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# Exploring Care and Protection Offered to OVCs in Care Institutions with Examples from South Africa and Botswana

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**ABSTRACT** Globally, regionally and in national contexts, institutionalised care has been receiving wide scholarship, debates, discourses and criticisms, with some various scholars questioning the relevance, appropriateness and effectiveness of this option to children's care and protection. South Africa and Botswana are perceived as two success stories in Southern African region in terms of championing children's rights, especially those relating to the care and protection of OVCs. This study has, through an immense literature review analysis explored: the role of OVC care institutions; policy environment of care and protection of OVCs; care of OVCs in institutional care in both South Africa and Botswana; and the experiences of OVCs in care institutions. The research has also debated gaps inherent in care institutions such as psychosocial need gaps, poor infrastructure, developmental damage and care giving challenges generally. The research recommended to governments, NGOs and care friendly bodies to consider upgrading the standards of care institutions and exploring alternative ways of care besides institutional care.

## INTRODUCTION

Immense literature provides an array of arguments on the impacts of care institutions to orphans and vulnerable children. While some scholars believe that placing children in care institutions guarantees them of their rights to basic needs such as food, shelter and education, others argue that the placement of children in care institution deprives them of other essential needs such as love, warmth and attachment which are essential for their psychosocial development (Meinjtjes et al. 2007). Further, due to increased number of OVC needing care in many countries especially in the developing part of the world, the role of OVC care institutions cannot be overemphasized. They are increasingly becoming a panacea to the stalemate of OVC as societies increasingly appear to fail to take the responsibility of nurturance (Tolfree 2003). Cameron and Maginn (2009) indicated that, for those children who have been abused, neglected and rejected and who have been placed in institutional care, the outcome of what is meant to be a benign act by society often turn out to be disappointing, disheartening or despairing. The question which, therefore, arises is whether institutionalisation is the best solution for orphans and vulnerable children or not. This research will, therefore, strike a debate on the care and protection of OVCs in care institutions in an attempt to reach to a consensus of what is in the best interests for this particular group of children.

### Problem Statement

Some literature indicates that many children who live in children's homes are amongst the most vulnerable in the world. Instead of being cared for and protected, they are at a greater risk of experiencing abuse and neglect as a result of inadequate care and environments found in many children's homes. The problem is that children's negative experiences in these homes result to permanent developmental damages particularly to the younger ones. For most children, living in these homes for longer periods can have lasting negative consequences on their social, physical, and spiritual development. There are perceptions that children who grow up in institutional care have a tendency to misbehave, experience low self-esteem, poor social skills and an inability to effectively look after themselves in their adulthood. All these factors have been linked to their childhood experiences in children's homes. The present study, therefore, will focus on exploring the care and protection of institutionalised children in South Africa.

### Operational Definition

*Child care* in this study refers to the care for a child provided by someone other than a rela-

tive, or a guardian of the child, and at a place other than the child's home and for a reward.

*Child protection* in this study means the measures and structures to prevent and respond to neglect, violence, exploitation and abuse affecting the children.

*Orphans and vulnerable children:* A child is a person below the age of eighteen. An orphan, according to the UNAIDS cited by Ministry of Local Government (MLG) Department of Social Services in Botswana (MLG 2008) refers to a child below the age of eighteen who has lost one or both parents.

A *vulnerable child* is a child below the age of eighteen who lives in an environment such as an abusive one, a poverty stricken household without access to basic needs (food, health, education and shelter); one who lives in a child headed household, a household with a critically ill parent or a guardian for at least three months. A vulnerable child is also one who is HIV infected and one who lives outside family care (Ministry of Local Government (MLG) 2008).

## METHODOLOGY

The study is a discourse one eliciting debates largely on the challenges inherent in institutional care. The article has borrowed from journals, government publications, intuition and experiences of these researchers in the field of care.

## OBSERVATIONS AND DISCUSSION

### Dynamics Associated With Care of OVCs in Care Institutions

#### *The Roles of OVCs Care Institutions?*

Generally, care institutions are believed to be a source of refuge for children who are found to be in need of care and protection (Republic of South Africa (RSA) 2006). Governments and most non- governmental organisations responsible for the welfare of children have opted for institutionalisation as a means to cater for the basic needs of children who are removed from dreadful environments. Tolfree (2003) explored that institutional care has been said to involve large numbers of children who are living in an artificial setting. More precisely, institutional or residential care has been defined by Casky (2009) as care which is provided in any non-family based group setting such as orphanages, children's homes, small group homes, children's villages, transit care centres and boarding schools used primarily for care purposes and as an alternative to children's home. This being the case, it becomes evident that many children have been rescued from the eventuality of being homeless and other pertidious ramifications associated with the homeless.

