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Approaches for psychosocial support towards orphans and vulnerable children by community-based workers in the Vhembe district, South Africa

Livhuwani Precious Matshepete[1*], Lufuno Makhado[1] and Ntsieni Stella Mashau[1]

Abstract

Introduction The orphan and vulnerable children crisis has raised the need for alternative solutions to their problems. These new alternatives gave prominence to the growth of community-based organisations and their interventions. Community-based interventions are a crucial component of the response to ensure that the demands of orphans and vulnerable children are mitigated as they offer initial support and act as well-being nets.

Methods A qualitative exploratory-descriptive and contextual design was used to explore possible approaches to psychosocial support for orphans and vulnerable childen from community-based workers. This study was conducted in four municipalities in the Vhembe district: Thulamela, Makhado, Collins Chabane, and Musina. The population consisted of community-based workers working with vulnerable and orphaned children in the Vhembe district. Data were collected in focus group discussions with the community-based workers using a focus group discussion guide with open-ended questions. The data were analysed according to Tesch's open analysis guide to analyse qualitative data. The measures to ensure trustworthiness included transferability, conformability, credibility, and dependability.

Results Data analysis generated the following theme and subthemes: Psychosocial interventions provided included Physical support, educational support, psycho-educational support, activities and socialisation, caregivers support and involvement and inter-professional referral.

Conclusion These findings provide an insight into the types of psychosocial support interventions provided by Community-based organisations to orphans and vulnerable children. Conversely, the study also revealed that community–based organisations are experiencing challenges when delivering those services to orphans and vulnerable children.

Keywords Approaches, Psychosocial support, Orphans and vulnerable children, Community-based workers.qwass

*Correspondence:
Livhuwani Precious Matshepete
11514194@mvula.univen.ac.za; livhumatshepete@gmail.com
[1]Department of Public Health, Faculty of Health Sciences, University of Venda, 1 University Road, Thohoyandou 0950, South Africa

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Introduction

This article endeavors to explore the possible approaches for psychosocial support of orphans and vulnerable children (OVC) within the context of the Vhembe District, South Africa. Children and their families have suffered greatly as a result of the HIV epidemic.Globally, over 16 million children are living without one or both parents due to HIV/AIDS, 80% of these children live in sub-Saharan Africa [1]. Sub-Saharan Africa has been identified as the worlr's poorest region with the largest population of vulnerable children in the world [2].Even if the prevalence of HIV in adults has somewhat decreased globally, there are still a startlingly high number of orphans and vulnerable children [3].

South Africa has the highest per capital of recorded HIV/AIDS cases as compared to other contries [4]. In South Africa (SA), there are an estimated 3.7 million orphans, about half of who have lost one or both parent to AIDS [5]. HIV and AIDS have caused an unprecedented human and developmental disaster, according to UNAIDS ([5]. It is clear from a amount of 107 research studies that the HIV and AIDS pandemic is the main cause of parental loss in children, making them more susceptible [5]. OVC in South Africa are more vulnerable than those in countries like Uganda, Malawi, and Swaziland [6]. When evaluating the living situations of South African children, it was discovered that about 60% of them were impacted in some way [6]. Compared to their urban peers, children living in rural areas were more vulnerable. When looking at all aspects of vulnerability, the Eastern Cape has the greatest levels of vulnerability (82.8%), closely followed by the province of Limpopo (78.7%) [6]. With respective scores of 33.6% and 37.1%, Gauteng and the Western Cape were comparatively lower on the vulnerability scale [6]. The National Household Survey recorded 260 000 orphans in the Limpopo Province in 2018 [7]. This includes children without a living biological mother, father, or both parents and is equivalent to 11% of all children in the province. The Vhembe district municipality recorded the highest number of maternal (12 575) and parental (29 746) orphans [7].

