

SOUTH AFRICA'S RESPONSE TO ORPHANS AND VULNERABLE CHILDREN

Extended Summary of a Literature Review and Workshop Proceedings

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ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
ASSA	Actuarial Society of South Africa
CBO	Community Based Organisation
CSG	Child Support Grant
CSTL	Conceptual Framework for Care and Support for Teaching and Learning
DAFF	Department of Agriculture, Forestry and Fisheries
DBE	Department of Basic Education
DHA	Department of Home Affairs
DHS	Department of Human Settlements
DSD	Department of Social Development
DoH	Department of Health
ECD	Early Childhood Development
FCG	Foster Child Grant
HIV	Human Immune Deficiency Virus
INP	Integrated Nutrition Programme
KZN	KwaZulu-Natal
NPA	National Prosecuting Authority
NPCA	NEPAD Planning and Co-ordinating Agency
NPO	Non-Profit Organisation
NSNP	National School Nutrition Programme
OVC	Orphans and Vulnerable Children
PCD	Partnership for Child Development
REPSSI	Regional Psychosocial Support Initiative
SAPS	South Africa Police Service
SASSA	South African Social Security Agency
SCUK	Save the Children UK
SGB	School Governing Bodies
UNCRC	United Nations Convention on the Rights of the Child
UNFCPVC	United Nations Framework for the Care and Protection of Vulnerable Children
UN	United Nations

1. EXECUTIVE SUMMARY BACKGROUND

South Africa's population increased from approximately 41 million in 1996 to about 52 million in 2011 (Statistics South Africa, 2012a). Children - that is, people aged 17 years and younger - make up nearly 40% of South Africa's population (Statistics South Africa, 2012b). Nearly a fifth of all children in South Africa had lost one or both parents in 2011 (Statistics South Africa, 2012a; 2012b). These numbers indicate that, overall, South Africa is home to a relatively young population. Furthermore, a huge segment of the national population (about 14%) comprises of children that have lost at least one parent.

One of the factors contributing to an increase in the number of children without parents is the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). Almost 11% of people in South Africa are living with HIV and AIDS. This percentage is the highest in the world. It suggests that HIV and AIDS remains a key factor in parental survival despite developments made by the South African Government in rolling out Anti-retroviral Therapy (ART). Although the impact of HIV and AIDS on parental survival has been acknowledged in South Africa, it is not possible to identify clearly a population of those children orphaned by HIV and AIDS due to the complex nature of the epidemic. The Department of Health (DoH) (2011), estimates that slightly above 2 million children are AIDS Orphans in South Africa.

In South Africa, the situation of children who have lost one or both parents to HIV and AIDS is comparable to those whose parents have died due to other causes, and those with living parents. This is due to the fact that HIV and AIDS is not the only source of vulnerability for families and children. Poverty levels are very high in South Africa, with more than two-thirds of all children living in families that are considered poor and food-insecure (Martin, 2010). Such families cannot afford even the lowest acceptable standard of living. Therefore, they do not have the means to address basic needs such as health care, nutritional food and education. This implies that many children in South Africa – not just those children who have lost one or both parents to HIV and AIDS – require organised interventions so that their basic needs are catered for.

In the absence of formal social protection measures, communities in South Africa struggle to address the needs of orphans and other children in vulnerable circumstances. This was certainly not the case prior to the spread of HIV and AIDS. The situation of children who have lost one or both parents to HIV and AIDS is made worse by the combination of the multiple effects of HIV and AIDS, such as emotional stress, stigma, lack of material support, and poverty. As a result, some development actors outside of the Government believe that, in the absence of specific targeting, children that have lost parents to HIV and AIDS may be overlooked in service delivery.

These debates underscore the question of how to improve South Africa's response to the needs of the children who have lost their parent(s) to HIV and AIDS and who are susceptible to different forms of deprivation. Among other state-sponsored interventions for addressing the needs of children, School Health and Nutrition (SHN) Programmes have received considerable attention from various stakeholders, including the Partnership for Child Development (PCD). According to Bundy *et al.* (2009), SHN programmes improve the health and cognitive abilities of the child and increase educational attendance and educational

outcomes, which translate into long-term health and economic benefits. Thus, school nutrition is considered a key dimension of SHN programmes.

PCD focuses on SHN programmes, broadly, and provides capacity development to some governments that are moving toward Home Grown School Feeding (HGSF) programmes. Home Grown School Feeding denotes school feeding programmes where, as far as possible, food generated in local communities is used in the preparation of meals. In order to build and strengthen the evidence base of school feeding programmes, PCD has conducted case studies of school feeding programmes in Brazil, Chile, India and South Africa.

The South Africa Case Study of the National School Feeding Programme (NSNP) generated insightful information regarding the design and implementation of this programme, as well as the challenges it faces currently. The Case Study was also designed to produce information regarding Orphans and Vulnerable Children (OVC) in South Africa. However, not enough data on this specific category was generated. This prompted PCD to commission a review of South Africa's response to the challenges faced by OVC in the country, especially the work of the Department of Education (DBE) and its stakeholder in and outside of Government. The review involved searching for, analysing and synthesising secondary literature. This extended summary report is a condensed version of final literature review. It also draws on a workshop³ held on 19th July 2013 at the University of Pretoria to disseminate the findings of the report.

In terms of structure, the extended summary report reflects the key five standards specified in a publication entitled, *Rethinking School Feeding* by Bundy *et al.*, (2009) namely: design and implementation; legal and policy frameworks; institutional capacity and coordination; financial capacity; and community participation. Prior to the discussion on standards, there is a section devoted to the characteristics and conceptual aspects of OVC population. The report ends with conclusions and key recommendations to implementers, funding agencies, researchers and policy makers.

³ The workshop was organised by PCD in collaboration with the NEPAD Planning and Coordinating Agency (NPCA) and the University of Pretoria. Stakeholders from the Government and not-for-profit (NPO) sector were present.

2. ORPHANS AND VULNERABLE CHILDREN IN SOUTH AFRICA

The meaning associated with orphans and vulnerable children - or OVC - has been the subject of much debate. The term OVC was created in the context of HIV and AIDS to denote those children rendered vulnerable by the epidemic (Skinner *et al.*, 2004). However, as noted above, HIV and AIDS is certainly not the only source of vulnerability. Poverty, hunger, historical disadvantage and various forms of violence, can endanger the well-being of a child. Consequently, the term OVC covers children that are susceptible to various adverse factors, such as poverty malnutrition, violence