#### *Policy Environment of Care and Protection of OVCs*

These researchers believe that care institutions operate under the discourse of child welfare. As such, there are specific children's policies and legislation which care institutions operate under. A legion of requirements is formally stated for institutions to follow in order to adequately care and protect orphaned and vulnerable children. Several national and international policy frameworks have been crafted specifically to guide the manner in which the best interests of children should be protected. Chief amongst them is the United Nations Convention on the Rights of the Child (1989), the African Charter on the Rights of the Child and the new South African Children's Act number 38 of 2005 as amended (RSA 2006). Policies and legislations on the welfare and protection of children in South Africa are viewed as some of the success stories and provisions of the young democracy which the country is enjoying. However, Casky (2009) argues that more can still be achieved if child welfare advocacy NGOs can continue to lobby for expanded recognition of children's rights. He contends that while a great deal has been achieved, the plight of institutionalised children can still be improved legislatively.

At the domestic level, South Africa as noted earlier has achieved a milestone in terms of ensuring reasonable standards of care and protection of children. The children's Act number 38 of 2005 clearly demonstrated and defined the institutions of child care. The new legislation indicates the different types of residential care under the title "Child and Youth Care Centres". It defines these as "a facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care program or programs suited for the children in the facility. It goes on to elaborate that such facility excludes a partial care

facility, a drop-in centre, a boarding school, a school hostel or other residential facility attached to a school; or any other establishment which is maintained mainly for the tuition or training of children other than an establishment which is maintained for children ordered by a court to receive tuition or training" (RSA 2006).

The Children's Act number 38 of 2005 as amended stipulates that residential or institutional facilities should provide therapeutic programs as appropriate to the targeted children's developmental needs (RSA 2006). However, Meintjes et al. (2007) indicated that, this contrasted with the current context, in which the requirement for developmental and therapeutic programs is located at policy, rather that legislative level, as required and cited in the Minimum Norms and Standards for Child and Youth Care Centres. As such, Meintjes et al. (2007) brought to light that the new legislation explicitly frames residential care not only as a last resort for children's care, but also as an intervention that requires more than simply addressing children's basic needs.

Further, the Children's Act of 2005 and its Amendment Bill, cited in the South Africa Government Gazette (RSA 2006) provide more detailed provisions for residential or institutional care. According to section 192(1), these include more detailed registration and operational requirements, specific provisions regarding the Department of Social Development responses to unregistered homes, provisions of quality assurance and a requirement for the Department to ensure that there is a strategy in place to ensure an appropriate spread of Child and Youth Care Centres in every province to cater for the range of children's needs.

### *Care of OVCs in Institutional Care*

It is imperative to note that institutional care in South Africa is with controversy. Meintjes et al. (2007) pointed out that some institutions are neither registered, nor follow the OVC guidelines as stipulated by the law. This development is often viewed from two angles; one school of thought blames the government for failing to provide enough care facilities, hence, communities take it upon themselves to cater for their OVCs. Another perception alleges that charitable organisations offer an opportunity and competitive framework for people to appeal for donations. This, therefore, prompts people to illegally form children homes for economic benefits. Regardless of the reasons for such developments, the challenges becomes that of ensuring the quality of services provided to children. Illegal facilities are often cited as havens of child abuse and neglect (Casky 2009). However, worthy to also note is that various government departments such as the Department of Social Development in South Africa are charged with the responsibility of monitoring the operations of all care institutions in an attempt to ensure the best interest of the child are pursued. Regrettably, Tolfree (2003) posited that the department of Social Development is overburdened with high case loads and as such, its supervisory role has been seriously compromised. Consequently, Meintjes et al. (2007) argued that residential care settings in South Africa must conform to a set of legislative requirements to operate legally and offer acceptable care services to children. These, according to them must include a provision that all homes must be officially registered with the Department of Social Development.

### *Care and Protection for OVCs in Botswana*

The toll of HIV/AIDS coupled with other social problems has not made it any easy for children in Botswana. With Botswana being one the countries with highest rates of HIV/AIDS, so are the rates of destitute children who are in need of care and protection (MLG 2008). Just like in many other countries, Botswana, considers an orphan to be a child below the age of 18 years who has lost one (single) or both parents (married couples). These parents are either biological or adoptive (MLG 2008). The Ministry of Local Government, Department of Social Services is charged with the responsibility to monitor and evaluate services for OVCs in Botswana (MLG 2008). According to the same report, the overall goal of OVC programs in Botswana is to improve the quality of life of orphans and vulnerable children by ensuring that they receive optimal care and support. This, therefore, becomes evident to these researchers that Botswana is one of the countries that is investing much on the care and protection of its OVCs. However, the question which stands to be answered is weather or not there is actually an improvement in the quality of life for these children. Unclear public policy standings are nominated as one of

the challenges to successful implementation of OVC programs in Botswana. Coordination of child care programs remains a huddle in the country as there is a serious dislocation amongst stakeholders. Worse still, Tsheko (2007) reported that OVC policies in Botswana are not fully operationalized, nor are they adequately aligned with national policies. Contrastingly, South African policy environment, well anchored and guided by the White Paper and the Children's Act 38 of 2008 has its child protection policies fully aligned with national policies.