The OVC situation is one of the major social issues facing our modern society [8]. These kids need the community's psychosocial assistance to flourish because they can't function in solitude [9]. Community-based organizations (CBOs) must make sure that their activities take into account not only the needs of the most vulnerable members of the community but also their psychological adaptation [10].The community can also be the first point of contact for these OVC in financial or psychosocial distress [10]. Community-based interventions are a crucial component of the response to ensure that the demands of OVC are mitigated as they offer initial support and act as well-being nets [11]. Community-based interventions are the most economical means to meet the demands of OVC because resources are accessed within community structures.CBO attendance on its own have been found to have a positive psychosocial effects on OVC [12].

The United States launched the Presidency Emergency Plan for AIDS Relief (PEPFAR) in 2003 in response to the global HIV/AIDS epidemic. PEPFAR provides funding to healthcare facilities, nongovernmental groups, and other initiatives that offer assistance and support to individuals who are HIV-positive or at risk for HIV infection [13]. PEPFAR supports programs for treatment and assistance for orphans and vulnerable children (OVC) and their families, particularly those made vulnerable by HIV, in many nations where the virus is prevalent [14]. By launching a multi-sectoral response that includes the majority of government departments, civil society, and foreign donors, the South African government has prioritized the needs of all vulnerable children and made sure that the right systems and services are in place to provide tangible support to them [15].

However, there is inadequate evidence in South Africa of CBOs that have improved the psychosocial well-being of OVC. Community-based interventions have been recognised for providing psychological support. However, gaps identified indicated that these interventions were limited in the inclusion of the material support such as the provision of food school uniforms, and financial and educational support [15]. Surrounded by an absence of psychosocial support services in the Vhembe district of South Africa, the OVC's psychosocial well-being is further affected by limited resources, stigma, and discrimination [16]. OVC have limited attention distributed to their developmental and psychosocial needs [16]. Children need to feel supported and cared for with emotional support that is shown with trust and showing empathy within their community. This was identified as a gap in the types of social support children need. The current study aimed to explore possible approaches for psychosocial support towards OVC from the community-based workers in the Vhembe district of South Africa.

Methodology

Study design

A qualitative exploratory, descriptive design was used to explore and describe the possible approaches for psychosocial support towards OVC from the community-based worker. As described by Barker, Pistrang & Elliott [17], through exploratory design the researcher gain in depth knowledge about the approaches towards psychosocial support of OVC by community-based workers in the Vhembe District, South Africa. A descriptive method of qualitative research emphasis is on describing rather than on conceptualing or interpreting [18].

Study setting

This study was conducted within the four municipalities in the Vhembe district: Thulamela, Makhado, Collins Chabane and Musina municipality. Vhembe district was selected because it has a large number of community-based centres catering for OVC.There are one hundred and fifty-three(153)community-based organisations in the Vhembe District [19].

Population

The population comprised community-based workers working with children orphaned and vulnerable to AIDS within the Vhembe district. The target population included community-based workers working for community-based organizations rendering services to orphans and vulnerable children in the Vhembe district.

Sample and sample size

The researcher purposively selected four community-based centres within the Vhembe district. The researcher obtained the database of all community-based centres dealing with OVC in the Vhembe district. The researcher appointed an experienced assistant researcher for selection and data collection to avoid bias among participants. However, the sample size was determined by data saturation, which is the point at which no new information, themes or concepts emerged. Data saturation was reached on the fouth focus group discussions.

Data collection

We conducted four focus group discussions with the community-based workers to explore possible approaches to psychosocial support for orphans and vulnerable children using a focus group discussion guide with open-ended questions. The focus group discussion guide used was developed specifically for this study(Appendix A). Data was collected from August to September 2023. The following central question was asked "What are possible approaches for psychosocial support for OVC?". The researchers used the focus group discussion because the researcher wanted to bring in data that reflected different opinions, perceptions and views regarding possible approaches to psychosocial support for OVC. Focus group discussions were conducted with community-based workers. This enabled participants to explore possible approaches to psychosocial support for orphans and children at risk. The focus group discussions were conducted in the participants' preferred language, namely Tshivenda, to ensure that participants understood the research question. The focus group discussions took place in the community-based centres and lasted two hours per focus group. The researcher introduced the stage to the participant, asked permission to record it on a smartphone, and informed the participant that the researcher would listen as moderator and transcriber. The moderator takes notes with a pen and notebook. The researcher also explained the process of collecting data and then transitioning to asking questions and stimulating a conversation about probing.