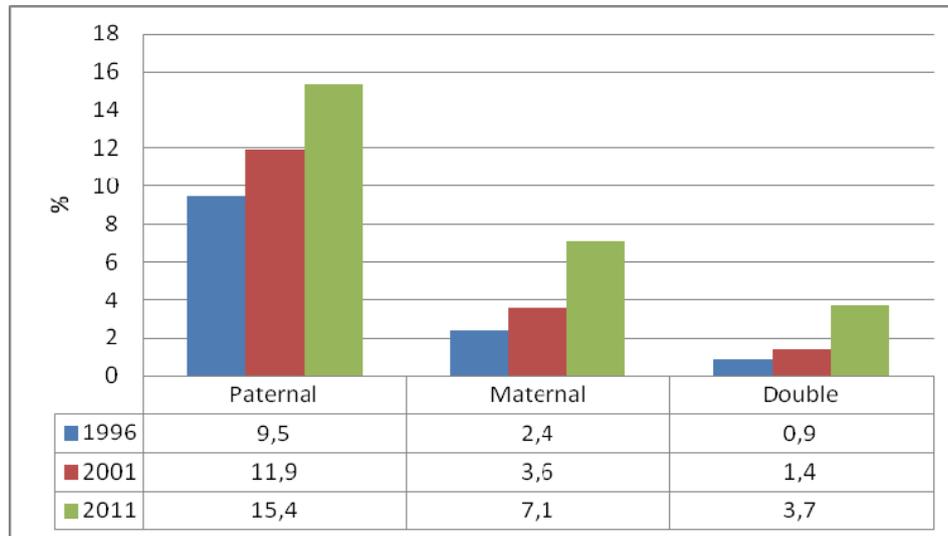
Technically speaking, the terms 'children', 'orphan' and 'vulnerability', which make up the notion of OVC, are themselves subject to different interpretations. For example, some reports limit the age of an orphan to 15 years old (SCUK, 2003), whilst others use it to describe anyone under the age of 18 years old. Studies already conducted on OVC used different notions of 'orphan', with some distinguishing between a 'single orphan' (a child who has lost one parent), and a 'double orphan' (a child who has lost both parents). 'Vulnerability', too, is a complex term. It refers to a physical and psychosocial state of being susceptible to unfavourable conditions. The state of being vulnerable changes over time. According to the Workshop Report (2013), a child that is economically secure may be psychologically vulnerable if, for example, he or she is exposed to domestic violence. Furthermore, it varies from child to child. Even when children live in the same household, girls can be more vulnerable compared to boys at one time, although this might change. The term OVC, therefore, is a wide construct that targets a broader population of children and not just those directly affected by the epidemic.

Despite the complexity around the term OVC, legislation in South Africa provides official definitions of 'child', 'orphan' and 'vulnerability'. The Children's Act (RSA, 2005) defines a child as a person younger than 18 years old. According to the Children' Act, An orphan is a child with no surviving parent. According to the Policy Framework on Orphans and other Children Made Vulnerable by HIV and AIDS South Africa (DSD, 2005), children are considered vulnerable if their "survival, care, protection or development may be compromised due to a particular condition, situation or circumstance that prevents fulfilment of [their] rights" (DSD, 2005:5). The OVC Policy Framework also provides detailed profiles of vulnerable children that include, for example, young children (between the ages of 0 and 9 years old), and those living in poverty contexts, those children who live with a disability and chronic illness, and so on. This means that the official meaning of vulnerability is wide; it encompasses children who face a range of contextual factors that can potentially impair a child's social, psychological, cognitive and physical development. In practice local communities are more likely to identify vulnerable children depending on shared perceptions of contextual factors. Such a situation may affect targeting of interventions as well as evaluation of service delivery.

This brings us to another controversial issue: just how many OVC are living in South Africa? According to Statistics South Africa (2012a), the population of children between 0 and 17 years who have lost one or both parents increased from 2.3 million - or 13.3% of the national population - in 2001 to 3.4 million in 2011 (18.8% of the national population). Figure 1 provides a more detailed picture of orphanhood in South Africa between 1996 and 2011 (Statistics South Africa, 2012a). It illustrates numbers for children without a surviving

biological father (paternal orphan) and those that have lost a biological mother (maternal orphan).

Figure 1: Orphan type, Censuses 1996, 2001 and 2011

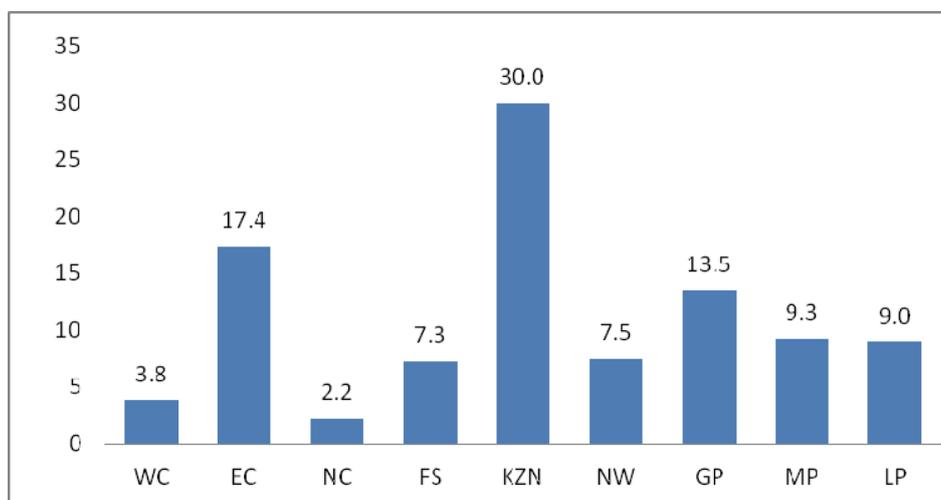


Source: Statistics South Africa (2012a) Census 2011 Statistical release – P0301.4/ Statistics South Africa

Figure 1 also shows that estimates for paternal orphans, maternal orphans and double orphans between 0 and 17 years old have more than doubled since the 1996 Census.

The population of all orphans (and that of OVC) is unevenly distributed in South Africa’s nine provinces. According to Statistics South Africa (2012a), KwaZulu-Natal (KZN) has the highest number of orphans, regardless of type. The Eastern Cape Province and Gauteng Province rank second and third, respectively. Lowest rates of orphanhood are found in Northern Cape and Western Cape, which are low populated provinces compared to Gauteng and Eastern Cape provinces. This distribution is illustrated in Figure 2.

Figure 2: Estimated number of children who lost one or both parents by province, Census 2011



Source: STATS SA (2012a) Census 2011 Statistical release – P0301.4 / Statistics South Africa.

According to the Department of Health (2011), an estimated 2.1 million children are orphaned by HIV and AIDS. This translates to over two-thirds of all children who have lost one or both parents. Other estimates of children orphaned by HIV and AIDS place the figure at 38% of double orphans (Dorrington, Bradshaw and Budlender, 2002). Although one is likely to come across different estimates of orphans and OVC in literature, many readers are more inclined to think that OVC, and other children in general, are prone to high levels of vulnerability at various life stages. The next section considers the responses of the South African Government, international community, private sector and civil society, to challenges confronting OVC, their households and communities.

3. DESIGN AND IMPLEMENTATION

According to Bundy et al (2009), the design of school feeding should draw on a sound assessment of the situation prevailing in the country. Furthermore, the problems, objectives, expected outcomes and targeting mechanisms need to be specified. In addition, robust institutional arrangements and norms of administration are required for successful implementation. In South Africa, school feeding is one of many pro-poor programmes, such as no-fee schools and fee exemption. Since the majority of children in South Africa live in conditions of poverty, malnutrition and violence, pro-poor interventions primarily seek to reach all needy children (Martin, 2010). They aim to meet the needs of all children at various stages of the life cycle. There is an understanding that HIV and AIDS intensifies vulnerability, especially where a child is living in a family considered to be poor. As a result, preventive and reactive programmes, which primarily aim to benefit children affected and infected by HIV and AIDS, have been crafted and rolled out across the country. For example, Prevention of Parent To Child Transmission (PMTCT) primarily benefits children who face the risk of getting infected during and after birth.

