure the research met the requirements for credibility, transferability, dependability, and confirmability. Firstly, triangulation was used to ensure findings could be trusted and could be confirmed though derived from various sources (ibid.). Both the triangulation of sources and of methods were used. Triangulation of sources was employed in the collection of data from front-line staff and government, development agency and non-governmental organization documents. This enabled the research to draw upon varied sources of data and varied perspectives. Methods triangulation was employed in the use of both textual analysis and grounded theory methods. According to Cohen and Crabtree (2006) this form of triangulation "elucidate[s] complementary aspects of the same phenomenon" (para. 5).

The forms of triangulation used here helped to corroborate the findings—similarities in the perspectives derived from multiple data sources assisted in the process of discovery and in generating sound conclusions. They also helped to provide a fairly robust and well-developed study.

A clear description of the research path was also conducted. Such a description is often called an audit trail, which enables confirmability in the research study. Here, I detailed all of the steps I took in terms of the research design, the data collection procedure and the steps taken to analyze and report the data and the rationale for these decisions (Cohen and Crabtree, 2006). In this way the research process remained clear and transparent.

4.4.3 Field Relations

As Schutte (1991) notes, there are "problems associated with doing field work where inequality and social and cultural distance between researchers and subjects plays a role"

(p. 128). This is particularly relevant in the South African context where vast socio-economic inequality remain evident. When conducting research in such a setting, participants can possess positions of "suspicion and distrust" towards the researcher which can distort the research process, particularly the validity of the data collected (ibid.). Here, as in any other research setting, it is imperative that "a conscious self-reflection on the part of the researcher about the power dynamics... within the research process" occurs (Wallerstein cited in van der Riet and Boettiger, 2009, p.2). Thus, attention was given to the way in which I appeared towards the participants. I was keenly aware of the inherent characteristics that set me apart from the research participants being a middle-class woman from the 'West' and from the world of 'academia'. I realized that these characteristics had the potential to distance me from the participants and make our interaction awkward. Therefore, it was important for me to eliminate any notions of hierarchy during the research process. I made every effort to emphasize that participants were active contributors to the research process, where speaking from their lived experiences was of great value to the study.

According to Hammersley and Atkinson (2007), "whether or not people have knowledge of social research, and whatever attitude they take towards it, they will often be more concerned with what kind of person the researcher is than with the research itself" (p. 65). Thus, these authors recommend that researchers strongly consider their personal appearance during the research process as it remains a significant contributing factor to the way a researcher is able to connect and shape relationships with the participants (Hammersley and Atkinson, 2007). Drawing on my experiences interacting with front-line staff during a previous trip to South Africa, I was aware that the participants would most likely be dressed in a casual manner. As such, I likewise wore casual clothing—jeans, a sweater and sneakers. A casual appearance would allow me to relate to the participants as much as possible rather than more professional attire that might somehow distance me from the participants. I wanted to ensure participants did not see me as a professional aiming to 'collect' information from them but rather as a student and one who desired to learn from their experiences.

Although I had to be conscious about personal characteristics that might distance me relationally from the participants, there were also some characteristics that I believe enhanced my relationship with them. In a nation where race remains a "central defining feature" of one's identity (Franchi and Swart, 2003, p. 209), I believe my being Black engendered a certain level of familiarity towards me on the part of the participants that otherwise—had the 'barrier' of racial difference been present—may not have been there. While there seems to be a void in the research to substantiate these notions, Schutte (1983, cited in Mouton and Marais, 1996, 1991) notes the ways in which the White researcher is regarded as a suspect or stranger by the Black participant when conducting cross-cultural research in South Africa; a notably distorted relationship. Although Schutte writes almost two decades ago, as Smith, Stones and Naidoo (2003) note, "[d]espite the many social and political changes that have occurred in South Africa over the past decade, racism and the accompanying social divisions along racial lines continue to be central features of the South African human landscape" (p. 39) and thus the aforementioned relations between researcher and participant undoubtedly remain present.

Nevertheless, it is most likely my demeanour—being relaxed, unobtrusive and willing to engage openly and honestly with participants—that allowed participants to respond in like manner. Since participants were not being asked personal questions about their own lives or about subjects they may have felt uncomfortable discussing, but instead were being asked about their knowledge on an issue they were experts in, this gave them the confidence and ability to speak candidly and openly during the interviews. This was reflected in the comments of several participants stating that the interview process acted as a 'debriefing' experience, providing a forum within which to air their grievances, propose ideas to the head office, speak about their challenges, and discuss difficult issues they face on a daily basis. This seemingly cathartic experience undoubtedly contributed to the ability of participants to speak candidly and to freely respond to the questions asked. Furthermore, it gave me greater insight into the role of front-line staff and the stress and burden that comes with caring for children facing such difficult circumstances.

4.5 Data Analysis

4.5.1 Textual Analysis

Written documents or texts can be treated as data in qualitative research although they may have been produced for purposes other than those pertaining to the researcher's study (Charmaz, 2006; Flick, 2006). Rather than using "precise numerical measurements" such as those used in content analysis, I opted for the textual analysis approach outlined by Charmaz (2006). This form of textual analysis gives the researcher the ability to determine how the analysis is structured, which was particularly important for this study given the nuances in the understandings of 'OVC'. Like Polkinghorne (2005) (although he focuses on the analysis of interview transcripts as texts), this form of textual analysis focuses on the thoughts, ideas and meanings behind the text rather than "the printed words themselves that can be analyzed by counting how many times a particular word appears in the text" (Polkinghorne, 2005, p. 138).

In this vein, Charmaz' (2006) approach highlights the importance of examining the purposes and objectives of texts. She urges researchers to answer questions about the information found in these texts which can serve as valuable sets of data:

- What are the parameters of the information?
- On what and whose facts does this information rest?
- What does the information mean to various participants or actors in the scene?
- What does the information leave out?
- Who has access to the facts, records, or sources of the information?
- Who is the intended audience for the information?
- Who benefits from shaping and/or interpreting this information in a particular way?
- How, if at all, does the information affect actions?

I approached the text for this study in this investigative way, using these questions as a guide for the analysis. I read each document once over simply to develop a general understanding of the text and then read them again following Charmaz' guide looking for and making note of the elements that were relevant. Some questions were more relevant than others. In particular the questions referring to the 'parameters of the information' and what the information leaves out helped in my analysis of the 'OVC' term and the inclusivity or exclusivity of the term's use in each document. The question 'how, if at all, does the information affect actions' was important as it helped make the link between what was mandated as the criteria for inclusion in the 'OVC' category and the effects this would have on the ground.

4.5.2 Grounded Theory Analysis

Grounded theory was used to analyze the focus group interview data. In grounded theory, developed by Glaser and Strauss (1967), assumptions are abandoned and the 'reality' is able to emerge from the data. While many theories are generated through logical deduction from previously conducted studies or past knowledge, grounded theories emerge from the data itself (Strauss and Corbin, 1994). As such, grounded theory methods "consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories 'grounded' in the data themselves" (Charmaz, 2006, p. 2).

In the grounded theory approach, the researcher looks for patterns in the data and develops general concepts and conclusions from it (Glaser and Strauss, 1967). This is done through the use of coding. In coding, themes, similarities, and correlations that emerge during the data collection are recorded. Glaser and Strauss (1967) advocate that this process be done in conjunction with the process of analysis. Therefore, analysis is conducted throughout the course of the research project and as categories begin to emerge from the data, the researcher should remain reflexive and gain a sense of where to go to next (ibid.). Categories should be constantly compared to advance the data analysis.

Generated codes are to be synthesized and further synthesized to arrive at a core set of categories (Calloway, n.d.). When all categories have been integrated together it is expected that a grounded theory would emerge (Strauss and Corbin, 1990).

While the objective was not to arrive at the point of theory generation, I used grounded theory to identify the major components of the 'OVC' term in the narrative of the participants. Once the interviews had been transcribed, I listened to the audio recordings while reading the transcribed text to arrive at a sense of the interviews in their entirety. I then read through the transcriptions without the audio and listed the codes (i.e. significant ideas) that emerged. When I noticed similar themes emerging, I stopped to consider the theme and the direction of the analysis. I often made notes on those concepts that emerged as they related to the objectives of the study. The process of synthesis included re-reading portions of the transcripts to accurately determine the emerging themes from each portion of the text, grouping similar themes together and creating a title for that theme that would encompass all the themes it comprised of.

4.5.3 Documenting Process

While both sets of data were initially analyzed separately, I soon realized that there was a significant amount of overlap between the two sets of analyses. To avoid repetition and to arrive at a more integrated analysis, I decided to merge the two data sets and their related analyses around common themes. These were a combination of themes that the textual analysis had been categorized into and the themes that emerged from the coding of the interviews. This process of integration facilitated the ability to compare and contrast government, development agency and NGO perspectives with those of front-line staff. I believe the process also lead to a richer analysis than if the two sets of data and analyses had been documented separately.

4.6 Conclusion

This chapter has presented the framework for the research. First, the reasoning for conducting qualitative research was explained. This led into a discussion of the data collection methods used in this study. It was explained that the study would consist of both a document review and field research in the form of interviews with front-line staff. The case for using text as data was explained, as was the basis for my selections of the texts to be examined. Texts would be used to obtain the perspectives of the South African government, development agencies and non-governmental organizations on the nature of 'OVC'. Next, the methods for conducting the interviews were explained and the case for a multi-sited approach was made.

A discussion of the data collection procedure followed which documented the process of obtaining texts via Internet searches as well as the process of coordinating and setting up the interviews with staff at the participating organization, Heartbeat. The latter involved the use of group interviews and the semi-structured interview approach. The process of translation and transcription were emphasized as well as field relations and the need for self-reflection and awareness on the part of the interviewer when entering interview situations as an 'outsider'.

The chapter concluded with an outline of the process of data analysis including a description of textual analysis and grounded theory approaches for the analysis of the texts and the interviews respectively. While the analyses were conducted separately, the documentation was synthesized and integrated into one combined analysis. This facilitated an ability to better pinpoint the similarities and differences between the two analyses and draw a cohesive thread between them all. The following chapter presents this analysis including the results and findings of the study.

CHAPTER 5
The use of the 'OVC' term and its impact on the care and support of children in need in South Africa
Findings and Analysis

5.1 Introduction

This chapter presents an analysis of the findings from government, international development agency and non-governmental organizations documents as well as interviews conducted with front-line staff in relation to 'OVC'. The analysis seeks to determine how policymakers and service providers, given the absence of an agreed upon framework for 'OVC', use the term, and how such use impacts care and support for children in need in South Africa. The analysis essentially examines the 'OVC' term as presented in each of the documents and the interviews with front-line staff working with children enumerated as 'OVC'. It explores how non-governmental organizations, international development agencies and related government agencies understand the term 'OVC', the categories of children the term refers to and how these definitions and categorizations compare with the understandings of front-line staff. Four themes emerged as a result of this analysis around which the discussion is organized:

1. Defining vulnerability,
2. A focus on OVC in the context of HIV/AIDS,
3. A focus on the increased vulnerability of orphans and potential orphans, and
4. Externally-based definitions of OVC

First, the issue of vulnerability is examined with particular emphasis on the difficulty most documents have in defining vulnerable children as well as the tendency for definitions of vulnerable children that do exist to be either very broad or very narrow. These divergent definitions have the potential to create inequities in service provision for vulnerable children on the ground. Second, the discussion looks at the fact that OVC are largely examined within the specific context of AIDS and particularly as children directly

affected by the pandemic through parental loss or illness. It highlights the way such an approach ignores the broader effects of the pandemic on children's lives as well as the problems with an AIDS-exclusive approach to OVC. Next, the discussion delves further into the tendency of documents to limit their focus of OVC to orphans and potential orphans and the way such children are particularly vulnerable as a result of the loss or illness of a parent. This notion of OVC fails to recognize the vulnerability many other children experience as a result of poverty and abuse within the South African context. Finally, the discussion highlights that definitions of and the criteria of qualification for OVC are mainly externally or globally-based and not inclusive of local understandings of orphanhood and vulnerability. The discussion concludes by arguing that perspectives on OVC and approaches to their care and support, remain narrowly focused on children directly affected by HIV/AIDS and particularly orphans and children of ill parents. These approaches are largely inconsistent with the local realities expressed in interviews with front-line staff and remain largely exclusive of the larger group of vulnerable children experiencing unemployment in their households, neglect, abuse and overall poverty.