Pre-test

The researchers conducted the pre-testing in Makhado Township; those who participated in the pre-tests were not part of the main study. The pre-test was conducted in a focus group. The researchers wantedto find out whether the question encourages easy argument and discussion or is inflexible. After testing the focus group guide, the researchers also asked participants to provide their feedback on the clarity and validity of the guide. For focus group discussions, pre-tests take place on one day for one hour.

Data analysis

The data were analysed according to Tesch's open analysis guide to analyse qualitative data [20]. Researchers listen to audio recordings and transcribe them verbatim. The transcripts are then read aloud individually to understand what the participants said clearly. Similar categories were scribbled and grouped, and similar topics were grouped into subtopics. Subtopics were then grouped into columns. A list was created for each topic, and related topics were grouped into columns. The researchers then shortened the themes to codes and wrote them next to the relevant sections. The researcher presented the analysis results using tables organized by themes, categories, and subcategories.

Measures to ensure trustworthiness

To enhance the trustworthiness of this study, several measures were implemented, encompassing transferability, confirmability, credibility, and dependability. Transferability was assured by adhering to rigorous research procedures and transparently reporting data, facilitating the potential transfer of the study's findings to similar contexts. Confirmability was ensured through the involvement of independent reviewers who meticulously assessed the research to validate the accuracy and consistency of the collected information, thus allowing for external verification. Credibility was established through a multi-phase mixed-methods approach, where findings from each stage reinforced the credibility of the others by closely attending to critical elements during the analysis. Dependability, which relates to the stability of findings over time, was maintained through comprehensive documentation of the research methodology and data, including the categorization and thematic organization of data and the retention and accessibility of all materials

Table 1 Theme and subthemes

Themes	Subthemes
1. Psychosocial interventions provided	○ 1.1 Physical support
	○ 1.2 Educational support
	○ 1.3 Psycho-educational support
	○ 1.4 Psychological support
	○ 1.5 Activities and Socialization
	○ 1.6 Caregiver support and involvement
	○ 1.7 Inter-professional referral

for audit trail purposes, promoting the consistency and reliability of the study's outcomes [21].

Results

The study was carried out in selected four drop-in centres within the four municipalities in the Vhembe district. The average time spent on one focus group discussion was two hours .

Demographic data of participants

There were twenty-nine (29) participants who participated in four focus group discussions. Ten participants were from Centre A, and 7 participants were from Centre B. In centres C and D, Six participants participated in focus group discussions. Participants' ages range between twenty-three and fifty-five years. Regarding work experience, the longest-serving participant has been in the CBO work for 14 years. All participants, except two, were females, which confirms the generally held view that females are often the ones providing care to OVC.Refer to Appendix B(demographic data of participants).

Themes and subthemes

Analysis data generated the following theme and subthemes, as displayed in (Table 1). Psychosocial interventions provided: Physical support, educational support, psycho-educational support, activities and socialisation, caregiver support and involvement and inter-professional referral.

Theme 1. Psychosocial interventions were provided

Findings from the focus group discussions revealed that the community-based organisations are providing the following psychosocial interventions to OVC: physical support, educational support, psycho-educational support, psychological support, activities and socialisation, caregiver support and involvement, and inter-professional referral.

Physical support

Findings from the FGD indicated that the community-based organisations are offering physical support to the OVC by making sure that they are provided with school uniforms, cooking food for them, providing them with clothes, looking for donations to cater for their needs and making sure that they have someone to talk to when necessary. In support of this view, some participants in FGD C reported that:

"Sometimes we can plan a trip, but when the time arrives, we find that we do not have enough money. Thus, to give the kids courage, we would invite them, cook for them, and play with them for the whole day, and everyone leaves home happy afterwards". (*Female participant number 20, age 38).*

"Children without parents, when they go home, they are given food to eat at home. We also assist children with material assistance such as clothes from donations". (Female participant number 22, age 33)

Educational support

Findings from the focus group revealed that the community-based organizations are giving educational support to OVC by assisting them with homework, career guidance, and improving their reading skills. The following quotes from different focus group discussions:

"*We assist the kids with career guidance from grade 10 to grade 12."* (*Female participant number 11, age 54).*

"And we also assist the kids with their homework writing." (*Female participant number 12, age 38).*

"A child comes to our organization struggling to read; we teach the child to read fluently." (Female participant number 16, age 35).