Overall, South Africa's children and OVC-relevant policies and programmes are robust in design. At least on paper, the objectives and targeting mechanisms are clearly aligned to the South Africans constitution, as well as international legal frameworks. Therefore, at the level of design, policies and programmes for OVC and all children in South Africa are well-suited to the unique historical circumstances of the country. However, the review of existing interventions relevant to OVC identified challenges that were experienced during implementation, such as a lack of sufficient funding and capacity. This section examines how OVC-related programmes are designed in three areas namely; education, health and nutrition and psychosocial support. The mechanisms for implementation are also considered.

3.1. Education

Relevant OVC-related educational programmes fall into two main categories: Early Childhood Development (ECD) programmes and Pro-poor Educational programmes beyond Grade R.

3.1.1. Early Childhood Development

Early Childhood Development (ECD) is crucial for socialisation, learning and growth for all children. Broadly, ECD is conceived of as an approach for designing and implementing programmes to enhance cognitive, emotional, sensory, spiritual, moral, social and physical

development of children, from birth to 9 years of age, with the participation of parents and caregivers (DBE, 2001; 2010). Early childhood education encompasses a range of programmes, including those that seek to promote education and health outcomes. There is increasing recognition of the fact that nutrition is an essential dimension in ECD, especially during the first four years. This is mainly because much stunting is believed to occur during this period (The Workshop Report, 2013). The consequences of malnutrition during the first four or so years - for example, stunting - may thus have far-reaching negative effects on that child's development at later stages of the life cycle. There is, therefore, a need to integrate nutrition programmes into ECD delivery. In Government, the Department of Social Development (DSD) and the Department of Basic Education (DBE) are the two departments with a primary mandate to spearhead ECD programmes. The former targets children under four years old, whilst the latter focuses on learners in the Reception year (Grade R) and upwards.

The DSD supports ECD through programmes and services that aim to strengthen the family system, while protecting children from neglect and abuse, as well as emotional and material deprivation. The ECD programmes and services provided through the DSD can be classified as follows:

- a) Statutory services such as the Child Protection Register; mechanisms for effective identification, reporting and placement of children in need in places of safety, foster care and adoption.
- b) Cash transfers; usually grants aimed at addressing material needs of vulnerable children. The Child Support Grant (CSG) and the Foster Care Grant (FCG), administered through the South African Social Security Agency, are examples.
- c) Capacity enhancement through training; ensuring legal compliance and financial support through per-learner subsidy, provided to sustain partial care programmes and services (nurseries, day care centres, crèches and ECD centres) through financial and technical support. Capacity enhancement is also geared to expand non-centre-based ECD programmes.

The Department of Basic Education is primarily responsible for quality assurance in ECD, which involves curricula development, training of educators and ensuring legal compliance of delivery centres. Additionally, the DBE provides subsidies and grants to children from disadvantaged backgrounds (DBE, 2012).

Besides the DSD and DBE, the DoH provides key ECD interventions which include free primary, secondary and tertiary health care for children under the age of 6, and means tested, subsidised health care for children from 6 years and older. A good example of such programmes is the Integrated Nutrition Programme (INP), started in 1995, which provides nutrition supplementation, fortification of foods and nutrition education to children of all ages. The DBE, DSD and DoH work together to ensure that the intervention works with coordination of the former.

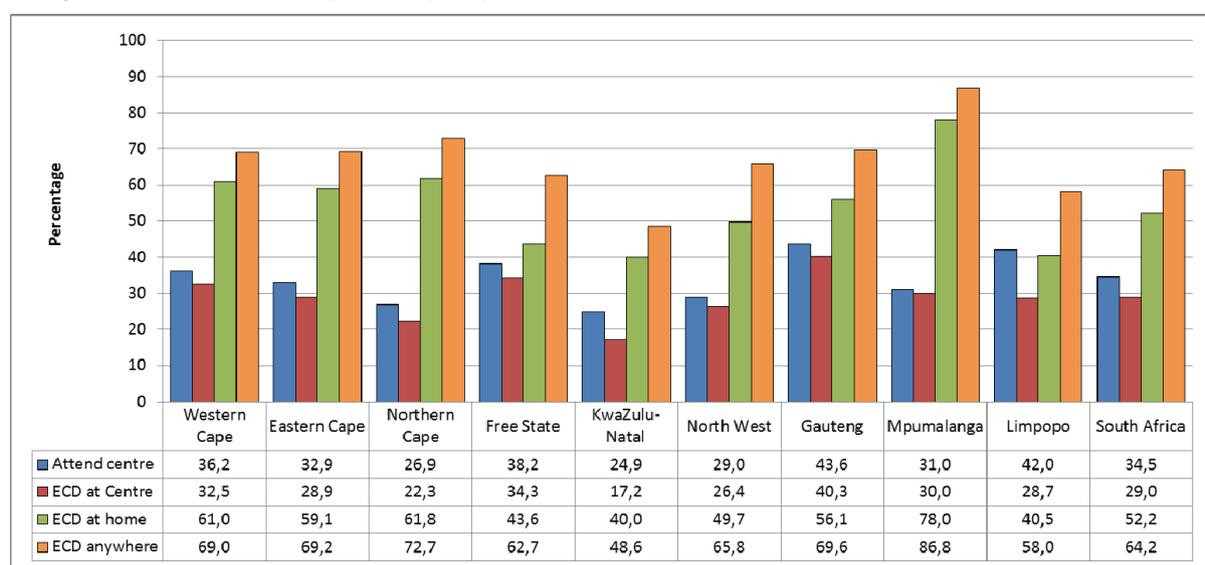
There is not enough information to describe sufficiently the extent to which ECD's broader scope is realised on the ground. Available assessments of the implementation of ECD programmes focus mainly on academic achievement outcomes at the expense of other ECD aspects. Almost without exception, assessments focus on educational centres; that is,

school and pre-school, including day care, crèche, and pre-primary (RSA, 2009). Home-based care, and other kinds of organised care arrangements which provide for the needs of children such as socialisation and stimulation, are often left out.

Nonetheless, a considerable number of children benefit from ECD programmes delivered through formal centre-based ECD sites. Since the late 1990s, the number of ECD centres has increased considerably. For example, as a proportion of the total population of the relevant age-group, the number of 0 to 4-year-old children enrolled in an educational centre, institution or ECD centre increased from approximately 7% in 2002 to 30% in 2009, and 34.5% in 2011 (STATS SA, 2012b; DBE, 2010a). The number of Grade R children as a proportion of the 5-year-old population increased from 15% in 1999 to 60% in 2009 (STATS SA, 2012b).

In 2011, slightly over a third of all children aged 0 to 17 years old in South Africa enrolled in an ECD centre (Statistics South Africa, 2012b). This suggests that approximately two-thirds of children do not benefit from ECD services at registered ECD centres. Moreover, Statistics South Africa (2012b) notes that not all centres provide ECD activities for stimulating child development. For example, Figure 3 shows that approximately 40% of children in Gauteng attended centres where ECD activities were delivered, compared to only about 17% of children in KwaZulu-Natal who attended such centres. Figure 3 also illustrates that a considerable number of children benefited from ECD activities at home. The scope and quality of ECD activities, provided at both ECD centres and at home, is not clear in many reports, suggesting the need for more research.