5.2 Defining Vulnerability

As mentioned in the literature review, policy and advocacy work related to children affected by HIV/AIDS experienced a shift in discourse from a focus on 'AIDS orphans' to the eventual use of the term 'orphans and other vulnerable children' or OVC. This shift in terminology stems from the recognition that a focus on orphans was inappropriate given that many children besides orphans are made vulnerable by HIV/AIDS and the broader social ramifications of the disease (Audemard and Vignikin, 2006; Meintjes and Giese, 2006). The 'OVC' term has gained mainstream status over the course of the last decade and is now used in virtually all discussions concerning children affected by the pandemic, including the documents examined for this study. Each of the documents examined focused on OVC as target recipients of care and support and make numerous references to OVC in their texts. However, examination of the documents and the

interviews conducted with front-line staff reveals the problems these entities have with the concept of vulnerability. This is demonstrated in two ways: 1) several documents fail to present a concrete definition of vulnerable children, and 2) documents that do define 'vulnerable children' present either very narrow or very broad definitions of this group of children.

While all of the documents reviewed clearly defined their understanding of orphans, several of them failed to define vulnerable children including UNICEF, Heartbeat and the Presidency. Vulnerability is an abstract concept and as Skinner et al. (2004) note, while "there do appear to be some implicit classification systems for orphans... '[v]ulnerability' is much more difficult to define" (p. 620). For example, UNICEF (2006) provides an explicit definition of an orphan in its document, including a breakdown of the meanings of single orphans (i.e. children who have lost either their mother or their father) and double orphans (i.e. children who have lost both parents). Nevertheless, no clear definition of vulnerable children is found throughout UNICEF's document. Without a clear definition of the children being referred to as vulnerable as part of the 'OVC' term, efforts to address the needs of OVC can ultimately focus primarily on addressing the needs of orphans since they are an easier category of children to define and identify. Meintjes and Giese (2006) argue that despite the use of the 'OVC' term, "the approaches of the international agencies, many other large donors, government departments, researchers and many NGOs remain 'orphan'-centred" (p. 410). This is particularly concerning considering the initial goal of the movement towards the use of the 'OVC' term was to ensure children other than orphans, but equally affected by the pandemic, were included in intervention efforts.

An orphan-centred approach is somewhat evident in Heartbeat's program description. While the organization's *Impact Analysis* document refers to the children it supports as 'OVC', it does not provide a clear definition of vulnerable children and mainly focuses on orphans—who they define explicitly—as well as a category of children termed 'potential orphans' as target recipients of assistance. Specifically, orphans refer to

children whose parents have died or are absent and who are members of child-headed households (where an older child is the only or primary carer for younger siblings) or relative-headed households (where a single adult over the age of 55 is the only or primary carer for children who are not his or her own) (Heartbeat, 2007). Children deemed 'potential orphans' are those children whose only or primary carer is terminally ill and bedridden (ibid.), and are therefore not a far departure from orphans. These are the children eligible to qualify for all of the support and services Heartbeat provides.

While Heartbeat maintains its priority categories of children it assists, the organization does seem to recognize the vulnerability of children other than orphaned and potentially orphaned children. They identify a category of children called 'community children' – children who do not fit any of their existing criteria of qualification – who may also receive support from the organization (Heartbeat, 2007). Community children are assumed to have at least one parent present in their lives but "can be regarded as vulnerable children" (Heartbeat, 2007, p. 10). These children are not privy to the material services Heartbeat provides such as food parcels and school supplies, but are able to access support such as homework assistance and psycho-social support (ibid.). However, the definition of 'community children' remains vague, as it does not specifically identify any particular causes of vulnerability or traits to identify these children as vulnerable. This raises some important questions: Who are these children and what are their needs? How do we know these children are not equally vulnerable to the priority categories of orphans and potential orphans being assisted by the organization? If the goal of intervention efforts for OVC is to address the needs of the most vulnerable children, these questions are particularly relevant.

Front-line staff also seem unable to concretely define vulnerable children. This is manifested in their varied and divergent definitions of the term:

> [T]he vulnerable [children], they do have parents, that is why we don't take their particulars because they have parents. It's only that they are in need of something.

> Whether it is guidance, whether it is help at school, educationally, anything that they may need – those are vulnerable children. Yes. *(PS2-2: Lines 386-391)*

> So the vulnerable children are the children that can live with their parents and maybe they don't meet our criteria but they are vulnerable because you can see the situation at home.... Under Heartbeat, they are living with both parents and both of them are not sick. They (the children) are not potential orphans but because of the situation at home the child ends up being a vulnerable child *(PS2-1: Lines 289-292)*

These definitions of vulnerability are closely aligned to the vague understanding of 'community children' presented by Heartbeat -- children who simply do not fit the organization's criteria but can benefit from the non-material services the organization provides. Yet some frontline staff have their own contextually-based understanding of vulnerability, as children who are in need in some way:

> The vulnerable children which is a child maybe who is...um, I don't know how to explain vulnerable...but the child who's in need or something or wants something. *(PS2-2: Lines 376-379)*

> Vulnerable: my understanding is that if a child doesn't have the necessary...or cannot access...basic needs. *(PS2-3: Lines 183-185)*

For some other staff vulnerability is about need in the context of living with an ill parent:

> Basically, a vulnerable [child] is a case of neglect; a vulnerable [child] is in the case of hunger; a vulnerable [child] is in the case whereby parents are sick, bedridden. *(PS2-4: Lines 244-246)*

> [W]hen we say vulnerability it can mean maybe a parent is ill, is terminally ill, actually. *(PS2-3: Lines 180-181)*

Here participants essentially classify Heartbeat's potential orphans as 'vulnerable children'. This is perhaps because potential orphans one of the categories of non-orphaned children they are most familiar with. Nevertheless, the divergent definitions of vulnerability by front-line staff overall emphasize how abstract the concept of vulnerability is and how difficult it is to arrive at a concrete understanding of which children qualify as vulnerable, potentially complicating intervention efforts and the identification of children most in need. As previously mentioned, concerns around definitional ambiguity are also evident when examining the documents. In instances where definitions are presented, they can at times be narrow and exclusive maintaining a close focus on HIV/AIDS, and at other times can be extremely broad.

In these documents, vulnerable children are essentially defined as children made vulnerable as a result of HIV/AIDS. Such documents tend to focus on children directly affected by the pandemic at the expense of the larger and more indirect impacts of the disease on children's lives and the larger socio-economic contexts that lead to their vulnerability. PEPFAR (2006) notes that because its organization focuses on those with increased vulnerabilities due to HIV/AIDS, it defines vulnerable children as those children who are "more vulnerable because of any or all of the following factors that result from HIV/AIDS" (p. 2). This includes those children who:

- are HIV positive;
- live without adequate adult support (e.g. in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child);
- live outside of family care (e.g. in residential care or on the streets); or
- are marginalized, stigmatized, or discriminated against. (p. 2)

While UNICEF does not explicitly define vulnerable children in its text, it emphasizes the scale of the HIV/AIDS crisis and the ways in which children are made vulnerable as a result. UNICEF briefly mentions children indirectly affected by HIV/AIDS but continues to focus primarily on children directly affected: orphans, children living with chronically

ill parents and children infected with HIV themselves. The authors speak at length about trends in orphanhood, where children are suffering the greatest parental loss, the dynamics of orphaning and what it means to lose a mother, a father or both parents, as well as the plight of children living with chronically ill parents.

The DSD (2005) initially defines a vulnerable child as "a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfillment of his or her rights" (p. 13), a broad definition that does not specify the cause of vulnerability. Yet subsequent to this definition, the DSD goes on to list the characteristics of children who are made vulnerable as a result of HIV/AIDS more specifically. These include children:

- Vulnerable to HIV infection, including those who are HIV exposed e.g. peri-natal exposure, sexual abuse, sexually active or engaged in transactional sex
- In households where there are sick persons and where children due to ignorance do not practice universal precautions
- Infected with HIV
- Whose parent or primary caregiver is terminally ill and this affects children in a variety of ways before and after the death of their parent/s
- With no surviving parent or alternate caregiver to care for him/her
- Who are abandoned e.g. by parent/s, other primary caregivers, or by extended family
- In households that care for orphans and/or abandoned children and which often experience increased poverty as a result
- Who experience high levels of mobility between households
- Who experience multiple bereavements and the trauma of death
- In households where they face significant physical, mental, social and emotional harm or neglect
- In need of legal protection and alternative family care (p. 13)

This broad definition certainly alludes to some of the larger socio-economic effects of the disease that contribute to the vulnerability of children such as abandonment, of the

presence of harm or neglect in the household. However, in other discussions in the document on the rights of children that are violated as a result of HIV/AIDS, the DSD (2005) focuses primarily on the direct effects of the pandemic on children's lives that result in their orphanhood, the illness of their parents and their own vulnerability to HIV infection (see p. 12 and 49).

Organizations seem unable to speak to the larger socio-economic impacts of the pandemic on children's lives and how these should factor into the definitions and identification of 'OVC'. Organizations primarily focus on orphans and children at risk of becoming orphans as a result of their parent's illness (and to a lesser extent HIV positive children) reinforcing what UNICEF states in its *Children on the Brink* document published in 2004: "orphaning remains the most visible, extensive and measurable impact of AIDS on children. To date no methodology is available for estimating the number of other children made vulnerable by AIDS" (p. 4). Yet once again such an approach remains problematic when it comes to service provision: how can the needs of the most vulnerable children be adequately addressed without exploring the additional impacts of AIDS on children's lives and whether these might cause some children to be equally vulnerable as those children directly affected by the pandemic? Richter and Desmond (2008) note that while tracking orphan numbers can be appropriate for measuring "the increase in risk to children and the growing burden of care as a result of HIV/AIDS" (p. 1026), it should not be used at the level of policymaking and program implementation.

Furthermore, while subsequent sections of this analysis will delve further into the problems with a concept of OVC that is situated exclusively within the context of HIV/AIDS, it is worth mentioning here that defining OVC in this way fails to highlight the numerous other vulnerabilities children can experience and excludes children who have been made vulnerable as a result of causes other than AIDS in intervention efforts. As Skinner et al. (2004) argue, vulnerability should not be examined within the singular context of HIV/AIDS but should take into account "other contextual variables on vulnerability" (p. 18).

5.3 A Focus on OVC in the Context of HIV/AIDS

I have already noted that the use of the term 'orphans and vulnerable children' emerged within the context of HIV/AIDS due to the recognition that children other than orphans were being affected by the pandemic. Correspondingly, throughout the texts OVC are primarily considered synonymous with children who have been made vulnerable as a result of the disease. Yet the use of the term throughout the texts focuses mainly on orphans of AIDS and children whose parents are ill with the disease and tends to overlook "the broader collective of children burdened by the social, economic, physical and emotional effects of the pandemic" (Meintjes and Giese, 2006, p. 410) as well as the vulnerability children experience as a result of their surrounding socio-economic conditions (Skinner et al., 2004).

While the Presidency's *Situational Analysis,* the *Summary Report* for the PEPFAR-funded programs, and Heartbeat's *Impact Analysis* do not view OVC within the specific context of HIV/AIDS, the other documents open by presenting HIV/AIDS as the major problem leading to the increased vulnerability of children, as well as staggering statistics on HIV/AIDS prevalence rates and rates of orphanhood. For instance, in the opening sentence of their document, PEPFAR (2006) states, "because HIV/AIDS predominantly attacks people of childbearing age, its impact on children, extended families, and communities is devastating" (p. 1). The DSD's (2005) document opens by citing the HIV/AIDS epidemic as having become a critical challenge threatening to reverse the developmental gains made in South Africa since the end of apartheid as well as the realization of children's rights in the country. The introductory paragraph of UNICEF's (2006) document cites the AIDS epidemic as having made children vulnerable, having lead to their orphanhood and having threatened their survival. These statements set the context within which the 'OVC' will be discussed in the documents.

As aforementioned, the majority of the documents examined that define vulnerable children all define them as those made increasingly vulnerable specifically as a result of

HIV/AIDS. By contrast, some of the documents define orphans as those who have lost their parents to *any* cause, including but not limited to HIV/AIDS. The DSD (2005) explicitly notes that it "makes no reference to the causes of orphanhood" in its definition of an orphan (p. 13). UNICEF (2006) defines an orphan as child whose mother, father or both parents have died from *any cause*. However, while these documents do not specify causes of orphanhood, they ultimately focus on the vulnerability of orphans within a context of HIV/AIDS throughout the texts.

Why do these documents open the discussion to include orphans of causes other than AIDS but then do not expand on this later on in the documents? This may stem from the fact that while there are other causes of orphanhood among children, HIV/AIDS remains the major cause and is seen as particularly detrimental to the well-being of children. As such, the focus remains on children directly affected by the pandemic. The scale of the crisis is indeed vast, having become the leading cause of death among adults in sub-Saharan Africa (UNICEF, 2006). South Africa has one of the highest HIV prevalence rates in the world (UNAIDS, 2010). The resulting impact on children is certainly significant; orphans of AIDS account for close to half of all cases of orphanhood in the country (Avert, 2010).