## Gaps Inherent in OVC Care Institutions

### *Psychosocial Needs*

Though some significant credit can be awarded to the care and protection of children in care institutions, a number of grey areas still overlap this brighter side. These researchers contend that though some of the physical needs of children are catered for in care institutions, a lot is left to be done on providing psychosocial support for the orphans and vulnerable children (Kang'ethe and Makuyana 2014). In support of this, the Botswana Ministry of Local Government, Department of Social Services (MLG 2008) highlight that, psychosocial support is emerging as a vast and challenging area of programming for OVC service providers. According to this same report, most interventions are focusing on food and material assistance at the expense of offering other requisite aspects of psychosocial support to this particular group of children. This usually leaves the children with little or no emotional support (Kang'ethe and Makuyana 2014). As such, there is need to also fill in the gaps of promoting the healthy psychosocial development of OVC through counselling and other activities (Kang'ethe 2010a). By so doing, most challenges experienced by this vulnerable group such as anxiety, depression, trauma, stress and other problems which they go through as a result of losing or being detached from their loved ones will be addressed (Kang'ethe 2010a; Melgosa 2005).

The need to meet psychosocial needs of OVC for their care and protection can also be best understood through reflecting on Erikson's psychosocial stages of development. According to Fleming (2004), the psychosocial theory is an extension of the of Freud's psychoanalytic theory. The psychosocial theory asserts that people experience eight psychosocial crisis stages which significantly affect each person's development and personality. As such, unresolved conflicts at any stage of development, through failing to meet the psychosocial needs of children in institutional care, may resurface at a future stage (Eriksson 1968; Freud 1964).

Abdulla et al. (2007) lamented that many institutions do not meet such requirements and there is a lack of monitoring and regulation to ensure they comply with policy guidelines and practice. Realistically, Heron and Chakrabarti (2003) pointed out those children in institutions are frequently abused, their rights are violated, they are taken advantage of, and their future is ruined since they are not prepared for life outside the institution. Similarly, Meintjes et al. (2007) noted that the milieu of institutional care, especially in under- resourced institutions, is such that caregivers cannot cope with the needs of children for attention. On a sad note, Willamson (2003) cited by Abdulla et al. (2007) reported that, in one institution under their research, caregivers were reluctant to offer affectionate care to any particular child because they feared that doing so would attract the attention of many others and this would overwhelm them.

### *Poor Infrastructure*

Availability of requisite resources, efficiency and effectiveness of infrastructure in many physical and social settings reflect the effectiveness of many institutions, and OVC institutions are no exemption (United Nations Children's Fund (UNICEF) 2009). It is also to the attention of these researchers that the environment of care institutions also has great impacts on the care and protection of OVC. Most of the care institutions are poorly structured to the extent that children are overcrowded in one place (The Atlantic Online 2013). Subjectively, overcrowding in one place has serious effects such as the vast spread of diseases. This also denies the children the right to have their own privacy. Meintjes et al. (2007) pointed to the failure of care institutions to respond to individual needs and prioritising the needs of institutional functioning. These scholars also brought about the physical and sexual abuse of children by staff and other older children. Moreover, Tolfree (2003) indicated that institutional care is an arti-

ficial setting which effectively detaches children not only from their own immediate and extended family and from their community of origin, but also from meaningful interaction with the community in which the institution is located. Such a setup also results in poor socialisation of the children. There are greater chances of them losing their identity since family ties are weakened. Meintjes et al. (2007) pointed out that, children in care institutions have problems of re-integrating in the society, because of lacking knowledge on their family backgrounds.

### *Developmental Damage*

The negative experiences encountered by children in institutional care have detrimental effects on their well-being and development. Casky (2009) indicated that lack of human eye contact and physical stimulation means that essential neurological processes within the brain are not triggered and this causes brain stunning and low IQs. Similarly, Thurston cited in The Atlantic online (2013) highlighted that the lack of toys, play facilities and developmental education also leave many children with redundant motor skills and language abilities. Casky (2009) also highlighted that poor nutrition and sickness due overcrowding, poor hygiene and lack of access to medical care causes physical stunning. In tandem with Casky (2009), Tolfree (2003) emphasize that soiled clothing is often left on babies and infants for long periods of time. Tolfree (2003) explored that poor bottle-feeding practices whereby babies and infants are fed lying on their backs in their cots in order to minimise time expended and disruption posed development challenges. This according to her prevents children from learning to feed properly and experiencing physical contact, which thus result to physical, behavioural and cognitive problems.