Figure 3: Percentage of children attending learning centres and being exposed to early childhood development per province, 2011.



Source: STATS SA (2011a) General Household Survey. Pretoria: Statistics South Africa.

Available literature suggests that access to formal ECD varies by geographical location as ECD centres are concentrated in the urban areas. Children in non-urban areas are less likely to benefit compared to their urban counterparts. Access to formal centre-based ECD also varies with age. Children, especially those in less affluent locations have very low chances of enjoying formal ECD services in the first few months after birth, although this might change

after the fifth year. For example, over half of the children enrolled in ECD centres in 2000 were aged between 5 and 6 years old. A third of the beneficiaries were 3 to 4 year olds, the youngest ones (0 to 2 years old) represented only 17% of all children enrolled in South Africa (RSA, 2009). There is no literature to suggest that the distribution of formal ECD by location and age has changed dramatically since 2000. Similarly, available literature does not clearly demonstrate the impact of per-learner subsidies on OVC population.

While community-based ECD programmes could remedy the situation, it is difficult to gauge its potential on the ground because of a lack of relevant literature. Available research suggests that the DSD is yet to prioritise non-centre based ECD (Biersteker, 2010). To a larger extent, centre-based ECD services also suffer from funding shortages which, in turn, hampers the development of infrastructure, and training of practitioners, as well as the development of ECD materials. The number of ECD practitioners that possess relevant minimum qualifications remains worryingly low (Biersteker, 2010). On the whole, these challenges lower the quality of ECD services so that very few ECD centres can “provide the level of sustained early childhood support appropriate to the developmental needs specific to vulnerable young children” (Martin, 2010, p.70).

3.1.2. Pro-poor Educational Access Programmes After Grade R

As well as delivering education curriculum, there is a strong policy and programme orientation toward making schools conduits through which children access basic services outside the school systems in South Africa. Current policies and programmes are oriented toward making schools “sites of care and support for vulnerable children” (DBE and MIET Africa, 2010, p.9). The Conceptual Framework for Care and Support for Teaching and Learning (CSTL)⁴ (DBE, 2012) is an example.

In order to help children achieve positive educational outcomes the DBE, has put in place a programme that guarantees improved equitable access to education. There is a deliberate focus on admitting and retaining poor people in schools. The policies ensure that learners are not discriminated against on the bases of material disadvantages, such as failure to pay fees, a lack of uniforms and sufficient documentation, as well as other intrinsic physical and intellectual barriers. Table 1 provides a detailed description of pro-poor policies.

⁴ CSTL is made up of nine key interventions: nutrition; health promotion; infrastructure, water and sanitation; social welfare services; psychosocial support; safety and protection; material support; curriculum support and co-curriculum support (DBE and MIET Africa, 2010).

Table 1: Summary of pro-poor educational policies

Pro-poor policy/programme	Purpose	Target population
The National Admission Policy and Schools Act (1996)	Provides the premise for framing admission guidelines at the school level. Insufficient documentation or any intrinsic barriers such as disability does not constitute a reason for refusal of admission	All children including migrant children
National Minimum Norms and Standards for School Infrastructure	The norms guide the design, renovations and construction of a school infrastructure that is friendly to all children.	All children
No-fee and school fee exemption arrangements	Public and Not-for-Profit Schools in quintiles 1, 2 and 3 have been designated no-fee schools. They receive a per-learner subsidy which exempts parents and carers who are unable to pay school fees. Learners in fee-paying schools who fail to pay fees are eligible to a get a means-tested fee exemption.	All disadvantaged children
National Policy for an Equitable Provision of an Enabling School Physical, Teaching and Learning Environment (RSA, 2010)	Obliges schools to define a catchment area which they serve, to admit learners from within a 3 km radius. No child should walk for more than 6 km to access education.	All children
The National Guidelines on School Uniforms (NGSU)	Stipulates prescriptions for making school uniforms affordable. Guidelines oblige schools to admit learners even if they do not have the prescribed uniform.	All children

Educators play a key role in identifying and monitoring cases of child labour, neglect and abuse, as well as linking the affected child to resources outside the school: for example, grants and statutory services provided by the Department of Social Development. However, it is not clear whether educators are sufficiently equipped and incentivised to assume such additional roles.

The DBE has achieved near-universal enrolment rates for grades 1 to 9. Just fewer than 2% of the relevant population (Grade 1- 9) were not enrolled in schools in 2009. Such high levels of enrolment can be attributed to pro-poor policies. For example, Statistics South Africa (2012b) found that slightly more than half of learners in the 2011 General Household Survey attended a no-fee school in that particular year. Nevertheless, implementation of pro-poor policies could be improved. According to Martin (2010), a considerable number of schools often fail to implement the school fee exemption policy due to insufficient capacity and a lack of responsiveness (Martin, 2010). The fact that more than 14% of primary school-age children are not enrolled in the appropriate education level (see Martin, 2010), and the incidence of school drop-outs, could be partly attributed to the inefficiency of pro-poor educational policies. Apart from overall enrolment figures, available data does not show how many children reach grade 9, and how many take longer than 9 years to complete basic education (RSA, 2009).

3.2. Health promotion in schools

Strengthening health services and promoting healthy life styles constitute a key dimension of the CSTL Framework that is being spearheaded by the Department of Basic Education. The Integrated School Health Policy (ISHP) (DoH and DBE, 2012) specifies the vision for a comprehensive health package to promote the health of school-going children and to address health barriers to learning. The ISHP emphasises interventions which, among other things, (i) promote skills education; (ii) implement health assessments at various education phases to identify children that suffer from, or are vulnerable to, long-term health and psychosocial conditions; (iii) promote primary health care among school-going children, including eyesight, hearing and oral hygiene and sanitation. Thus, the ISHP aims to improve “education outcomes of access to school, retention within school and achievement at school” (DoH and DBE, 2012:10).

It is important to note that prior to the launch of the ISHP in 2012, a 2003 School Health Policy guided school health interventions. Interventions included imparting knowledge of sexual and reproductive health (SRH), as well as HIV prevention to all learners; crafting innovative behavioural change programmes for school-going children and out of school youths; and educating and disseminating information on various health and wellness to learners, educators and school communities. There is not enough data to demonstrate, quantitatively, the progress made in implementing health promotion interventions. However, the current ISHP observes that the delivery of school health services at school remained sub-optimal due to a number of problems such as inadequate collaboration between the DoH and DBE; poor integration of previously fragmented health services into a comprehensive care package; and poor data management (DoH and DBE, 2012).