Heartbeat front-line staff spoke of the prevalence of the HIV/AIDS pandemic as in the communities within which they work:

> If you can maybe find (statistics for this township), you will find that maybe 90% of the community is infected by HIV and AIDS, only 10% are still negative. *(PS1-2: Lines 254-257)*

> [Out of all] of the families or any children in this area, maybe 95% are HIV positive. *(PS1-1: Lines 189-191)*

> ...it's very high and still growing. You still have a large number of people who are getting HIV/AIDS on a daily basis. *(PS2-4: Lines 45-47)*

While participants' estimates of the disease are just that, estimates, they do demonstrate the overwhelming presence of HIV/AIDS within communities. Clearly these are communities that are being ravaged by the pandemic. Individuals are infected daily while deaths due to HIV/AIDS occur as frequently. This has lead to a corresponding increase in the number of children becoming orphans. Several participants mentioned the large number of orphans and children living in their communities with parents who are dying or have died as a result of HIV/AIDS:

> I can say we are facing an orphaned generation right now. Because the way HIV and AIDS is killing our people. So we are facing an orphaned generation. We have got so many, many children, orphaned children. And I think another thing...the thing we are left with is what are we going to do? *(PS1-2: Lines 174-180)*

> Because most [of] our children here, their parents have died because of HIV and AIDS. *(PS1-1: Lines 201-202)*

An exclusive focus on the direct effects of HIV/AIDS among children may also point to the notion that vulnerability is perhaps more easily defined within the narrower context of HIV/AIDS. It is perhaps easier to identify vulnerabilities stemming directly from HIV/AIDS among children than the larger number of vulnerabilities children can potentially experience. In fact, Phiri and Webb (2002) stress the dangers of using widespread and inclusive definitions of orphanhood and vulnerability in the context of HIV/AIDS. The authors warn that the use of such definitions can make practice more complex and potentially open to abuse and can make the scale of the problem of children made vulnerable by AIDS appear overwhelming. Assisting children based on broader definitions of vulnerability to HIVAIDS might also prove difficult for most organizations since many are dealing with limited resources. Limiting these vulnerabilities to children directly affected by HIV/AIDS may prove more manageable than identifying

characteristics relating to more general aspects of children's contexts. Nevertheless, this approach not only fails to acknowledge the broader effects of the pandemic on children's lives, but also remains unaware of the problems with an AIDS-exclusive understanding of OVC. Arguably, these issues should not go unaddressed.

Booysen, Bachmann, Matebisi and Meyer (2004) emphasize that "HIV/AIDS affect entire communities and affect various households directly or indirectly at different stages of the epidemic, rather than affect select groups only of households that directly experience morbidity and mortality" (p. 2). Meintjes and Giese (2006) also note the way AIDS affects entire neighbourhoods resulting in increased poverty beyond those directly afflicted by the disease and increased demands on 'informal' networks of support for those who need it. Correspondingly, in its document, UNICEF (2006) notes the ways in which children are indirectly affected by the pandemic:

> Children are indirectly affected when their communities, and the services these communities provide, are strained by the consequences of the AIDS epidemic. Nurses and doctors may suffer from the disease, threatening health care, and the health systems they work within may be overwhelmed with new patients; teachers may become ill, disrupting education (p. 2).

Nevertheless, as aforementioned, UNICEF (2006) continues to focus primarily on children who are directly affected by HIV/AIDS throughout its document. PEPFAR and the DSD also maintain this focus.

Furthermore, subsequent data emerging from the documents and the interviews shows that examining OVC within the singular context of HIV/AIDS overall can be problematic. This is not to say that the HIV/AIDS pandemic has not had a significant impact on children's lives. As Richter (2004) notes, "[t]here is no doubt that the HIV/AIDS epidemic has, and will, precipitate enormous suffering for countless children, families and communities" (p. 21). Additionally, the next section of this analysis points out the particular ways in which the illness and death of a child's parent can have a profound impact on their lives. Nevertheless, the strong connection between HIV/AIDS

and poverty demonstrates that the effects of HIV/AIDS on children's lives should not be examined in isolation. Chandan and Richter (2009) for example, note in high-prevalence countries, like South Africa, the epidemic has unfolded within a context of pervasive poverty and many children and families that have been affected by HIV/AIDS are already destitute or living in economically strained conditions. Establishing HIV/AIDS as the starting point for discussions surrounding OVC then, does not take this reality into account.

Nevertheless, this reality was recognized by front-line staff: while acknowledging the impact of the HIV/AIDS pandemic on children in the country, front-line staff emphasized the reality of poverty being a more significant indicator of vulnerability than HIV/AIDS in their communities. According to childcare worker Precious, such conditions are what perpetuate the spread of the pandemic:

> ...poverty is the thing that causes HIV and AIDS.... Because people are trying to survive. For her to survive she ends up looking for other means of generating income—having sex without a condom. Yeah, so I think that it's a form of poverty that causes HIV and AIDS.... there is a lot of poverty in our community. People are still wanting food and looking for money using other means that are not right, and using unprotected sex...yeah. *(PS2-1: Lines 132-147)*

Similarly, Site Administrative Officer (SAO) Nokubonga notes,

> [H]ere in [this township] we have people from outside who come to join here to work at the [local plant] and they are from outside. And young girls here they have to (end up) fall in love with those people to get some money maybe to buy food at home, that's where HIV started. *(PS3-1: Lines 100-105)*

Precious and Nokubonga point to the quest for survival which causes youth to put themselves in precarious situations and expose themselves to HIV infection. Correspondingly, Nattrass (cited in Tladi, 2006) emphasizes the way destitution as a result of a combination of HIV/AIDS, poverty and unemployment can cause individuals

to act in ways they would not act in more favourable conditions. In this regard, some participants spoke of sexual exploitation children can be forced to endure in order to generate income for the household. According to Free the Children (2005), children are particularly 'easy' targets for sexual exploitation because of their vulnerability as children. The authors note that due to "the issue of poverty and a child's wish to support his or her family" this vulnerability is increased (Free the Children, 2005, para. 1). Childcare worker Philisiwe describes the situation as such:

> I can add that, eh, because of the lack of employment, yeah, they use poor children; they use them to get money for sexual abuse (exploitation). Since their uncles are not working, they must put something at home, that's why the older girls...because of the lack of finances at home, they use them, yeah, to get money. *(PS3-1: Lines 133-136)*

Furthermore, other participants mentioned girls deliberately contracting HIV in order to access the disability grant offered by the government or deliberately having children in order to access the child support grant:

> I think someone just told them that making a baby is one way of at least having some cash but at the end of the day R200 (amount of the child support grant) is nothing. *(PS1-2: Lines 363-366)*

> Because if you've got this (HIV+ status) you are going to get a disability grant at the end of the month.... And then most of the time they are killing the young ones because you find if I am HIV positive and I've got a child who is HIV positive, at the end of the day, I'm killing that innocent spirit because I'm not taking medication and my child is not taking medication. *(PS 1-2: Lines 223-232)*

Tladi (2006) mentions that the disability grant can be a lifeline for many people living in poverty or infected with HIV/AIDS and as such, "depending on the extent of their poverty, they might put themselves at risk of infection in order to be eligible" (p. 371).

These responses highlight the relationship between HIV/AIDS and poverty and the reality that poverty and related efforts at survival are often what perpetuate the spread of

HIV/AIDS among children and youth. Nevertheless, it is important to recognize that this is not a causal relationship. Several of the documents do seem to recognize the existence of this relationship. UNICEF (2006) notes that HIV and poverty are interrelated and that "HIV continues to spread against a backdrop of poverty in sub-Saharan Africa" (p. v). The DSD (2005) cites increased poverty as one of the effects of HIV/AIDS on OVC and recognizes that the pandemic exacerbates the difficult circumstances of poverty experienced by many South African children. However, by maintaining HIV/AIDS as the starting point for discussions on OVC, and maintaining a narrow perspective of OVC as children directly affected by the pandemic, these documents prevent the circumstances of children before they are affected by the pandemic such as their poverty and quest for survival to be taken into account. The intersection of poverty and AIDS emphasizes that children's vulnerability should not be examined within the singular context of HIV/AIDS but rather the broader socio-economic context of children's lives.

Furthermore, the strong presence of HIV/AIDS stigma in South Africa make an AIDS-exclusive perspective of OVC particularly ill-suited to the South African context. UNICEF (2006) notes that the stigma and discrimination associated with HIV/AIDS compounds the problems already faced by children living in AIDS-affected households. The DSD (2005) attests that stigma and discrimination contribute to OVC being denied or discouraged from accessing basic services such as health care, education and social services. The *Summary Report* of the 32 PEPFAR-funded programs, also attests that the social neglect and stigma OVC face often places them at risk for physical, sexual, or emotional abuse; exploitation and seizure of inherited property by dishonest relatives (O'Grady et al., 2008). Interview participants also spoke of the presence of the stigma of HIV/AIDS observed among the communities within which they work. Participants mentioned that many families avoid acknowledging the fact that a family member is HIV positive for fear of being stigmatized by others in their communities. As childcare worker Phindile notes:

> the [HIV] status is very confidential. So we have a problem with other families because after one has revealed their status they are discriminated against.... And

> another challenge we have is that in other families they hide them (the one who has HIV). And in some cases you can see, that it is obvious [that the person is HIV positive] but she's not saying anything. *(PS 2-1: Lines 92-101)*

Likewise, many guardians of children who are HIV positive conceal the HIV positive status of the children under their care. Participants also noted the ways in which caregivers conceal the death of a child's parent. Death is often not discussed among families and that even if children are aware that their parents have died the cause of death is often concealed from them. As After School Coordinator Themba states:

> Another challenge that the kids are facing, like in our culture, we don't talk about death or any loss. So the children have questions and those questions sometimes result in the children becoming filled with anger. *(PS 3-2: Lines 162-166)*_

Likewise, childcare worker Akhona states:

> Some of the families are still afraid to come out when their family members have passed on. I even ask questions like "how many funerals have you went to where they tell you 'this child has died because of HIV and AIDS'?" It's always diverted—pneumonia—natural causes [cross talk]—they don't be specific. *(PS1-2: Lines 186-192)*

Given the immense stigma HIV/AIDS carries in the context of South Africa, it is clear that a focus on children solely affected by HIV/AIDS in intervention efforts on the ground has the potential to exacerbate the stigma such children may experience. The importance of fighting AIDS-related stigma is certainly recognized here, as is the need to continue efforts to increase HIV/AIDS education and the ability to talk openly about the disease. Nevertheless, stigma in the context of OVC can also certainly be reduced if organizations refrain from emphasizing HIV/AIDS as the basis for their intervention efforts for OVC and rather broaden their approach to target not only children orphaned and made vulnerable as a result of HIV/AIDS, but also children orphaned and made vulnerable as a result of other factors.

Smart (2003) cautions against intervention efforts that focus exclusively on children orphaned as a result of AIDS. She notes that such an approach can lead to 'AIDS exclusivity' where AIDS is treated differently than other illnesses and can also lead to increased stigma for children affected by AIDS (ibid.). In their 2004 edition of *Children on the Brink,* UNICEF emphasizes that programs should not single out children orphaned by HIV/AIDS since targeting specific categories of children at a programmatic level "can increase stigmatization, discrimination, and harm to those children while denying support to other children and adolescents in the community who may also have profound needs" (UNICEF, 2004, p. 38). As aforementioned, poverty is a more significant indicator of vulnerability than HIV/AIDS alone. Additionally, 44 percent of orphans in South Africa have lost their parents to causes other than AIDS. As such, there is certainly need to look beyond AIDS as the source of children's vulnerability.

The OVC discourse emerged within the context of the HIV/AIDS pandemic, thus it is evident why the documents examined would frame the problems facing OVC as a problem of HIV/AIDS. Nevertheless, the documents tend to focus on the direct effects of the pandemic on children's lives that result in their orphanhood or parental illness as opposed to the broader collective of children affected by the disease. Furthermore, front-line staff working on the ground highlight the reality of poverty as being a significant contributor to the vulnerability of OVC, if not the root cause. Many of the communities within which front-line staff work are affected by HIV/AIDS, and participants noted the severity of this impact. However, it is evident that the problem of HIV/AIDS cannot be disconnected from the issue of rampant poverty apparent in these communities. As Meintjes and Giese (2006) note, "children in poverty-stricken, HIV/AIDS-affected communities are all vulnerable" (p. 420) and thus an AIDS-exclusive perspective of the vulnerability of children remains largely inappropriate.