"The program that we see working includes assisting the kids with homework because we look at their quarterly academic performances, and the results show that children are improving." (Female participant number 18, age 47).

Psycho-educational support

The results from the focus group discussions revealed that the community-based organizations are providing psycho-educational support by educating them about gender-based violence issues, health issues, different forms of abuse, peer pressure and self-esteem. These findings were supported by the following quotes from the focus group discussions reported:

"*We also have songs that were recorded by the organisation, which talk about gender-based violence, social issues, and public health issues; we can see that they are learning something because they become free, play with each other, and enjoy being here." (Male participant number 13, age 40).*

"*During educational awareness classes, we make sure that we visualise any topic we are focusing on; for example, if the topic is about GBV, we ensure that there is a projected video of a movie about GBV." (Female Participant number 17,* age 41*).*

"Behaviour changes through social behaviour, we organise programs on which we can identify children's problems. We also make groups because sometimes the child suffers from peer pressure, so we group them and educate them about self-esteem and awareness." (Female participant number 18, age 47).

"*so they do all things being done here, every week we have a schedule which indicates dates of educational programs and hygiene as well for the kids to know themselves and also be self-confident because we are dealing with children who do not stay with their parents and do not have parents at all, so we tell them even if you are an orphan or vulnerable there is also the future with great advantages." (Female participant number 25, age 44).*

"We also do awareness among these children so that they can be aware of what they might experience, this includes including teenage pregnancy, abuse, and substance abuse. We tell them the disadvantages, and we also tell them where to go in case they are being abused are being abused; we also build the children's self-confidence, and we teach them about the adolescence stage so that they should not be surprised when they see changes in their bodies". (Participant number 26, age 39, female).

Psychological support

The findings from the focus group discussions show that the community-based organizations provide support to OVC by providing psychological support through home visits, counselling, creating a memory box and grief counselling. The following quotes from the focus group discussion supported the following findings:

"*We also give psychosocial assistance to these children because some come with mental health issues depending on the home background they are coming from; these children get counselling regarding their home situations, and this also makes them feel that their home situation is not different from other children's situations" (Female participant number 22, age 33).*

We also give psychosocial assistance to these children because some come with mental health issues depending on the home background they are coming from; these children get counselling regarding their home situations, and this also makes them feel that their home situation is not different from other children's situations"(Female participant number 22, age 33).

"To children who lost their parents, we do grief work where we guide them on how to accept the situation of losing their parents, we communicate with them, and we also do a memory box where they put pictures of their parents inside the box, they put things which their parents loved a lot when the child feels like they miss the parent they open the memory box and watch the parent and then heal."(Female participant number 24, age 48).

"*To contact with children suffering from depression, we do home visits, and we find that the background of the child is not favourable." (Female participant number 5, age 41).*

Activities and socialisation

The focus group discussions revealed that the community-based organisations are supporting OVC using different activities and socialisation, and the following quotes from the focus group discussions supported this:

"We also make sure that the kids do not grow up in the streets, where they will end up stealing or committing crimes. What we do is that we ensure that after school, there are many activities the children do, such as Tshigombela [Tshivenda dance for girls or females], shavhambevha [a game wherein someone acts as a cat and another one as a rat, then the other sings while the one who is a cat running after the one who is a rat, the song is run rat, the cat bite], sports and other activities. Hence, we take these children as our very own." (Female participant number 9, age 30).

"Children, when they come, they get excited when playing and dancing traditional Venda dance such as Tshigombela [Tshivenda dance for girls or females]. This really [sic] excites them, and they feel at home." (Female participant number 17, age 41).