School feeding is one health programme that has received considerable attention from researchers and policy-makers. Known as the National School Nutrition Programme (NSNP), South Africa’s school feeding programme has three main components: (i) provision

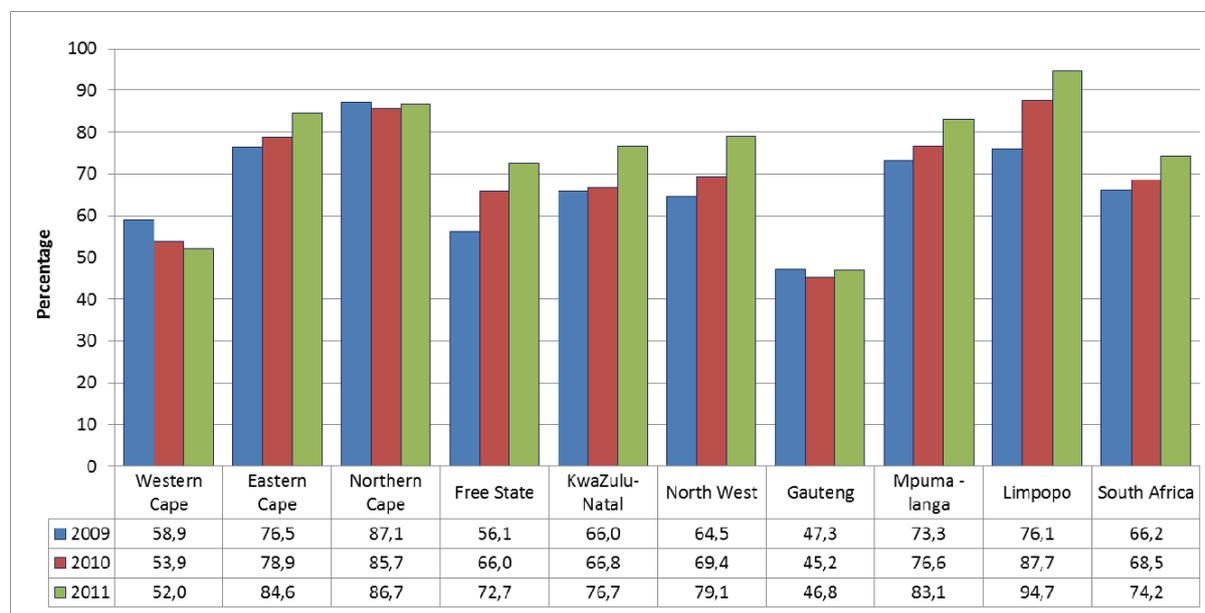
of nutritious meals to learners; (ii) promotion of nutrition education; and (iii) sustainable local food production. Through provision of meals, the NSNP programme seeks to promote punctual and sustained school attendance, alleviate short-term hunger, improve concentration and contribute to the general health and well-being of learners.

The NSNP resonates strongly with the DBE's focus on making the school a node of care and support for all learners, especially those that face barriers to learning (DBE, 2009). All children in participating primary and secondary schools – that is, schools that fall in quintiles 1 to 3⁵ – are eligible to benefit from a nutritional meal prepared following a prescribed menu, and which is served during all school days. While most participating schools provide only one hot meal per day per learner, a few others, particularly in Gauteng, serve up to three meals. As per terms of funding, the first meal is served before 10:00 am. This enables a boost in learners' concentration throughout the day. The extent to which OVC are targeted individually is not clear in literature. However, anecdotal evidence suggests that some schools identify OVC and provide take-home rations where possible.

Available evidence suggests that the NSNP programme is a country-wide programme with a wide coverage. In 2011, 8.9 million learners, or roughly 60% of all children in the school system (including those in quintiles that are not targeted), benefited from the programme (DBE, 2011). However, not all deserving children enrolled in participating schools benefit from this school feeding programme. Data from the 2011 General Household Survey suggests that slightly over 25% of learners attending public school where the NSNP was implemented had no access to school feeding (Statistics South Africa, 2012b). Figure 4 presents the estimates of learners who accessed school feeding in 2011.

⁵ Schools considered to have a significant population of children that come from poor households.

Figure 4: Percentage of children attending public schools with feeding schemes who are benefiting from the school nutrition programme



Source: STATS SA (2012b) 2011 General Household Survey.

The reasons why some children targeted in the NSNP do not access nutritional meals are not clear. However, we are inclined to think that some children might be disadvantaged due to unforeseen logistical reasons.

3.3. Addressing psychosocial needs

All children are susceptible to the disruption of psychological well-being, which often manifests as anxiety, depression, anger, sleep problems and nightmares, suicidal thoughts, peer relationship problems, post-traumatic stress, delinquency and conduct problems. Psychosocial support aims to strengthen and support family and community capacity to provide psychosocial support for children, and to improve referral mechanisms for children and youth to specialized services. However, the DSD's conceptual framework on psychosocial support identifies the OVC as a category that is more vulnerable to psychosocial conditions that affect mental and physical health (DSD, not dated). Both the design and implementation of psychosocial support interventions are informed by the CSTL and the DSD's Framework⁶. The two frameworks specify a system of appropriate identification of learners experiencing any form of stress; referrals to professionals; and developing learner and educator support services such as psychologists and occupational therapists (DBE, 2012).

A number of stakeholders in the not-for-profit sector provide counselling and psychological support to children and families facing trauma (Loening-Voysey and Wilson, 2001). Regional Psychosocial Support Initiative (REPSI) is one of the most visible organisations in the provision of psychosocial support, including training. Table 4 provides examples of other

⁶ Psychosocial support for orphans and other children made vulnerable by HIV and AIDS:A conceptual framework (not Dated)

organisations that provide psychosocial support to the OVC and their families. Still, there is not enough information about the type, quality, scale and geographical spread of psychosocial support services provided by Not-for-profit organisations (NPOs). In addition, there is not much information to demonstrate the manner in which NPO psychosocial support interventions are implemented, as well as their impact on OVC. Although information about policy intentions regarding the caring role of schools and educators was accessible, data on the implementation of psychosocial support interventions at schools is scarce. As a result, it is difficult to ascertain the number of vulnerable children that have benefited from school-based interventions, psychosocial support interventions, and the impact that such services have had on learners. Information regarding the characteristics of learners who benefited from psychosocial support interventions at the schools, and/or those that accessed psychosocial support benefits through referral, is not readily available.

Therefore, one can hardly determine the extent to which OVC have benefited from school-based psychosocial support interventions. Setting up administrative structures for CSTL could potentially improve implementation of psychosocial support interventions. However, only five provinces had set up provincial task teams to coordinate CSTL activities at provincial level in 2011 (DBE, 2012). Since the DSD's programmes target all vulnerable children, it is similarly difficult to ascertain the number of OVC that have benefitted from out-of school programmes.

4. LEGAL AND POLICY FRAMEWORKS

Both the potential sustainability and the quality of implementation of a school feeding programme can be reinforced by relevant policy and legislation (Bundy *et al.*, 2009). School feeding should not be designed as an isolated programme; it is part and parcel of broader policy frameworks for poverty reduction, education, and social protection (Bundy *et al.*, 2009). Therefore, it is pertinent to examine the policy frameworks in which South Africa's school feeding is embedded. South Africa's interventions in the broad area of children and OVC are closely aligned to international conventions that the country has already signed and ratified. These instruments include the United Nations Convention on the Rights of the Child (UNCRC), United Nations Framework for the Care and Protection of Vulnerable Children (UNFCPVC), the African Charter on the Rights and Welfare of the Child (ACRWC) and the Millennium Development Goals (MDGs). Overall, international instruments provide a universal conceptualisation of children's rights which can be used as a standard for measuring the realisation of the rights in local settings. Whilst international instruments oblige states to realise the rights of all young children and youths - including the right to basic health care, nutrition, social security and education - they acknowledge that orphans and other vulnerable children and youths are particularly at risk of not realising their basic rights, including the right to education, due to the multiple barriers that confront them.