5.4 A Focus on the Vulnerability of Orphans and Potential Orphans

In addition to a perspective of OVC that focuses on the direct effects of the pandemic on children's lives, the previous sections of this analysis have also highlighted the fact that across the board, the OVC term presented in the documents primarily refers to orphans and children who are vulnerable to becoming orphans by virtue of their parent's infection with HIV/AIDS. Such a perspective represents a fairly narrow understanding of OVC that tends to overlook the larger socio-economic conditions of children's lives that often lead to their vulnerability.

In discussing OVC, many documents draw a direct link between the absence of parents and the lack of material resources and emotional supports and thus consider children who have lost their parents or those living with ill parents to be particularly vulnerable. The *Summary Report for 32 Case Studies* notes that "[t]he loss of a parent or illness in the family is extremely disruptive to children, placing them at a distinct disadvantage in obtaining the support necessary for their welfare, or in securing their long-term survival" (O'Grady et al., 2008, p. 28). PEPFAR (2006) also points to a distinctly disadvantageous situation for children who have lost their parents (specifically to HIV/AIDS): "they confront stigmatization, rejection and a lack of love and care" and also "often suffer from emotional distress, malnutrition, a lack of health care, and poor or no access to education" (p. 1). Correspondingly, UNICEF (2006) refers to several studies conducted across Africa that have found orphans and children with ill parents to be especially vulnerable:

> Recent studies in Malawi, Rwanda, Zambia and Zimbabwe found that orphans and children with chronically ill caregivers are worse off with regard to possession of basic material goods (a blanket, shoes and an extra set of clothes) than other children.... Demographic and Health Surveys in 10 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 (p. 12-13).

Children living with an ill parent are also seen as lacking these resources, as UNICEF (2006) notes, suffering from "impoverishment [and] the emotional suffering, neglect and increased burden of responsibility associated with a parent's illness" (p. 18).

The documents also deem children who have lost their parents, in particular, increasingly vulnerable as a result of the weakening of the extended family system. Parental death has in fact caused many extended family members to step in to care for children without parents in South Africa and across most of the continent. However, all of the documents highlight the decreased capacity of the extended family to act as a support system for children without parents. They emphasize that the extended family is under increased strain as a result of the HIV/AIDS pandemic and the need to care for so many parentless children. This is said to place children without parents at a distinct disadvantage to other children whose parents are alive and living with them.

PEPFAR (2006) notes that extended families in communities hard-hit by the HIV/AIDS pandemic "find that their resources are inadequate" to provide the basics for children in need (p. 1). Similarly, the DSD (2005) notes that the HIV/AIDS epidemic has resulted in family, community and social disintegration and that the extended family system in particular is no longer able to provide children with their basic requirements. UNICEF (2006) emphasizes that as the numbers of orphans and vulnerable children in sub-Saharan Africa increase, there is a corresponding decrease in the capacity of families to meet the growing need for childcare. They go on to mention that while the extended family "will continue to be the central social-welfare mechanism in most part of sub-Saharan Africa", this mechanism will face increasing burdens as the death rate and the number of orphans and vulnerable children increases (UNICEF, 2006, p. 17). The Presidency notes that while many children who have lost one or both parents reside with extended family members, there remain millions of orphaned and vulnerable children in South Africa. While not as explicit as the other documents, the Presidency suggests that the extended

family does not have the capacity to care for such a large number of OVC as those that exist in South Africa. The *Summary Report for 32 Case Studies* document states that the 'orphan crisis' is stretching the capacity of the extended family system and that in various communities in South Africa the system is "simply exhausted" due to the large number of children in need of care (O'Grady et al., 2008). Finally, Heartbeat (2007) speaks of family networks as "dwindling" in light of the increasing number of children in need in South Africa (p. 4).

These sentiments coincide with the theory of social rupture described in the literature review for this study. As Abebe (2010) describes, the theory of social rupture "assumes that the traditional system of orphan care is overstretched and eroded" (p. 463), particularly as a result of AIDS, and that it is moving towards complete breakdown. While all of the documents do not speak of the extended family as moving towards imminent breakdown or a cataclysmic breaking point, they emphasize that the capacity of the extended family to support orphaned children is weakening and has the potential to leave such children void of adult care and support.

With the extended family deemed unable to maintain the capacity to care for parentless children, such children have the potential to become members of child-headed households. Heartbeat (2007) describes child-headed households as those households where an older child is the only primary carer for younger siblings. Without adult caregivers, children in these households are seen as increasingly vulnerable to a number of issues adult protection would otherwise provide. Several of the documents speak of child-headed households as increasingly vulnerable as a result of the lack of adult presence in the home and thus in need of particular assistance to ensure their protection. UNICEF (2006) notes that those living in child-headed households "are expected to have greater needs and vulnerabilities than households headed by an adult" (p. 17). PEPFAR (2006), the DSD (2005) and the Presidency (2009) all emphasize the need for child-headed households to be identified and strengthened through appropriate support and

intervention efforts. Heartbeat (2007) has prioritized children of child-headed households as one of the three categories of children it assists.

In light of the increased vulnerability of orphans and children with ill parents, the weakening of the extended family system and the resulting incidence of child-headed households that are at a particular disadvantage without adult presence and support, the documents examined overwhelmingly deem the loss and illness of parents to be a key factor contributing to increased vulnerability of a child. Nevertheless, while the loss or illness of a parent can certainly contribute to an increasingly vulnerable situation for a child, children who have lost a parent or who are living with an ill parent are not necessarily more vulnerable than other children. Correspondingly, out of all the documents examined, one document—the Presidency (2009)—highlights that an approach that exclusively targets children who have lost their parents or those at risk of losing their parents disregards the larger group of vulnerable children, particularly those who suffer from poverty and abuse:

> [S]ome children who may still have both parents but living in extreme poverty or an abusive environment are still vulnerable and in need of care like other children, so should not be excluded from beneficial interventions. The system should not marginalise such children just because their parents are still alive (p. 49).

The Presidency's statement points to the reality that children living in impoverished circumstances, may be equally vulnerable to children who have lost their parents or who are living with ill parents, commonly considered 'OVC'. This reality equally was expressed in the interviews with front-line staff. Several participants remarked that the plight of children that qualify for Heartbeat services (orphans and potential orphans) is often not that dissimilar from the realities facing the many children with parents residing in the communities within which their programs operate. Participants noted that in many cases, it is poverty and rampant unemployment in the community that causes children with parents to be just as vulnerable as the children they serve. Zandile, Community Development Facilitator (CDF) discusses the mix of 'Heartbeat children' and

'community children' at the project centres and the reality that many of the problems facing these two groups of children are in fact the same:

> Because if we say it's only Heartbeat children that have a right to come to the centre: [there will be a] stigma. It is (will be seen as) an orphan centre. You see? But when we mix them, they don't understand (are unaware of) what's happening. They just take them as one...you see? And sometimes when they share their problems with the community children they are similar, you see? *(PS1-1: Lines 560-567)*

Correspondingly, Lehumo, a CDF at another project site, emphasizes the difficult situation many households with parents face as a result of unemployment which cause them to experience many of the same needs as children without parents:

> ...not because there are no parents, there are parents but there is no employment so this makes the situation at home to be very rough and difficult financially....So that's basically the whole community around here. *(PS2-4: Lines 24-28)*

Likewise, childcare worker Macane attests:

> Because you see, here in South Africa we do have a higher rate of unemployment. And most of the community members...we have people living in informal settlements and most of them are unemployed. So children do suffer... *(PS2-3: Lines 78-84)*

Unemployment is a particularly significant contributing factor to the poverty of children. The unemployment rate in South Africa is 24 percent (Statistics South Africa, 2010a). Approximately 34 percent of South African children are living in households where there are no working adults[3] which accounts for nearly 6.5 million children (Statistics South Africa, 2009b). Children living in households where adults are unemployed are not able to benefit from the resources, stability and security wage employment brings to a household (ibid.).

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[3] Employment in this case refers to individuals over the age of 18 employed in the formal sector earning wages, as well as those generating income in the informal sector.

Nomfundo, an After-School Coordinator at Heartbeat further emphasizes the reality that having parents does not necessarily guarantee adequate care for a child. Neglect in the home, compounded by poverty, can act as a culprit for the increased vulnerability of many children with parents:

> In our community, most of the parents are ignorant. You find that both parents are drinking or both parents are alcoholics and they've got children. And no one is looking after the children. Children go to bed with hungry stomachs, children go to school with hungry stomachs, without bathing or washing him or herself. And then at the end of the day this causes vulnerability to that particular child. *(PS1-2: Lines 335-342)*

Abuse and crime are also issues many children in South Africa face. The previous section of this analysis introduced the sexual abuse and exploitation some children are forced into in order to generate income for their households. Children and youth are also both victims and perpetrators of crime. The Presidency (2009) highlights the high incidence of criminal violence in South Africa that has "severe consequences for children" (p. 114). The South African Police Service (2008) notes that the most violent crimes committed against children are rape and assault. In 2008, children under 18 were the victims of 43 percent of all reported indecent assaults (Presidency, 2009). In 2007, close to 23,000 children were the victims of rape.

Pelser (2008) further emphasizes that children and youth are consistently exposed to crime as both victims of crime and witnesses thereof in their everyday environments such as their homes and their schools. He notes that as such "a significant proportion of South Africa's youth has learned and internalised this behaviour and so replicates it" (p. 8). Correspondingly, Heartbeat's front-line staff mentioned the high prevalence of crime in the communities within which they work and the propensity for children to become perpetrators of crime. As Nomfundo states:

> [I]n this community crime is very high, hijacking, house robbery, everything is high. Most people are not working and most of the children are not going to school. So that is our main problem that we are facing. *(PS1-2: Lines 37-42)*

Nomfundo explains that children are often inclined to enter a life of crime due to the lack of opportunities available to them as well as their desire to generate income. Participants also explained that many children cannot afford to go to school which leaves them idle and prone to such a lifestyle.

Clearly many issues beyond those of orphanhood and parental illness can cause vulnerability to children in any given household. Often these issues, compounded by poverty, cause increased vulnerability among children. Du Plessis and Conley (2007) note that poverty and inequality have a devastating impact on the lives of South African children. The Presidency (2009) also notes that poverty acts as a root cause for many other forms of deprivation among children. An estimated 64 percent of children in South Africa live in households that are income poor (i.e. below the poverty line) (Statistics South Africa, 2009b). The additional socio-economic circumstances of household unemployment, neglect, abuse and crime heighten children's vulnerability. As such, limiting the scope of 'OVC' to solely include orphans and children with ill parents does not allow for these children to be included and thus to become recipients of care and support.

Participants spoke of the appeal of being considered 'OVC' given the assistance and access to services children who fit this categorization are able to receive. Said the After-School Coordinator from the second project site:

> When it comes to us as Heartbeat, OVC has become a brand by which even community children would prefer to be OVC than to have their parents even if they're not, because of the support they see from Heartbeat, that they see being offered to those OVCs. So they also wish to be OVCs as well. *(PS2-3: Lines 187-193)*

Ditebogo, The Site Administrative Officer (SAO) at the same project site went on to point out the reality of children in child-headed households often faring better than children living with unemployed parents given the amount of support and assistance they receive:

> Yeah, being an orphan in South Africa sometimes it comes with good benefits like getting the grants-- foster grants and you find out that the children who have lost their parents and are living alone do better than the children who have both parents who are not working. They can afford uh… clothes and food and everything and they can change hairstyles all the time! *(PS2-3: Lines 212-219)*

These responses point to the fact that the focus on orphans and children with ill parents can lead to inequities on the ground with these children, in some cases, faring better than other equally vulnerable children living in poverty. The reality of poverty and unemployment in many communities demonstrates that parental presence does not necessarily indicate a situation of improved well-being for the children. Undoubtedly recognizing these realities, childcare worker Akhona states:

> I think we should also…the people that should benefit is the people who we have…what's the word that we use?...we've *evaluated* and 100% made sure that they really deserve this. Because some of the kids…really, they no longer deserve the service. *(PS1-2: Lines 436-441)*

Akhona clearly recognizes that creating a situation in which a particular group of children have access to a range of support systems while another remains in a situation of poverty and limited access to systems of support and care is far from ideal. Wilson and Giese (2002) note that while orphaned children and children with ill parents do face unique challenges, many of the vulnerabilities they experience are the same vulnerabilities experienced by other children living in poverty. What is more, intervention efforts targeted at these children do not target their unique vulnerabilities as much as they target the vulnerabilities experienced by the larger group of children living in poverty. Across the board, interventions for OVC advocated by the development agency and NGO documents in particular include the provision of food/nutrition, shelter, protection, health

care, psychosocial support and education (see Heartbeat, 2007; PEPFAR, 2006; O'Grady et al., 2008). The *Summary Report* for the 32 PEPFAR-funded programs and Heartbeat also add economic support, particularly in the form of grant access, as a key intervention effort to be directed towards OVC. What is significant here is that the majority of these intervention efforts targeted specifically to OVC are in fact poverty alleviation efforts. The need for food, shelter, health care and education primarily point to a lack of financial security to be able to consistently afford these basic needs. Nevertheless, as Meintjes and Giese (2006) affirm, "[a]cross the board, children living in impoverished households suffer from hunger. They struggle to pay school fees and to access school uniforms, and frequently to access health care and other services" (p. 417). As such, the targeting of these services to OVC specifically disregards the numerous other poor children who would benefit from such forms of support.