"During holidays, we take them on trips so that they should not envy others with parents who can afford them." (Female participant number 19, age 40).

"The activities include playing soccer with them to keep them busy from being in the streets where they can engage in substance abuse or dating; we do indigenous games and traditional dances such as gumboot, Tshigombela, Malende (Tshivenda traditional dance for girls and boys/female and males)" (Female participant number 27, age 33).

Caregiver support and involvement

The findings from the focus group revealed that community-based organisations provide support towards OVC through caregiver support and involvement. These findings were supported by the following quotes from the focus group discussions which indicated:

"*Whenever we admit children at the beginning of the year, the form has information regarding the kind of support children need, whether it is psychosocial support or any support. We use the forms to see that this child is from this kind of family and require this kind of support. Then, we plan based on the response from the guardian or parents." (Female participant number 11, age 54).*

"Most of the children who get taken care of by guardians do not get good treatment because you find that at home there is no food and school uniform, even money to eat at school. We also offer parenting skills and counselling to

the guardian, telling them about the consequences and disadvantages of a child not getting support from home." (Female participant number 26, age 39).

Inter-professional referral

The findings from the focus group revealed that community-based organisations provide support to OVC through inter-professional referral. The following quotes supported the focus group findings:

"If we find that the child has a problem which is beyond us, we normally refer them to social workers." (Female participant number 9, age 30).

"When it comes to policies, we do not see any need for change because, for now, we are following well the one we are guided with. For instance, if a child has a situation beyond our control, we refer them to SASSA, and then the social workers will handle the case."(Female participant number 21, age 25).

"If the child has a problem, we refer him/her to a specialist or experts in that field, such as social workers; if it is a case of abuse, we can refer the child to the police station and psychologist."(Female participant number 22, age 33).

"Sometimes we refer the child based on the behaviour change; we find that this is because the child does not have parents, or no one is taking care of them, so we refer them to social workers." (Female participant number 25, age 44).

Discussion

There is no doubt that the community-based organisations play a pivotal role in extending various forms of assistance in support for OVC. In this study we expored the possible approaches. One facet of this support is physical, where these organisations ensure that OVC receives essential provisions like school uniforms, cooked meals, clothing, and even financial contributions for school fees, as elucidated by the findings from focus group discussions. These findings align with the research conducted by Kibachio and Mutie [22], affirming that community members actively engage in OVC care initiatives by contributing resources for their basic needs, including uniforms, food, and clothing. Additionally, some communities cultivate food gardens, with produce distributed to OVC for nourishment or sold to fund school uniforms.

Educational support is another critical dimension of aid these community-based organisations provide, as they offer assistance with homework, provide career guidance, and help enhance reading skills among OVC. This support echoes the findings from studies illustrating that community social support programs, such as after-school centres, offer various strategies to assist families in providing academic support for their children, including homework aid and educational programs [23–27]. Furthermore, Musungu [28] underscore the role of community-based interventions in educational support, including paying school fees and providing school uniforms.

Moving into psychoeducational support, community-based organisations are actively involved in educating OVC on a range of topics, including gender-based violence, health, different forms of abuse, peer pressure, and self-esteem. These findings resonate with the research conducted by Musungu [28] and Mampane and Ross [29] , highlighting that community social support programs encompass life skills programs to develop vital social and personal skills.

Psychological support is a fundamental aspect of the assistance provided to OVC by community-based organisations, encompassing home visits, counselling services, memory box creation, and grief counselling [30]. Sitienei and Pillay [8] validate these findings, emphasising the importance of psychological support for OVC through counselling services, which can help them address personal and psychological challenges. The literature further elucidates the positive impact of counselling, including increased self-acceptance, self-esteem, emotional management, and the ability to change self-defeating behaviours [22, 30, 31]. A memory box is considered a crucial component since it helps create memories through well-designed activities with the child and family members [32]. Memory boxes and counselling work together to enhance wellbeing. Kids benefit from these activities because they give them consistency and care [32]. Children receive group therapy while creating memory boxes. Home visits are considered a means or vehicle for delivering community-based treatments [33]. These visits enable community-based workers and other community members to identify children and families in need [33].