In addition to international instruments, South Africa has developed various legal instruments to help protect and promote the rights of children and young persons. The rights of all children in South Africa are guaranteed by the country's constitution. Section 28 (1) (c) of the Constitution (Act 108 of 1996) stipulates that every child has the right to basic needs including nutrition, health care services and social services. The constitutional recognition of the rights of children affirms the belief that such rights are the foundations of the well-being of children and young people (Abrahams and Mathews, 2011). In keeping with the supreme

law of the country and international obligations, a myriad of other legislative instruments exist to protect children's rights, including the right to basic health care, social security, nutrition and education. The Children's Act (RSA, 2005) and the South African Schools Act (RSA, 1996) are some examples. Furthermore, from time to time, South Africa develops sector-specific and cross-cutting policy frameworks to address the various needs of all children and young persons in the country. Some of the relevant policy frameworks are listed in Box 1.

Box 1: Policy Frameworks Guiding South Africa's Response to OVC

- White Paper for Social Welfare, 1997 (Department of Welfare, 1997)
- Education White Paper 6: Special needs education – building an inclusive education and training system (Department of Education, 2001);
- HIV & AIDS and STI National Strategic Plan, 2007–2011 (South African National AIDS Council, 2007);
- National Policy on HIV and AIDS for learners and educators in public schools, and Students and Educators in Further Education (Department of Education, 1999);
- Policy Framework on Orphans and Other Children Made Vulnerable by HIV and AIDS, South Africa (2005) (DSD, 2005);
- School Health Policy and Implementation Guidelines (Department of Health, 2003);
- The National Integrated Plan for Children and Youth Infected and Affected by HIV/ AIDS, 2000 (Departments of Health, Education and Social Development, 2000);
- The National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS South Africa, 2009–2012 (DSD, 2009)
- The National Integrated Plan for Early Childhood Development in South Africa, 2005-2010 (Republic of South Africa and UNICEF, 2005).;
- The National Support Pack (articulates core elements for CSLT) (DBE and MIET AFRICA, 2010).

As already mentioned, legislation and policy frameworks in South Africa primarily seek to reach all children. However, there are specific policy frameworks which are designed to meet the needs of specific groups of vulnerable children. The National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS South Africa, 2009–2012 (DSD, 2009) is a good example since it clearly specifies the OVC as the target group. Another relevant framework is the OVC Policy Framework (DSD, 2005). As well as specifying the definition of OVC, it underscores the need for a pluralist and multi-stakeholder approach which combines the efforts of government, private players, civil society organisations, communities and families.

The White Paper 6 (2001) (DBE, 2001a) is another relevant example as it expressly acknowledges that vulnerable children are particularly at risk of not realising their right to education since they face intrinsic, systemic and societal barriers to learning. As a result, school-based programmes such as provision of care and various forms of support are being implemented. These include pro-poor educational policies and programmes summarised in Table 1. As with other policy arrangements, the policy frameworks which primarily target OVC provide a general orientation to the design and implementation of new and existing

policies and programmes. It is therefore challenging to establish the extent to which a policy framework was implemented.

5. INSTITUTIONAL CAPACITY AND CO-ORDINATION

Whereas robust institutional arrangements are needed for successful implementation of school feeding programmes, it is vital to place the responsibility of implementation under one institution (Bundy et al., 2009). This increases the level of accountability and coordination. In South Africa, the education department has the mandate to implement school feeding. In keeping with policy frameworks in other government departments, the CSTL and other policy frameworks in the education department clearly identify the school as a key node of care and support for vulnerable children. Ideally, stakeholders in Government, civil society and local communities deliver programmes in close co-operation with the school, in order to address the needs of all learners.

In practice, community-based organisations (CBOs) are already working with schools in their jurisdictions to reach children in need. For example, Childline works with schools to address psychosocial needs of learners. The Adopt-A-Cop programme, where a police officer is seconded to the school in order to deal with law and order issues, is another case in point. There is, however, a need for further research that can document the nature and scope of collaborations between the school and external stakeholders, in as far as addressing OVC issues is concerned.

The sentiment shared by participants at the workshop regarding the role of schools in addressing the needs of OVC resonates strongly with existing literature (DBE and MIET Africa, DBE, 2012). Workshop participants shared the view that schools can effectively help to identify vulnerable children. Data regarding attendance, absenteeism, drop out and the quality of participation can help expose a child's vulnerable circumstances. Therefore, the attendance register, reports of various assessments and related records are key instruments in addressing needs of vulnerable learners. Where necessary, schools refer a learner to relevant departments such as DSD, SAPS and Department of Home Affairs. Apart from making referrals, schools also educate learners on life skills and their rights. The caring and educational role of schools and, specifically, educators described by workshop participants is already envisaged in policy framework such as the CSTL and the Education White Paper 6. A point that is rarely considered in debates about the role of schools in providing care to learners is whether or not teachers are equipped, or motivated to assume additional roles.

Given that schools have already assumed an enormous caring role, workshop participants emphasised the need to strengthen school governance and school management. The former, entails strengthening the role of school governing boards to develop mechanisms that improve the participation of parents and other community stakeholders. Effective school governance is necessary to develop policies which can foster an enabling environment. Strengthening school management functions, including information and stakeholder management, was seen as a key dimension of caring schools.

Table 2 and Table 4 provide more information on stakeholders in Government and in civil society. The primary stakeholders for schools are the National Department of Education, Provincial Department of Education and local government departments involved in

education. Other key stakeholders in government include the Departments of Social Development (DSD), Department of Health (DoH) and the Department for Human Settlements (DHS).

Table 2: Responsibility of Government Departments in the OVC response

DEPARTMENT	RESPONSIBILITY
DBE	The realisation of the right of everyone to a basic education. Interventions include pro-poor educational access policies and programmes.
DSD	The realisation and protection of a range of the rights of children and their families, including the right to be protected from maltreatment, neglect, abuse or degradation; the right to access social security; and right to family care, parental care or alternative care.
DoH	To fulfil the right of children and their families to health and related care. It is tasked to deliver an effective healthcare system and to provide accessible and affordable health care.
DAFF	The DAFF's mandate is to realise the rights of everyone to sufficient food and of every child to basic nutrition.
DHS	The realisation of the right of everyone to have access to adequate housing (section 26(1)) of the South African Constitution and the right of children to shelter (section 28 of the South African Constitution). Poor families and vulnerable children can potentially benefit from targeted government housing subsidy; housing subsidy for the disabled; and emergence housing assistance.
SAPS &NPA	The SAPS and NPA are responsible for the protection of a number of rights of vulnerable children and their families including the right to be protected from maltreatment, neglect, abuse or degradation; the right not to be detained, except as a measure of last resort, in which case only for the shortest appropriate period of time.

Workshop participants felt that whilst the responsibility of each stakeholder looks clear on paper, challenges are being experienced in practice. This is due to a lack of overarching authority to which all stakeholders report.