In addition to poverty alleviation efforts offered to OVC in the form of basic services however, psychosocial support is listed in virtually all of the documents as a core intervention effort to be provided to 'OVC'. Many of the documents cited psychological and emotional trauma as a distinct problem experienced by children who have lost a parent and those living with an ailing parent thus legitimizing psychosocial support as a core intervention for these children. In its document, PEPFAR (2006) notes that during the illness and after the death of a parent, children suffer from anxiety, fear, grief, and trauma. Particularly after the death of a parent they can confront rejection and a lack of love and care and even turn to substance abuse in order to cope (ibid.). Additionally, in the *Summary Report* of the 32 PEPFAR-funded organizations O'Grady et al. (2008) state:

> the impacts of HIV/AIDS on children can be devastating. Children often witness the decline of their parent's health and eventual death. Many OVC struggle to understand such loss and may blame themselves for their parent's death, or believe they are being punished (p. 30).

Similarly, Heartbeat staff mentioned the pain and trauma children can experience as a result of the illness and eventual loss of a parent. Speaking of the case of one 19 year old

girl being assisted by Heartbeat, Community Development Facilitator (CDF) Zandile notes:

> [S]he's traumatized. Because when her mother died she was there looking. You see? She was traumatized because she can't cope even now. Every time when maybe she's alone that picture [comes] again and she sees her mother 'doing her last office' (in her final hours of life)... And she was alone. No elders no one. *(PS1-1: Lines 349-357)*

Correspondingly, childcare worker Dimakatso notes:

> If they lose one of their family members they become traumatized. They feel lonely. *(PS3-2: Lines 31-33)*

Finally, according to After School Coordinator Thabang,

> ...you find that the loss of parents could actually bring a child... could actually traumatize a child in different ways. And you find that the vulnerability could lead a child to different um, things that the child could engage themselves in. One could be substance abuse because of wanting to relieve the stress and the depression, or to get rid of the trauma of losing parents... *(PS2-3: Lines 93-100)*

It is evident then that children experiencing the loss or illness of a parent can experience the unique vulnerability of pain and trauma. While this does not legitimize the provision of poverty alleviation efforts to them at the expense of other vulnerable children, it may legitimize psychosocial support as a core intervention for these children. However, as Henderson (2006) notes, care should be taken in addressing the grief and loss children experience in relation to their parents' deaths. These issues should be obliquely approached, and should "respect children's silences in relation to personal pain" (Henderson, 2006, p. 306). Additionally, it may be inappropriate to target these children with psychosocial support at the expense of other children. Interview participants at Heartbeat underscored the ways in which they make psychosocial and emotional support available to all children regardless of whether or not they are considered OVC and

qualify for assistance from the organization. This would reduce the stigma certain children suffering the loss or illness of a parent might experience if they were singled out, while opening up avenues for assistance for the larger group of vulnerable children than simply OVC. The Presidency (2009) notes that poor children often experience vulnerability in the form of physical abuse and social exclusion (p. 34). Children experiencing neglect and those exposed to violent crime are also vulnerable. Such children would also benefit from the psychosocial support typically offered only to children who have lost a parent or are living with an ill parent.

Given the peculiarities of the South African context, rife with poverty and unemployment, violence, crime and abuse, targeting children who have been orphaned or who are at risk of becoming orphaned in policy and intervention efforts at the expense of other children living in poverty, is perhaps locally inappropriate. This approach is also inequitable, as evidence already points to the potential for parentless children to fare better than other vulnerable children in their communities by virtue of the specific forms of assistance provided to them. As Richter and Desmond (2008) note,

> [T]he loss of one or both parents is likely to increase the risks faced by children, but it is not the sole determinant of hardship, including extreme poverty and hunger. A large number of biologically orphaned children are living in better circumstances than many children with living parents (p. 1027).

It is clear then that parental loss or parental illness is not the most appropriate marker of vulnerability for children in South Africa and that efforts to identify the most vulnerable children should take into account the broader local contexts and resulting vulnerabilities many children face.

5.5 Externally-Based Definitions of OVC

All of the documents reviewed present externally- or globally-based definitions of OVC, which tend not to reflect local understandings of orphanhood and vulnerability and local

realities experienced by vulnerable children. For instance, important divergences are found when comparing international development agency and government definitions of OVC to local understandings at the community level in South Africa. Additionally, divergences lie in the itemized criteria for qualification of care for OVC by development agencies and NGOs as compared to the realities experienced by front-line staff on the ground. When external definitions and criteria are used as a basis for identifying vulnerable children for intervention efforts, as they tend to be among efforts targeting 'OVC', this approach has the potential of excluding many non-qualifying vulnerable children on the ground. As such, a consideration of the cultural and contextual relevance of the use of the 'OVC' term is extremely important.

The 'global' or 'international' definition of orphans in particular, as used in PEPFAR, UNICEF and the Presidency's documents, constitute children who have lost one or both parents to death. Heartbeat similarly defines orphans as children whose parents are either dead or not present. In all these cases orphanhood signifies a situation of parental absence. However, these definitions lie in contrast with local understandings of orphanhood in South Africa. Childcare worker Akhona speaks of his understanding of orphanhood in the community context:

> Sometimes I don't define a child an orphan [if] the child has got a proper family structure or leader, you know? Some of the kids can lose their parents but they can still have a proper and a successful life. And then some can just lose those two icons and the structure is gone and disappeared. But I define an orphan as a person who has lost almost the potential aspects of his or her life.... I was once told by a family, this year, that the kids told me that they've got their granny, they don't feel like orphans but their parents are gone. *(PS1-2: Lines 548-568)*

Akhona goes on to mention his personal experience after having lost his own parents:

> Like, me I don't have my parents but I don't guarantee (consider) myself as an orphan because I did manage to put myself in the proper and comfortable hands.

> Even if I am living with my brother; but I don't call ourselves as orphans. *(PS1-2: Lines 583-588)*

Meintjes and Giese (2006) note that many children who have lost a parent go on to live in changed but not isolated circumstances. They emphasize that "the majority of children in South Africa who are defined and enumerated as orphans in terms of the international definition are not living without adult presence, care, support, supervision or socialization, or necessarily without positive adult role models" (p. 415). Similarly, Childcare worker Mosimane emphasizes that while children may have lost their parents, having a caregiver that supports them ensures that such children remain cared for. She mentions what she typically tells children who have lost their parents:

> [Y]ou are still a child and you must know that whether you [live with] your mother, or the neighbour or a parent, they are still your parents. Not to say because you lost your parents then it's over with you, you know, with your life or what. Whoever comes and you feel to call that person as a parent, as a brother, you must know that he is or she is your mother. Yeah. *(PS2-2: Lines 423-435)*

It is evident that for participants, orphanhood is less linked to the absence of biological parents and more closely linked to the absence of support and care. Akhona mentions that children who have lost their parents but maintain a strong support system around them—extended family members, alternate caregivers, childcare workers—are not seen as orphans since they remain the recipients of adequate care. Other front-line staff also emphasized the ways in which they avoid using the term 'orphan' when speaking to the children they support even though most of these children have in fact lost their biological parents.

These notions are clearly connected to the negative connotation and stigma associated with the word 'orphan' in the local context. Akhona speaks about the stigma associated with 'orphan' equivalents in local languages in South Africa:

> Like in our…our…[country] we've got 11 official languages. It's all called differently. And then it's translated differently. But some of it in our culture it

> sounds kind of like discriminating. But it's the way it has been translated: *'intandane'* (isiZulu), *'dikgotsane'* (Setswana). If someone can tell you that and you not aware, you can think it is a very bad word. But 'orphan', 'vulnerable', it's how it has been translated... *(PS1-2: Lines 626-634)*

Meintjes and Giese (2006) also speak of the "negative value-laden connotations" of the concept of orphanhood derived partly from the words used to translate the English word 'orphan' into local South African languages. These translations, a few of which Akhona refers to above, actually refer to a child who has no one to care for him or her, who is isolated, destitute and experiencing alienation and a lack of belongingness (Henderson, 2006; Meintjes and Giese, 2006; Skinner et al., 2004). Such an understanding of orphanhood is linked more closely to the social rather than biological aspects of care (Meintjes and Giese, 2006). As Henderson (2006) notes,

> the idea of being orphaned may accrue theoretically, therefore, to a person who still has parents but who has experienced profound displacement.... To be orphaned in this sense is to be without moorings, social support and place (p. 307).

Caregivers at Heartbeat do not wish to use the term 'orphan' to identify or describe the children they work with because for them this term signifies a lack of provision, support and adequate care in the life of a child—a reality that clearly does not describe the children they work with since they are well cared for and have adequate support. Nomfundo, After-school Coordinator at the first project site I visited says:

> We don't have orphans here in Heartbeat. It's 'orphans' that written on the board, that we are working with 'OVC', but here in Heartbeat we don't have orphans. *(PS1-2: Lines 693-696)*

Meintjes and Giese (2006) note that as funding and other resources are directed at children who have lost one or both parents, and to organizations that support them, "local South African concepts of orphanhood will further converge with the global" (p. 422).

This reality is already evident in discussions with Heartbeat front-line staff. When asked to define orphans, front-line staff predominantly defined such children more in line with the 'international' definition: as children who have lost either one or both parents.

> [A]n orphan is a child whose parents have died. *(PS3-2: Lines282-283)*

> [O]rphans, which are those whose parents have died; both or just one parent died. *(PS2-2: Lines 374-376)*

> Lehumo: ...the orphan is a child without parents; those are orphans.
> *I:* *Either one or both?*
> Lehumo: Yeah, either one or both. Yeah, and some, parents are there, both parents are there but they just choose their own way and they just leave the child. So to
> Heartbeat, that is an orphan not by choice, but by disassociation. *(PS2-4: Lines 248-253)*

When asked to define orphanhood participants' definitions closely mirror those of governments, international development agencies and their organization. However, in the same breath, participants do not refer to parentless children as orphans seeing the term as both stigmatizing and uncharacteristic of the children they assist. Front-line staff operate within two contrasting concepts of orphanhood: one referring to a loss of biological parents and espoused by the organization, and the other referring to a loss of care, support, and a lack of resources, as understood in local contexts. It is evident however, that a focus on children without parents has the potential to perpetuate stigma amongst such children regardless of the fact that they may have adult support to ensure their long-term care and protection. Additionally, such an approach does not present an accurate picture of the landscape of vulnerability among children in South Africa and the reality that parental loss is not necessarily the best marker for vulnerability among children.

In addition to the divergences between the global and local understandings of orphanhood, there is a corresponding disconnect between the criteria used to identify OVC and thus recipients of care and support and the realities of children most in need in South Africa. In particular, the use of rigid and static criteria to identify OVC does not correlate with the realities of the lives of many children in need in communities in South Africa which are often fluid and in constant flux.

In the case of Heartbeat, several participants spoke of Heartbeat's criteria as restrictive given the situations they face on a daily basis. Again, Heartbeat's criteria for assistance prioritizes orphans of child-headed households, orphans of relative-headed households (where a single adult over the age of 55 years is the child's only primary carer) and potential orphans (children living with a primary carer who is ill and bedridden). In particular, participants emphasized the restrictive nature of this criteria and the reality of seeing a child in need but feeling restricted because the child does not fit the criteria of qualification. This often occurs due to a change in the child's household arrangement over time. As in many other African nations, South African "families and households, like other social institutions, are dynamic rather than static entities" (Mathambo and Gibbs, 2008, p. 9). Fluid household composition and high levels of individual and household mobility are common as are short or temporary periods of residency (Hosegood and Timaeus, 2006). The children Heartbeat staff work with often experience such changes in their households, however this household re-composition does not necessarily signify a change in the needs of the children of that household, particularly if the change in household arrangement is temporary.