Activities and socialisation are harnessed by community-based organisations to support OVC, enabling them to engage in various activities and interact with peers, ultimately boosting their self-confidence [34]. These findings are in harmony with Nyathi [23], who emphasises the significance of peer support for OVC, with the children expressing the joy and self-assurance derived from participating in these activities.

Lastly, inter-professional referral emerges as a valuable form of support provided by community-based organisations, as they facilitate reporting cases of abuse to relevant authorities. These findings are in sync with a study conducted in Zimbabwe, which emphasises community members' role in ensuring legal protection for OVC through reporting cases of abuse to the appropriate authorities [22]. Mampane [29] also underscore access to organised activities, healthcare facilities and social workers as essential components of community social support

programs, further reinforcing the significance of interprofessional referral in OVC care.

Conclusion

This study sheds light on the multifaceted nature of psychosocial interventions extended to OVC by community-based organisations. The findings underscore the diversity and richness of support mechanisms encompassing various dimensions. These include physical assistance, including providing essential resources like school uniforms, cooked meals, clothing, and even financial contributions for educational needs. Educational support is crucial, as community-based organisations enhance OVC's academic journeys through homework assistance, career guidance, and improvement of reading skills. Moreover, psycho-educational interventions play a pivotal role, with OVC receiving valuable education on topics like gender-based violence, health, abuse, peer pressure, and self-esteem. Psychological support is another vital facet, encompassing home visits, counselling, memory box creation, and grief counselling. Furthermore, activities and socialisation opportunities are harnessed to enhance OVC's self-confidence and overall well-being. Caregiver support and involvement are integral to this ecosystem, ensuring a holistic approach to OVC care. Lastly, inter-professional referral mechanisms facilitate reporting abuse cases, ensuring legal protection for OVC. Collectively, these findings paint a comprehensive picture of the multifaceted psychosocial interventions vital for promoting the well-being and development of OVC in the community.

Limitations of the study

The study had few limitations just like any other study. One of the limitations was that the study was conducted in one district of the Limpopo province. The study was also focusing on approaches by community-based workers. Approaches by others other professionals could impact the results. Despite these limitations, the information obtained was useful in shedding light on approaches for psychosocial support towards orphans and vulnerable children by community-based workers in the Vhembe district of south Africa.

Abbreviations

AIDS	Acquired Immunodeficiency Deficiency Syndrome
CBOs	Community –based organizations
CBWs	Community–basedworkers
FGD	Focus group discussion
HIV	Human Immunodeficiency Virus
OVC	Orphans and vulnerable children

Supplementary Information

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Supplementary Material 1

Supplementary Material 2

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Author contributions

Conceptualization, L.P.M and L.M.; methodology, L.P.M; validation, L.P.M., L.M. and N.S.M.; formal analysis, L.P.M.; investigation, L.P.M.; resources, L.P.M. and L.M.; data curation, L.M; writing—original draft preparation, L.P.M and L.M; writing—and editing L.P.M., L.M. and N.S.M.; visualization, L.P.M., L.M. and N.S.M.; supervision, L.M. and N.S.M. All authors have read and agreed to the published version of the manuscript.

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Data availability

The data that support the findings of this study are available. however, available from the authors upon reasonable request.

Declarations

Ethics approval and consent to participate

We can confirm that all data were collected and analysed in accordance with the Declaration of Helsinki. We received ethics approval from the University of Venda Research Ethics Social Sciences Committee, ethical clearance number: FHS/23/PH/05/0707 and Limpopo Department of Social Development was received. Before the focus group discussions were conducted, the participants read an information sheet and gave informed consent and signed associated consent form. This include information about their participation, their privacy and data, and anonymity were ensured throughout the collection of data and analysis.

Consent for publication

This is not applicable. Before the focus group discussions were conducted, informed consent from all participants in writing. Participants agreed to share their data anonymouslyin the study. Information about their privacy and how their data would be stored was included in an information sheet.

Competing interests

The authors declare no competing interests.

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