6. FINANCIAL CAPACITY

Bundy et al (2009) identify stable funding as a prime requisite of quality and sustainable implementation of school feeding programmes. The South African Government is the main funder of services and programmes for all children including OVC. Over 80% of public funding for children services programmes is provided through provincial government (Proudlock and Budlender 2011). Foreign governments, non-governmental organisations and private sector companies are complimenting the Government in funding OVC-related programmes, such as provision of psychosocial support and recreational activities, and training of trainers in counselling. services and programmes that are stipulated in the Children’s Act, such as prevention and early intervention services, as well as alternative care services (including foster care, cluster foster care and adoption, partial care facilities, drop in centres and child and youth care centres) are critical for realising the rights of all children. Some analysts believe that if such services and programmes were funded and implemented sufficiently, the needs of all vulnerable children, including orphans, would be covered (Budlender, *et al.*, 2011:3).

However, government and donors are not in a position “to fund all the services required by the act (Children’s Act), and to reach all the children who need these services” (Budlender, *et al.*, 2011:3). Researchers have devised ways to calculate the funding dedicated to children’s services based on the 2005 costing of the Children’s Bill (Proudlock and Budlender, 2011). Two costing scenarios – the Implementation Plan Low and the Full Cost High – can reveal the inadequacy of funding for children’s services. When the former is used, good practice norms for priority services are used alongside low norms and standards for non-priority services. In the second scenario, good practice norms and standards are applied for all services and programmes specified in the Children’s Act.

Table 3: Gap in Budget Allocation – Budget Need Vs Budget Allocated 2010/11

Costing Scenario	Budget Needed	Budget Allocated	Shortfall 2010/11
Implementation Plan Low	R7, 542 Billion	R3, 405 Billion	R4, 137 Billion
Full Cost High	R59, 227 Billion	R3, 405 Billion	R55, 822 Billion

Source: Proudlock and Budlender, (2011), *Government and Donor Funding available for implementing the Children’s Act, 2010/2011 to 2012/13.*

Table 3 illustrates that even when the low cost implementation scenario is used, there is a shortfall of R4,137 billion in 2010/11. When one considers the second costing scenario(Full Cost High), one finds that a shortfall of R55,822 billion was incurred in 2010/11. The lack of adequate funding has far-reaching consequences for OVC-related programmes – most of which are stipulated in the Children’s Act (O’Grady, 2008). Available funding is insufficient to increase the value of benefits payable to vulnerable children. For example, the expansion of formal ECD programmes to poorer non-urban communities has taken a snail’s pace mainly due to insufficient financial resources being allocated to both centre-based and non-centre-based ECD programmes (Martin, 2010; Biersteker, 2010).

The insufficiency of funding also hinders the recruitment, retention and development of key professionals required for effective delivery of OVC-related programmes. Furthermore, it

affects negatively the development of effective monitoring and evaluation systems. As a result, it is difficult to draw lessons and best practices from programme implementation.

7. COMMUNITY PARTICIPATION

As a best practice, sustainable school feeding programmes are designed in tune with community needs (Bundy et al., 2009). Moreover, they make use of contributions from the broader community and civil society. Similarly, in the broader programmatic response to OVC, one finds that actors in the Not-for-Profit sector, including Community-based Organisations (CBOs) and a range of community care initiatives, play a critical role in the response to the challenges confronting OVC in South Africa. In addition, families and households (including extended families) also provide care and support to OVC, and are critical for the socialisation of all children, including orphans.

Not-for-Profit Organisations (NPOs) and community actors provide a number of OVC services and programmes. These include counselling, therapy and other psychological interventions; recreational activities; training in counselling and therapy; referral of cases and linking beneficiaries to other services; non-statutory foster care; community support structures; home-based care and support; unregistered non-residential care; statutory adoption and foster care; statutory residential foster care; and other community initiatives (DSD, 2010; Loening-Voysey and Wilson, 2001). Table 4 provides a summary of such programmes and examples of NPOs that provide them.

The review established that numerous CBOs operate at grassroots levels and they work closely with families and households. Due to their presence on the ground, they can easily respond to problems in the community, including emergency situations. Nonetheless, there is a danger of duplication in the programmes of CBOs. We noted that, from time to time, national and provincial governments develop databases of CBOs and NPOs that deliver OVC-related programmes. There is a need to circulate such databases at local levels to raise awareness of services and service providers in the community.

Table 4: OVC Programmes with psychosocial support components provided by NPOs

Programme	Programme Description	Targeted population	Examples of Programmes and Providers
Counselling, Therapy and Other Psychological Interventions	Core elements of the programme include therapies such as “memory box” therapy; Journey of Life workshops; lay counselling; one-on-one counselling; child and adult support groups; art therapy; recreational activities; group therapy sessions; and debriefing sessions for care workers/volunteers. These interventions take place at OVC homes (during home visits), at drop-in centres, resource centres, workshop venues, or at playgrounds.	OVC, Caregivers, Volunteers	
Recreational activities	OVC are involved in recreational activities, such as sports, music, drama, and other activities offered at drop-in centres. Group-based recreational activities are seen as appropriate to help OVC to cope with their bereavement and to recover faster.	OVC	Hands @ Work
Training in Counselling and therapy	Experts train care workers/volunteers or facilitate workshops for the OVC themselves	OVC, Carers, Volunteers	SACBC partners with the Regional Psychosocial Support Initiative (REPSSI) which facilitates Journey of Life workshops for the programmes’ care workers. SC-UK trains its CCF members in “play skills” by the Rob Smetherheam Bereavement Centre, based in Bloemfontein,

Referral; linking beneficiaries to other services	Service providers refer beneficiaries to other service providers	OVC, Care givers	Referral Services South Africa. Refers OVC who “fail to heal” or fail to benefit from their psychosocial support to other counselling institutions.
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8. SOUTH AFRICA'S RESPONSE TO OVC CHALLENGES: GOOD PRACTICES

Good practices showcase what works best. They are lessons that can benefit similar programmes or initiatives. Our review identified the following good practices in the NSNP that can be used for other OVC-relevant programmes.

- **Non-selective targeting is desirable:** The school feeding programmes include all learners at a particular school as opposed to targeting the poorest and most vulnerable learners at each participating primary and secondary school. This somewhat “universal” targeting at school levels potentially avoids a situation whereby certain learners experience stigma and discrimination at schools and in the community. It also ensures that more learners are reached by the programme. In addition, including secondary schools in the NSNP programme has avoided situations where poor secondary learners are excluded on the basis of grade or education level.
- **Timely distribution of benefits amplifies impact of services and programmes:** Structured meal times, especially morning meals, have been shown to impact positively on class participation during the school day. Academic Primary School in Western Cape Province is a good example of a school that meticulously follows structured meal times. Hot meals are ready for serving by 9:30am.
- **Ensuring that OVC access services on time increases impact:** According to the DBE (2010b), supervised mealtimes work best. Learners take their meals in the classroom with volunteers and/or educators supervising them. As a result this lowers the probability of excluding certain learners from accessing benefits.
- **Increasing the value of benefits is ideal:** A hot meal a day is good but two are better. The DBE (2010b) acknowledged Boitshepo Secondary School's two meals a day schedule as a best practice. Situated in Gauteng Province, the school accommodates hundreds of poor learners. These vulnerable learners enjoy a breakfast and lunch served every school day at 7:30am and 11:30am respectively. Learners also get water and a fruit during the day. This school gets additional funding from the Provincial Government.
- **Empowering learners with practical skills can prepare them for adult life:** School food gardens have also been shown to be a good sustainable food production initiative at schools. Learners benefit when the fresh produce is used to supplement meals. Moreover, they also learn about food production when they participate in the cultivation of the garden.
- **Synergistic collaborations can help leverage resources and broaden participation:** One of the best practices by the DBE has been its establishment of a partnership with Provincial Departments, District Offices as implementers, corporate sector schools, parents and families (schools involve Volunteer Food Handlers who are members of the community, usually women). Another is the partnership between FAO and the DBE which led to the development of manuals for Sustainable Food Production in Schools (SFPS) and Nutrition Education (NE) to support the National School Nutrition Programme (DBE, 2010b).