Nevertheless, given the nature of Heartbeat's criteria, after experiencing a change in his or her household arrangement (e.g. a relative under the age off 55 joins the household), a once qualifying child would likely no longer qualify. This has clearly created feelings of frustration among front-line staff since, as aforementioned, although a child's household composition may have changed, his or her needs often have not. Childcare worker

Akhona speaks of the confusion staff experience in these circumstances when having to determine whether a child qualifies for assistance:

> Because at first, the category (criteria) of Heartbeat would say that we want child-headed households, but you go there and you find those kids living alone and then you come and then this month you give them food parcels. When you come next month, you find that there is an auntie visiting. Ok, she's visiting at that time. You come back on the following month, she's still there. How, now, no, due to what what (something or the other) she cannot go back. Then now you find the auntie's kids. Now they are no longer qualifying at Heartbeat because now there is extended family members.... *(PS1-2: 401-412)*

Afterschool Coordinator Nomfundo also attests to this confusion:

> One other thing is that, as the criteria changes—like the POs (potential orphans), someone who is sick and staying with the children—as time goes on, you'll find, just as Akhona has said, another extended family is coming. At the end of the day we are no longer knowing [whether] he a potential [orphan] or not.... Because Heartbeat wants potential [orphans]... but there are extended families so it gives us problems at the same time....and the careworkers are becoming confused at the end of the day. *(PS1-2: Lines 444-473)*

Zandile, Community Development Facilitator (CDF) at one of Heartbeat's project sites in Gauteng, speaks of the reality of children experiencing a change in their household arrangement yet remaining in a situation of need:

> you can get a granny alone with the children but come two months, a granny stays with the uncle, aunt and two orphans.... sometimes you can say "ok, granny, we try to...ok, you do not qualify for Heartbeat". Immediately when we move out as Heartbeat, we left a pain. They suffer. You see? Those children will suffer. And sometimes they come to the centre; they are hungry.... So what happens [to] these other kids? I must chase [them] out? Or I must refuse them [saying] "no, no, you are not an orphan. There is an uncle, there is an aunt"? *(PS1-1: Lines 492-531)*

Such situations present a challenge to front-line staff as they walk the fine line between trying to follow the criteria of an organization functioning with donor restrictions and simultaneously caring for the children they know require assistance. Zandile's response is to look at the needs of the child first:

> ...yes, grandma was staying with only 2 kids the first time I go there and then after the aunt and uncles were there. And I can't say "chase these aunties and uncles; I need to see this..." No, I must see the situation, how the granny suffers, how the kids [suffer]. I'm here for the kids. I must look at the kids. You see? *(PS1-1: Lines 541-547)*

For Zandile, the needs of the child become paramount rather than the need for them to fit into a particular category of qualification. What is important is that the child's situation is examined first to ensure they receive the assistance they need. Zandile mentions that when head office staff come to visit the project site and inquire as to why a certain 'unqualified child' is receiving assistance, she can explain the child's need and why they should remain a recipient of Heartbeat's services.

Zandile may feel more empowered to make such decisions given her managerial position as CDF at the project site. Most participants did not speak of going against the organizational criteria and making the types of decisions Zandile has made. Nevertheless, their confusion and frustration with the reality of a rigid criteria, combined with fluid household arrangements, suggests that prioritizing categories of children for support and assistance using fixed criteria of qualification may be inappropriate given the changing environments of vulnerable children in the South African context. In particular, basing qualification as OVC and thus target recipients of care and support on particular household arrangements does not take into account the cultural realities of children and household fluidity. The cultural relevance of the 'OVC' term and its corresponding criteria of qualification is important if efforts are to truly identify those children most in need.

Nevertheless, while their definitions of OVC do not take local understandings into account, most of the documents seem to recognize the need for programming efforts to take into account local contexts and for local communities to spearhead the identification of the children most in need. UNICEF (2006) emphasizes that the situation of OVC varies by context, and thus "responses need to be based on situation assessments in order to reflect local realities and meet local needs" (p. v). The Presidency (2009) also highlights the strong role local communities have to communities to play in identifying and providing support to vulnerable children. PEPFAR (2006) mentions the importance of intervention efforts to consider their appropriateness to the national and local context, and attests that,

> "[its] operational definition [of OVC] identifies those who are potentially eligible for PEPFAR supported services, but does not identify those most in need of services. For programmatic decisions, each community will need to prioritize those children most vulnerable and in need of care" (p. 2).

These statements are significant. PEPFAR's statement in particular recognizes that its definition of OVC may not be in congruence with the realities of children most in need. Yet all the statements emphasize the need for the identification of the most vulnerable children to be conducted at a community level.

Documents do recognize the importance of acknowledging the local context and the reality that the identification of children most in need should be conducted at the community level. Yet, as aforementioned, their definitions of OVC remain largely associated with global understandings of orphanhood and vulnerability and tend to focus primarily on orphans and potential orphans. Once policy and service provision are guided by such definitions, the opportunity for communities to identify of children most in need will be less likely. However, if as PEFPAR suggests, intervention efforts can use definitions as more of a theoretical guide, and at a programmatic level prioritize those children identified as most vulnerable by those in the community, the needs of the most vulnerable children can be addressed.

This approach seems to be in effect with PEPFAR-funded programs as described in the *Summary Report for 32 Case Studies.* While the authors do not say that front-line staff are spearheading the identification of children most in need, they do mention that the definition of OVC differs from one program to the next "as the social ills that put children at risk as well as the direct impact of the HIV and AIDS epidemic vary from one locality to the next" (O'Grady et al., 2008, p. 15). This suggests that the organizations are being guided less by global definitions and more by the local contexts organizations find themselves in, which in turn influences to whom they direct their services. This also suggests that organizations are operating in line with PEPFAR's statement mentioned above ensuring each community prioritizes those children most vulnerable and in need of care. Organizations that are truly in touch with local realities would certainly be better able to identify the most vulnerable children in the communities within which they work.

The question then becomes, are the intervention efforts of these organizations in fact being guided by understandings of OVC that are in line with local realities? Furthermore, are organizations encouraging the identification of the most vulnerable children to take place at a community-level? The limited research conducted for this study suggests that this might not be the case. In Heartbeat's *Impact Analysis*, the organization states that its process of selecting particular categories of orphans and vulnerable children to support "was not a desktop exercise, but a model developed over time, from experience and in consultation with communities" (Heartbeat, 2007, p. 9). The organization's priority categories certainly do point to children in need in the communities within which they work. Front-line staff all spoke of the positive impact of the organization and the ways in which it has consistently mitigated the vulnerability of children in the community. Nevertheless, the aforementioned frustrations of front-line staff suggest that Heartbeat's priority categories may not be fully addressing the needs of those children most in need.

However, it is important to note that NGOs have limited resources. Heartbeat (2007) rightfully notes that "[it] is unfortunately not in a position to offer its services to every

child in South Africa" (p. 9). In the context of widespread poverty and vulnerability among children, it is undoubtedly a challenge for NGOs to support broad groups of children in need while operating within limited budgets. Furthermore, Skinner et al. (2004) mention the difficulty in bridging the gap between "addressing the specificity of [children's] needs" and "what is bureaucratically feasible" (p. 4). Nevertheless, as evidenced here, it is extremely important for programs to remain contextually relevant as this has serious implications for the provision of support to children in need. Phiri and Webb (2002) note that the "mismatch between community's notions of vulnerability and the imposition of external definitions tends to result in a top-down approach that is unlikely to encourage community 'ownership' of programme activities" (p. 8-9). Thus, programs should be making a concerted effort to bridge this gap to ensure the needs of the most vulnerable children are being addressed.

5.6 Conclusion

This chapter has both presented and analyzed the findings of a review of documents published by the South African government, international development agencies and non-governmental organizations as well as interviews conducted with front-line staff. It was the goal of the analysis to determine the nature of the use of the OVC term across the texts as compared to the understandings of OVC in the interviews. The analysis sought to determine how the term is used given the absence of a framework for OVC and the implications of this on the care and support of children in need.

Analysis of the OVC term across the texts and the interviews reveals that while the shift in discourse from 'AIDS orphans' to 'OVC' was meant to encourage the support of children other than orphans in intervention efforts for children in the context of HIV/AIDS, vulnerability is an abstract concept that is difficult to define and thus varied definitions of vulnerable children exist. Divergent definitions of vulnerable children have the potential to lead to inequitable service provision for children in need. Furthermore, a

focus on OVC tends to be limited to the specific context of HIV/AIDS. Such an approach often fails to highlight the ways in which children are indirectly affected by the pandemic as well as the inappropriateness of solely targeting children affected by AIDS in intervention efforts given the pervasiveness of poverty in many communities and the ways in which AIDS and poverty intersect.

Perspectives on 'OVC' also have the tendency to limit the use of the term to a focus on orphans and children living with ill parents. Many of the documents emphasized that orphans and children with ill parents are particularly vulnerable, yet fail to recognize the larger group of children—those facing issues of unemployment, neglect and abuse in their households—are often equally vulnerable and in need. Finally, the inconsistencies between global and local understandings of orphanhood reveal that top down and externally imposed definitions and criteria of support are inappropriate in a South African context and can lead to problems of inequity on the ground. While organizations do acknowledge the importance of community-led identification of those children most in need, it is unclear whether this is actually taking place in practice or rather that intervention efforts continue to be guided by limited definitions of OVC. The following chapter constitutes a series of conclusions and recommendations that can be made as a result of this chapter's analysis.

CHAPTER 6
The use of the 'OVC' term and its impact on the care and support of children in need in South Africa
Conclusions and Recommendations

6.1 Introduction

As Snider and Dawes (2006) note, services for children affected by AIDS were initially focused on the care and support of orphans. The discourse of 'orphans and other vulnerable children' or 'OVC' emerged when it was recognized that this approach excluded other children adversely affected by the pandemic. Today 'OVC' have become the focus of many intervention efforts for children affected by AIDS in South Africa and in many other high-prevalence countries around the world. However, as Skinner et al. (2004) note, the 'OVC' term "has no implicit definition or clear statement of inclusion and exclusion" (p. 1). As such, it has been the goal of this study to discover how the 'OVC' term is being used despite the absence of a clear framework or definition. In particular it has sought to discover how the 'OVC' term is being used by policymakers and service providers, and how this impacts care and support for children in need in South Africa. The goal of the study was to be achieved by analyzing the ways in which 'OVC' are defined and the criteria used to categorize a child as 'OVC' in government, international development agency and non-governmental organization documents, and comparing these to interviews conducted with front-line staff of a participating organization.

The introductory chapter of this thesis provided the context of the study, the motivations for selecting this particular topic and its relevance and importance. This chapter also outlined the basic structure of the rest of the thesis. Chapter Two presented the literature on children in a development context, with particular focus on children in poverty, children's rights and orphans as a distinct category of vulnerable children. The chapter also described the shift from a focus on orphans in the context of AIDS to the use of the

term 'orphans and other vulnerable children' or 'OVC'. It highlighted the problems with the use of this term as a basis for intervention efforts on the ground considering no clear framework or definition exist for 'OVC'.

Chapter Three outlined specific details of the South African context, the location of the study, including a brief history of apartheid and its impact on contemporary society in South Africa, the history of HIV/AIDS, how it evolved into a full blown pandemic in the country and its particular impact on children. The chapter also discussed the present-day socio-economic conditions in South Africa and its impact on the lives of children, drawing attention to boarder issues of poverty, violence, abuse and crime that contribute to the vulnerability of children.

Chapter Four outlined the research methodology used for the study. This chapter stated the research question and outlined the objectives of the study. It documented the methods used to collect the data including the reasons for selecting to examine texts and for conducting interviews with front-line staff. It also documented the procedure used to collect the data including the process taken to access the documents and to coordinate and conduct the interviews. This section particularly highlighted the process of connecting with Heartbeat, the participating organization. Finally, this chapter described the nature of the analysis including the particular use of textual analysis and grounded theory methods and how these were combined into one written analysis.

Chapter Five presented an analysis of the content of documents regarding OVC produced by the South African government, international development agencies and non-governmental organizations in conjunction with interviews conducted with front-line staff caring for OVC. The objective of the analysis was to determine a response to the thesis question, that is how the 'OVC' term is used by policymakers and service providers given the absence of a framework for 'OVC' and what are the implications of this use for children in need on the ground. This was conducted through an analysis of the understandings of the OVC term presented in all of the documents as compared with the

perspectives of front-line staff on the ground. The analysis was broken down into four themes: defining vulnerability, a focus on OVC in the context of HIV/AIDS, a focus on the increased vulnerability of orphans and potential orphans, and externally-based definitions of OVC.

This chapter presents the main findings derived from the study and the conclusions that can be drawn from them. It seeks to make sense of all that has been discovered to arrive at a concrete answer to the research question. It also highlights the gaps in the research and issues that might require further investigation. Finally, it concludes with my recommendations for the establishment of a framework for 'OVC' based on the findings of the study.