9. CONCLUSIONS

Orphans and Vulnerable Children (OVC) is an abstract notion, as it does not refer to a naturally occurring population. In research, one must identify the population based on certain characteristics such as being susceptible to adverse conditions. As a result, various studies use different definitions of 'orphan', 'child' and 'vulnerability'. This situation has generated operational challenges for the implementation, as well as monitoring and evaluation, of interventions.

Nevertheless, official definitions of these terms exist in South Africa's policies and legislation. An orphan is a child (a person under the age of 18 years old) with no surviving parent. According to the Policy Framework for OVC, a child is vulnerable if his or her development, survival, care and protection are endangered as a result of a specific situation that hinders fulfilment of their rights (DSD, 2005). This notion of OVC is widely used in government policy and programming, although this is not the case in research.

Vulnerable children are widely viewed as a special target population for public programmes. Workshop participants emphasised that universal programmes which target all children are more likely to reach all OVC. They recognised that all children can become vulnerable at any point in time, since the state of being vulnerable changes over time. Furthermore, it is a complex state; a child that is economically secure may suffer from emotional vulnerability if, say, he or she becomes a victim of domestic violence.

As a result, state-driven interventions target all poor and vulnerable children. There are, however, cases where programmes specify interventions and benefits earmarked for those children that have been affected by HIV and AIDS. In terms of design, most of South Africa's children services and programmes are robust, as they are geared to address children's rights as stipulated in country-level legislative and policy frameworks, and international conventions that protect the rights of all children. Beside the apparent rights-based approach, children's programmes are underpinned by a need-based targeting mechanism. Therefore, children's policies and programmes can potentially benefit OVC.

Mechanisms for collaboration and partnerships across public agencies and between Government and civil society organisations exist at national and lower levels. For example, workshop participants hailed the CSTL in the education department as an example of an inter-sectoral/multi-sectoral approach to the OVC challenge, since it incorporates efforts from various Government departments, civil society and the community, to provide a comprehensive package of care and support to learners. What is interesting is that the school is seen to be an appropriate node of care, connecting school-going children with service providers working from within and from without the education department.

This review could not establish the extent to which inter-sectoral mechanisms in the DBE are working in practice. Analysts, however, question whether educators are sufficiently equipped and motivated to take on additional roles described in the CSTL, the ISHP and other frameworks. Whilst South Africa's legislative and policy frameworks for children are strong on paper, a number of challenges confront the implementation of children's services and programmes. Cross-cutting challenges include a lack of adequate human capacity, insufficient funding and poor infrastructure.

The Early Childhood Development sector is a case in point. There is inadequate funding to recruit, develop and retain qualified social workers, ECD practitioners and other professionals required to implement OVC-related programmes. Funding is also insufficient to expand the scope of services and programmes to reach more vulnerable children and youth. It is also difficult to increase the value of benefits accessible to vulnerable children. Generally, children under 4 years old have the lowest chance of accessing ECD services. The same could be said about children in non-urban areas. This situation may impact negatively on the mental and physical development of children, especially the OVC, at different stages of the life-cycle. Whilst expanding community-based ECD services to rural areas could fill gaps in delivery, non-availability of financial resources was identified as a huge challenge.

In certain OVC-programmes, fewer beneficiaries than expected actually access the benefits. For example, more than 40% of the learners at schools that participate in the national school feeding programme do not access daily school meals (Statistics South Africa, 2012b). Low up-take of programmes could be attributed to a lack of knowledge about the existence of a service among intended beneficiaries. However, the extent to which OVC issues are represented in mainstream media could not be ascertained due to a lack of literature.

A lack of information and poor data management systems also compromise South Africa's response to the challenges facing OVC. Detailed, credible, and up-to-date information about community-based OVC-related programmes spearheaded by civil society organisations and local communities is, by and large, not available. For example, the nature of ECD services provided through centres and community-based programmes is not known. Both short- and long-term impacts of interventions on the OVC population are not sufficiently known in quantitative and qualitative terms. Even in situations where data exists, there is still a "challenge of knowledge management, including how to intelligently use database systems, research, and existing knowledge" (Africa Leadership Institute, 2007:33).

10. RECOMMENDATIONS AND THE WAY FORWARD

- The focus on vulnerability underscores the need for developing a holistic approach that considers the entire child population as well as the environment. The success of such an approach requires a sustainable involvement of communities. This is also true for schools where increased involvement of SGB is necessary.
- There is a need to incorporate innovative ways to encourage and sustain meaningful and effective participation of local communities in the design, implementation, monitoring and evaluation of programmes.
- There is a need to put in place recruitment and retention policies that can increase the number of social workers, teachers, ECD practitioners and other professionals in Government departments and civil societies.
- There is a need to develop a robust, co-ordinated and participatory monitoring and evaluation system which tracks implementation of OVC programmes in all government departments, civil society organisations and the community. Such a system should incorporate indicators to monitor and measure the qualitative impacts of OVC-related programmes.

- In addition, methodological innovation is needed to document various aspects of the target population, including OVC-related interventions. Also, it is worthwhile to conduct context-specific systematic reviews that can synthesise evidence available on a number of OVC issues in South Africa, and to carry out randomised control trials to determine whether and how much change or impact an OVC intervention has produced. Furthermore, there is a need for the Government to increase research funding for longitudinal studies, which can generate data regarding trends and changes in long-term aspects of OVC. These studies will shed light on the characteristics of the OVC throughout the life-course.
- Innovative information dissemination strategies that can increase the awareness of OVC programmes, especially in remote rural communities, are needed urgently. Teaching children about OVC services as part of citizen education or extra-curriculum activities can remedy this problem.
- There is a need to increase the benefits of pro-poor programmes which include OVC. For example, it is recommended that to increase the nutritional intake of learners, while boosting learner performance, the DBE should increase the number of school meals from one to at least two cooked meals per day per learner.
- The Department of Agriculture should take a lead role in capacitating communities with agricultural skills. Innovative ways should be implemented to improve the level of participation in agricultural activities, for example, school gardens by teachers and students. Obstacles to effective implementation of agricultural programmes - for example, challenges around funding, ownership and management - can be alleviated by consulting all the stakeholders, particularly the communities which should own and drive the programmes.
- Nutrition is critical for child development. This is especially true for the first four years of life. It is therefore necessary to integrate a nutrition programme into the delivery of formal ECD services.

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