6.2 The Use of the 'OVC' Term and its Implications for Children in Need

The analysis conducted for this study has emphasized the difficulties encountered with the inclusion of 'vulnerable children' as part of the 'OVC' discourse. 'Vulnerability' is an abstract term that is difficult to define and as such there is no clear definition of vulnerable children used across the board. While definitions for orphans abound and are explicit, several documents fail to define vulnerable children. This can cause organizations to focus mainly on orphans in intervention efforts since these children are easier to define and identify. Yet this approach moves further away from the original intent of the shift to the 'OVC' terminology, which was to include children other than orphans in intervention efforts for children in the context of HIV/AIDS.

The fact that there is no clear definition for vulnerable children also leaves the term open to interpretation and as a result various definitions of vulnerable children exist. Inconsistent definitions of this group of children can certainly result in inequities in service provision for children on the ground since a child that fits one organization's definition of vulnerability may not fit another's and thus not qualify for support from that

organization. Furthermore, definitions that exist for vulnerable children are often either vague and non-descript or remain narrowly focused on vulnerability as a result of HIV/AIDS. Vague understandings of vulnerable children are problematic when it comes to service provision for children on the ground. As Richter and Desmond (2008) argue "knowing which children are vulnerable, why and how is important because it determines our comprehension of the problems children and families experience and points to the solutions to be pursued" (p. 1020).

The absence of a clear definition for vulnerable children also means programs can end up focusing their efforts primarily on orphans. This is problematic considering the shift to the 'OVC' terminology intended to ensure vulnerable children other than orphans were included in intervention efforts. Furthermore, definitions of OVC tend to be limited to the context of HIV/AIDS. Several of the documents tended to focus on the direct impacts of HIV/AIDS on children resulting in their orphanhood, their parent's illness or their own infection with HIV. The term 'OVC' emerged as a result of the AIDS pandemic, and such children can indeed be vulnerable as a result of losing their parents, having to care for an ill parent or ensuring their access to the necessary treatment for HIV infection. The stigma and discrimination associated with AIDS is strong in South Africa and remains a matter of particular concern for children affected by the pandemic (Richter et al., 2010). Snider and Dawes (2006) note that the stigma and discrimination of children affected by HIV/AIDS can result in an increased potential for abuse, exclusion and exploitation. These realities have been used to legitimize a specific focus on children affected by HIV/AIDS in approaches to the care and support of OVC. Furthermore, the documents argue that experiencing the death or illness of a parent is extremely disruptive to children making orphaned children and children living with ill parents are particularly vulnerable and thus appropriate target recipients of assistance and care. Such children are said to lack the material resources necessary for their survival. Documents also emphasize the breakdown of the extended family, which is considered increasingly incapable of caring for these children.

While these realities are not discounted, this study has noted that a specific focus on orphans and other children made vulnerable as a result of AIDS can lead to AIDS-exclusivity and a further stigmatization of these children. A focus on such children also fails to recognize the broader impact of the pandemic on children's lives as well as the larger socio-economic conditions that contribute to children's vulnerability.

Unemployment in South Africa remains unfavourably high and leads to the poverty and vulnerability of many children. While the reality of high levels of orphanhood and vulnerability as a direct result of HIV/AIDS are certainly present in the country, the prevalence poverty among children has resulted in numbers of children living in conditions of vulnerability. In many ways, these children are equally vulnerable to and lacking the same resources as provided to those children enumerated as OVC. As the Presidency (2009) notes, such children may "live in dire circumstances unnoticed" (p. 112). The accounts of front-line staff already point to inequities in service provision when these perspectives are used as the basis for intervention efforts: children identified as 'OVC' can end up faring better than other equally vulnerable children. This is a regretful reality that should be adjusted to ensure equitability in service provision for the larger number of vulnerable children living in South Africa.

Children are also often victims of violence and abuse. According to the Presidency (2009), 40 percent of all reported rape victims are under 18 years old. Front-line staff noted the ways in which youth sometimes become the victims of sexual exploitation in order to generate income for their households. Participants also mentioned the ways in which young girls have sex with men in order to generate income, often putting themselves at risk of acquiring HIV. The violence children and youth experience in their immediate contexts such as their homes and schools can lead them to pursue criminal activity themselves (Pelser, 2008). In many cases, participants connected criminal activity among youth to their lack of economic resources. The presence of crime, violence and abuse in children's lives in addition to the poverty they often experience, perpetuate the vulnerability of such children regardless of whether or not they have

parents. The realities of children's contexts and the factors that cause them to be vulnerable should be taken into account when it comes to determining which children are in need and how to target intervention efforts accordingly.

As such, front-line staff remarked that the plight of parentless children and children living with an ill parent is often not that dissimilar from the realities facing the many children with parents. This is due to poverty, rampant unemployment, crime, abuse, and neglect many South African children and their families experience. Directing intervention efforts solely at children affected by HIV/AIDS and specifically orphans and children with ill parents does not take into account this context and can result in inequities in service provision for children in need on the ground. In fact, participants spoke of the reality of some orphaned children faring better than other poor and equally disadvantaged children, because of their ability to access grants and other forms of assistance specifically targeted towards them as a distinctly vulnerable group. While orphans and children at risk of becoming orphans as a result of the illness of their parents may certainly be vulnerable, limiting the 'OVC' term to these children alone remains inconsiderate of the contexts of children's lives and the ways other children can be equally vulnerable and thus appropriate recipients of support and service provision.

Finally, all the definitions of OVC presented in the texts were externally-based and did not seem to take into account local realities and local understandings of orphans and vulnerable children. Global definitions of orphans define such children as those who have lost one or both parents to death. However, local understandings as expressed by front-line staff associate orphanhood more closely with the total absence of care and support and a situation of isolation and destitution than the pure absence of one's biological parents. Basing policy and programming solely on the global definition of an orphan, risks misplacing the focus on a group of children not necessarily considered the most vulnerable at the community level. Parental loss is not necessarily the most accurate marker of vulnerability among children, given that a variety of other socio-economic factors can contribute to a child's vulnerability. Furthermore, as evidenced in the

examination of Heartbeat's intervention efforts, externally-based definitions of OVC can include a criteria of qualification that is inconsistent with local realities. Front-line staff highlighted that the changing environments and household arrangements children frequently find themselves in does not allow them to fit into the rigid criteria of a qualifying child promoted by the organization. As Richter and Desmond (2008) emphasize, "membership of unidimensional categories does not predict children's developmental course" (p. 1020).

Nevertheless, virtually all of the documents highlight the importance of the identification of children most in need to take place at the community level. They emphasize that responses to OVC should take into account local realities and local needs. PEPFAR (2006) in particular seems to recognize that its definition of OVC does not necessarily identify those children most in need and as such should not guide intervention efforts. The *Summary Report* for the 32 PEPFAR-funded programs also mentioned that the definition of OVC tends to differ according to the localized context of each program's operations. As such, the absence of a clear and uniform definition for OVC may in fact be creating space for localized and contextually-based understandings of OVC where definitions would simply act as a guide but communities would drive intervention efforts. Nevertheless, it remains unclear as to whether such approaches are actually taking place on the ground. As aforementioned, the criteria of qualification for OVC can lean more towards strict categories rather than community-derived criteria of need. Skinner et al. (2004) also point to the issue of bureaucracy, which tends to restrict organization's efforts to "address the specificity of [children's] needs" (p. 4).

The absence of an overarching framework or definition for 'OVC' has created a scenario whereby various understandings and uses of the term exist. As the 'OVC' discourse continues to be used at the programmatic level, this can create a situation of inequity for the care and support of children in need where certain children are assisted and certain children are left out depending on the definition used. The research conducted for this study has also highlighted the ways in which current uses of the 'OVC' term tend to be

vague, without a clear picture of which children are being targeted. Uses of the 'OVC' term also tend to narrowly focus on children directly affected by AIDS and/or children who have lost their parents and those with ill parents. These approaches fail to recognize the vulnerability many children outside of these categories face as a result of situations of poverty, household unemployment, neglect, crime and abuse prevalent in South Africa. As these definitions of 'OVC' continue to guide policy and programming efforts, localized understandings may not be prioritized. It is evident that organizations see the value and importance in local understandings of vulnerability in their communities, yet it remains uncertain whether there is space within these organizations for a community-led identification of children most in need to take place.

6.3 Limitations of the Study

While this study has provided several important insights into the ways the 'OVC' term is understood and the impact of its use for intervention efforts for children in need on the ground, it remained somewhat limited in its scope. The most obvious limitation is that there was only one organization that participated in the study. The methodology chapter of this thesis has already established the rationale for conducting research with the participating organization and the fact that the breadth of the organization facilitated a multi-sited study whereby focus group interviews could be conducted with participants working at three separate project sites in three distinct communities. Nevertheless, by limiting my study to only one organization and to project sites that only spanned two provinces, important insights may have been lost.

For instance, how would the perspectives of front-line staff differ in provinces with much higher rates of HIV/AIDS such as KwaZulu Natal? How might the criteria of qualification of an organization based in this province differ from those espoused by Heartbeat? While it was noted that the multi-sited nature of this study was not meant to achieve 'generalizability' or the conclusion that the perspectives of front-line staff I

interviewed could stand to represent the perspectives of all front-line staff working with 'OVC' in the country, a more robust study might have examined at least two organizations. Finding similarities between the responses of staff from either organization despite the organizations' differences in focus and criteria of qualification would certainly have helped strengthen my argument.

Furthermore, differences were noted in the general atmosphere of the different project sites and the attitudes of front-line staff, yet this was not documented in any part of the study. For instance staff at Project Site #1, while engaged and passionate about the work they were doing, seemed more frustrated with the organization's criteria than staff at Project Site #2. Further investigation in this area might have facilitated a greater understanding of the nature of the project sites and surrounding communities how these affected the attitudes and perspectives of staff. It also might have pointed to the ways in which the organization's criteria may be better suited to a particular community context than another. This may have in turn have contributed to more robust findings and conclusions.

The research study also failed to include community perspectives regarding OVC. While the perspectives of front-line staff were certainly valuable, community members, parents and caregivers are perhaps even more closely acquainted with local realities and the needs of children within their communities. Their perspectives would have helped to develop an even more robust picture of the communities and the issues facing children. Their perspectives regarding OVC would have also been valuable as recipients or non-recipients of care and support for their children.

In the contextualization of the study, more attention could have been placed on the intersections of race, poverty and HIV/AIDS. I believe ample attention was placed on the history of apartheid and the ways in which it bred poverty in the country in addition to the inextricable link between poverty and HIV/AIDS. Nevertheless, greater attention could have been given to the correlation between race and poverty and the

contextualization of HIV/AIDS to ensure HIV/AIDS was not misinterpreted as a 'Black disease'.

Furthermore, I did not delve very deeply into the contexts within which the documents were written. Yet important insights might have been gained by examining these contexts and how these influenced the nature of the authors' perspectives of 'OVC'. For instance, while the Department of Social Development (DSD) and the Office of the Presidency both form part of the South African government, their definitions and perspectives of differed quite significantly. Further investigation in this area might have raised important understandings of the government and its perspectives concerning children in need.

Finally, while attempts were made towards trustworthiness in the research process, I did not conduct member checks or peer debriefing to ensure greater credibility of the findings of the study. Considering the nature of the research project at a Masters level, the time and resources were not available for me to conduct these processes. Nevertheless, reviewing interpretations and conclusions of the data with research participants prior to the final documentation of the research project could have contributed to the increased credibility of the research and the strength of the conclusions derived. A process of debriefing with the research participants could have also identified any taken for granted biases or assumptions on my part as the researcher (Cohen and Crabtree, 2006).

6.4 Recommendations

One realization that emerged from this study is that the term OVC and its use can be exclusionary. It tends to focus on children directly affected by HIV/AIDS, assumes that children who have lost their parents are particularly vulnerable and also tends to focus on the vulnerability of children living with ill parents. While these children can certainly be vulnerable, this approach can lead to the exclusion of other vulnerable and disadvantaged children in need. The research has also pointed out that intervention efforts for OVC tend

to focus on the poverty alleviation of OVC, essentially addressing their needs of hunger, shelter, access to education and health care, protection and the like. Yet it is evident that any child whose "survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfillment of his or her rights" is vulnerable (DSD, 2005, p. 13).

Therefore, it is my recommendation that we revisit the terminology of 'OVC' to ensure it coincides with the reality of children's lives and the needs they possess. Instead of establishing a framework for 'OVC', a framework for *children in need* for example, could be established. Such a framework would be more inclusive in that it would be broadened from a limited focus on children affected by AIDS and/or orphans and children with ill parents at risk of becoming orphans, to the larger number of children made vulnerable as a result of their socio-economic conditions. Yet it would also remain focused on the needs of children rather than their adherence to particular categories. Such an approach recognizes that orphanhood, parental absence and sickness, presence in a child-headed household or an grandparent-headed household can play a role in determining the vulnerability of children but should not be used as the starting point for intervention efforts for children in need. As Richter and Desmond (2008) note, "[a]t the point of delivery, the only marker of need is need itself" (p. 1027). Such a framework would need to find its grounding by remaining culturally and contextually relevant. Practically, this would mean that the most pressing needs among children within a given community would be identified and then used as a basis to identify children most in need. Of particular importance would be that the identification process be conducted at a community level.

While presenting externally-based definitions of OVC in their texts, documents do emphasize the strong role communities should play in the identification of the most vulnerable children. They also urge responses to the needs of OVC to be based on situational assessments of communities to reflect local needs. Correspondingly, Meintjes, Giese, Croke and Chamberlain (2003) affirm that "local people must be involved in

identifying the most vulnerable children within a context" (cited in Snider and Dawes, 2006, p. 17). These individuals are in the best position to determine which children in their communities are at the greatest risk (UNICEF et al., 2004).

If front-line staff became involved in the identification of the most vulnerable children in their communities, this would eliminate the frustrations they feel as a result having to follow externally imposed criteria for the identification of vulnerable children that often remains inconsistent with the realities experienced by vulnerable children on the ground. Staff would move away from identifying children's vulnerability on the basis of household composition or parental presence and rather on the basis of need. In this way, children who remain outside of the current criteria for OVC but remain in situations of dire need would not be excluded from intervention efforts. This approach would help to ensure a more equitable system of care and support for vulnerable children. The needs of children would take precedence over a particular category they may or may not fit into to qualify for support.

6.5 Conclusion

The introduction of the 'OVC' term can be celebrated in that it provoked a movement within care systems for children affected by HIV/AIDS away from a singular focus on orphans to the inclusion of other children affected by the pandemic. Nevertheless, this study has shown that the use of the 'OVC' term lacks cultural and contextual relevance. It tends to focus more on particular categories of children; often children directly affected by AIDS, parentless children and/or children living with an ill parent. This study has attempted to show that while such children may in fact be vulnerable, it is inappropriate for them to remain the sole children enumerated as OVC given the larger socio-economic contexts of children's lives and the realities of pervasive poverty, unemployment, abuse, crime and neglect they often face.

Phiri and Webb (2002) emphasize the importance of "[r]eaching consensus on definitions of children about whom we are most concerned" (p. 9). Arguably, a definition of such children cannot be externally-based but must emerge from the community. It is those working at this level, namely front-line staff, that are closest to children's realities and lived experiences. As such, I have suggested that a framework for children in need be established that while not limited to particular categories of children, remains culturally and contextually relevant and allows front-line staff to spearhead the identification of children most in need. Such an approach would ensure that the needs of children take precedence over any particular category they fit into by virtue of their household arrangement or the absence of their parents. Children would be identified on the basis of need thus facilitating a greater ability to identify those children "about whom we are most concerned" (ibid.).

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APPENDICES

APPENDIX A: *Initial e-mail sent to Heartbeat to invite them to participate in the study*

To: info@heartbeat.org.za
From: Maeve Mungo
Subject: Request - Research on OVC
Date: May 15, 2009

Hello,

My name is Maeve Mungo and I am a student at Saint Mary's University in Halifax, Canada. I am conducting research regarding orphans and other vulnerable children (OVC) in South Africa with a particular focus on the use of OVC discourse and understandings of OVC in policy and practice. I would like to interview people working as administrators and child-care providers at organizations targeting OVC and am wondering if your organization would be interested in participating. I will be in South Africa from June 15th to July 17th, 2009 and can set up interviews at any time during this period. Interviews will take approximately 40 minutes to complete and will consist of questions such as:

- Describe the children you work with here. What vulnerabilities do they face?
- What resources are available to these children? What forms of assistance does your organization provide them?
- How do you understand the term OVC ('orphans and other vulnerable children')? How would you define such children?

Participation in this study will allow individuals to gain an increased awareness and understanding of the OVC construct as well as how their practices align or deviate from this and why. It should be noted that it is not the intention of this study to make judgments about the nature of programming and/or service delivery in the context, but rather to explore the relationship between the OVC construct and community realities on the ground.

In the interest of confidentiality, your organization will not be named in the final version of the study nor will the identities of any of the participants be disclosed.

Kindly advise me as to whether you would be able to assist me in this venture. I look forward to your response.

Regards,
Maeve Mungo, Researcher
M.A. Student, International Development Studies
Saint Mary's University
Halifax, Nova Scotia, Canada

APPENDIX B: *Research Assistant Confidentiality Agreement*

Equitable Interventions for Children Affected by HIV/AIDS in South Africa: An Analysis of the 'OVC Construct'

Maeve Mungo, M.A. Candidate
International Development Studies
Saint Mary's University
Halifax, NS B3H 3C3

maeve.mungo@gmail.com

Research Assistant's Agreement

The Research Assistant shall not, at any time during this Agreement and afterwards, reveal any confidential information regarding the above-mentioned project, including: documentation or knowledge about the project or those involved with the project; information about identifiable individuals including but not limited to all personal information about the participants in the project and any other similar information which exists or may arise in the future. The Research Assistant must acknowledge that the disclosure of such Confidential Information may, in some instances, constitute a violation of the Freedom of Information and Protection of Privacy Act (Nova Scotia), the Personal Information Protection and Electronic Documents Act (Canada), the Personal Information International Disclosure Protection Act (Nova Scotia), or other privacy protection legislation. The Research Assistant must agree not to disclose, directly or indirectly, any Confidential Information to any person outside of the project at any time, either during or after the completion or other termination of the project except as expressly authorized in writing by the Researcher of the project, and must sign a Confidentiality Agreement to indicate agreement with the above.

Research Assistant's Signature: _____ **Date:** _____

Please keep one copy of this form for your own records.

APPENDIX C: *Participant Informed Consent Form*

Equitable Interventions for Children Affected by HIV/AIDS in South Africa: An Analysis of the 'OVC Construct'

REB File #09-100

Maeve Mungo, Researcher
International Development Studies
Saint Mary's University
Halifax, NS B3H 3C3

maeve.mungo@gmail.com

Dr. Linda Liebenberg, Supervisor
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Dalhousie University
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INTRODUCTION

As part of my Masters thesis, I am conducting research under the supervision of Dr. Linda Liebenberg and with the support of the International Development Studies Department at Saint Mary's University. This research has been funded in part by the Saint Mary's University International Activities Office. I invite you to act as a participant in my study and the furthering of my thesis research.

PURPOSE OF THIS RESEARCH

The prevalence of AIDS in South Africa has lead to dramatic increases in the number of children who have experienced the loss a parent (i.e. orphans). Yet the ways in which non-orphaned children are also adversely affected by AIDS have been well documented. The recognition of this reality has lead to a shift from a focus on 'AIDS orphans' towards a more inclusive discourse that refers to 'orphans and (other) vulnerable children' (OVC). This study seeks to understand the nature of this shift both at a policy level and a community level. The main objectives of the study are to examine the focus of government policy and organizational documents and to interview administrators and childcare workers regarding their understandings of the OVC construct.

WHO IS BEING INVITED TO PARTICIPATE?

Administrators, front-line staff and social workers working at non-governmental organizations targeting OVC are invited to participate in this study.

WHAT DOES PARTICIPATING MEAN?

Individuals will be asked to participate in a one-on-one interview with myself, the researcher. The interview should last approximately 40 minutes. Participants will be asked questions about the impact of HIV/AIDS on the communities in which they work, the vulnerabilities experienced by the children they work with, the resources available to these children and their understanding of the OVC construct. While questions in the interview ask about the children participants work with as well as the communities in which their organizations function, participants do not have to discuss anything they are uncomfortable with. Participants are free to decide what information they wish to discuss and can refuse to answer a question if so desired.

WHAT ARE THE POTENTIAL BENEFITS OF THIS RESEARCH?

Participation in this study will allow individuals to gain an increased awareness and understanding of the OVC construct as well as how their practices align or deviate from this and why. This study will also contribute to the body of knowledge surrounding issues related to the 'OVC construct' and service provision for children in South Africa. Furthermore, it is anticipated that the need for greater connection between policy and practice in intervention efforts will also be recognized. Findings can contribute to a greater understanding of how the OVC construct is conceived of and utilized both by government and service providers. It may also contribute towards understandings of the positioning of the OVC construct in relation to perceived community needs.

WHAT ARE THE POTENTIAL RISKS FOR PARTICIPANTS?

Given the nature of the study, it is possible that interview questions may bring up negative emotions regarding the effect of HIV/AIDS on the community, the nature of the organization's activities and/or the plight of children in the community. It should be noted however that interview questions have not been designed to provoke such feelings in participants. You are not obliged to speak about any issue you are uncomfortable with and you can choose not to answer any of the interview questions. Furthermore, should any situation arise in which you feel uncomfortable and desire to leave the session, you are welcome to do so.

HOW CAN I WITHDRAW FROM THIS STUDY?

Participants are able to withdraw from this study at any time. If you wish to withdraw from the study during the interview, please indicate this to me verbally. If you later decide to withdraw and wish for the information you have provided to be withheld from the study, you can contact me (my contact details are on the front page of this form). I will then destroy all copies of the information you have provided to me. Please note that you should contact me by November 30, 2009 if you wish your information to be withheld from the study. I will not be able to guarantee that your information will not figure in the study if you contact me after this date.

WHAT WILL BE DONE WITH MY INFORMATION? WHO WILL HAVE ACCESS TO IT?

Your information will be kept strictly confidential and will not be released to any third-party. You will not be asked for your full name or any other personal or identifiable information. Since the participating organization may be involved in the process of identifying participants, the identities of the persons participating in the study may be known by the organization's/site office's management and potentially participants' fellow colleagues as well. However, as a participant you be asked to select a pseudonym at the beginning of the interview that you will be referred to by during the entire interview process. As a result, no personal or identifiable information will appear in the final version of the study. Any information provided by you as a participant and appearing in the thesis will not contain any information that can be matched to your identity.

HOW CAN I GET MORE INFORMATION OR FIND OUT MORE ABOUT THIS STUDY?

For more information about this study please contact myself, Maeve Mungo, or my thesis supervisor Dr. Linda Liebenberg. (Contact details are listed on the front page of this form).

Certification:

This research has been reviewed and approved by the Saint Mary's University Research Ethics Board. If you have any questions or concerns about ethical matters, you may contact Dr. Veronica Stinson, Chair of the Saint Mary's University Research Ethics Board at ethics@smu.ca or 420-5728.
I understand what this study is about and appreciate the risks and benefits. I have had adequate time to think about this and have had the opportunity to ask questions. I understand that my participation is voluntary and that I can end my participation at any time.

Participant's Signature: _____ Date: _____

Please keep one copy of this form for your own records.

APPENDIX D: *Requirements for Research Projects with Heartbeat*

HEARTBEAT

PO Box 72294
Lynnwoodridge 0040,
Tel +27 (12) 803 3970,
Fax +27 (12) 803 9712
email heartbeat@mweb.co.za

30 June 2009

Dear Maeve Mungo,

RE: Requirements for research projects

Please find below some important issues for Heartbeat that needs to be addressed before you can interview the childcare workers/ community development facilitators/ site administrative officers/ Chozas or social workers:

1. Heartbeat's name must be mentioned in your research results and credits
2. The research results must be disseminated to all Heartbeat stakeholders
3. We will have to sign a contract between yourself and Heartbeat that highlights the following issues:

a. Heartbeat will not be able to provide you with any transport, accommodation or any other costs that you might have to incur during your research.
b. We want to see what you are going to publish and approve the contents before you can use it in any form.

4. Research can only be conducted within these requirements.

Signed Date

Ground Floor Block B
Waterkloof Park
469 Jan Smuts Avenue
Waterkloof
Pretoria
0181
e-mail: nicol@heartbeat.org.za or chene@heartbeat.org.za
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Research Ethics Board Certificate Notice

The Saint Mary's University Research Ethics Board has issued an REB certificate related to this thesis. The certificate number is: 09-100 .

A copy of the certificate is on file at:

Saint Mary's University, Archives
Patrick Power Library
Halifax, NS
B3H 3C3

Email: archives@smu.ca
Phone: 902-420-5508
Fax: 902-420-5561

For more information on the issuing of REB certificates, you can contact the Research Ethics Board at 902-420-5728/ ethics@smu.ca .