### *Care Giving Challenges*

Incontrovertibly, staff or caregivers in children's homes can be said to greatly influence the experiences of children living in children's homes, either positively or negatively. However, in most instances, staff in residential care are said to face some work- related challenges which in turn affect the children negatively. Heron and Chakrabarti (2003) contended that staff in children's homes are frequently overworked, under paid, have little say in decision making process, and often lack a recognised professional qualification. As such, these tend to affect the way they care for the children. This observation can be paralleled with the experiences of primary caregivers of people living with HIV/AIDS who did care on a 24 hour basis in Botswana. These caregivers indicated that they lacked recognition, motivation and the care programs preferred and favoured the community caregivers, who in Botswana are called "volunteers". This situation, they lamented presented a situation of stress, de motivation and care fatigue (Kang'ethe 2006, 2010b).

Further, the high demands on staff to care for the large numbers of children in care is said to reduce their efficiency. This is because of work overload and higher levels of stress. Stress reduces individuals' productivity and sets in place a psychological state of high anxiety that could make individuals angry, unhappy, and withdrawn. This state could usher in some clinical related challenges such as gastric upsets, ulcers, headaches, migraines, back pains and usually high blood pressure and heart diseases (Fineman 1984; Melgosa 2005; Kang'ethe 2010b).

Heron and Chakrabarti (2003) commented on how the stressful nature of residential environments results to the risk of staff burn-out. They indicate that burn-out may have an impact on the level of care provided in children's homes because of the centrality of the child-worker relationship (Uys and Cameron 2003; Nurses Association of Botswana (NAB) 2004). According to Maslach and Jackson cited by Heron and Chakrabarti (2003: 83), burn out "is a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that can occur among individuals who do "people work" of some kind (Melgosa 2005). However, Thurston cited in the Atlantic Online believes that the failure of staff to have adequate levels of involvement with the children in an institution will undermine their ability to create a safe and caring environment (The Atlantic Online 2013).

Subjectively, it can be argued that the withdrawal of staff from being involved with the children sometimes, maybe a symptom of burn-out. Kent cited by Heron and Chakrabarti (2003), suggested that burn-out is not uncommon in residential child care. He further indicated that, the combination of excessive stress, violence, inadequate support and being unable to meet the

children's needs may create a situation in which staff withdraw their involvement, especially from certain children

Further, Pretorious (2011) postulated that, as a result of the extreme violence and disruptive behaviour displayed by certain children in residential care, the withdrawal of staff by way of staying in the office, may reflect a form of coping, especially when a children's home is out of control. However, one can choose to argue that, despite the situation, staff withdrawal is not something desirable. As such, Heron and Chakrabarti (2003) reached to a consensus that to increase opportunities for staff to be involved meaningfully in children's lives, a radical shift in the way control is wielded in social work departments may be required.

### *Theoretical Framework*

#### *Psychosocial Theory*

The Psychosocial theory was developed by Erik Erikson (Eriksson 1968). The theory focuses on explaining developments that takes place in social relationships and self-understanding over the life span of an individual. Fleming (2004) found that the psychosocial theory is an extension of the of Freud's psychoanalytic theory. The psychosocial theory asserts that people experience eight psychosocial crisis stages which significantly affect each person's development and personality. The theory refers to the complications which happen at each developmental stage as psychosocial crises. The "crisis" may be understood in the context of Freud's psychoanalytic theory which defined "crisis" as an internal struggle or challenge which a person must negotiate and deal with in order to grow and develop successfully (bussinessballs.com 2013). Unresolved conflicts at any stage of development may resurface at a future stage (Freud 1964; Eriksson 1968).

Given the vulnerability and the importance of childhood experiences as noted by Sharp and Cowie (1998) that early years are formative of children's long-term prospects, the psychosocial theory can be noted to be very insightful in this research project. The theory can easily explain and predict various behaviours of children basing on their current and past experiences. In addition, the psychosocial theory is not only viable in this study on the basis of explaining behaviours, but it also predicts measures to ameliorate the challenges faced by children.

The psychosocial theory directly links with the care and protection of children in care institutions. For children to be fully cared for and protected, their needs have to be met. As such, the psychosocial theory denotes that, specific needs of an individual have to be met at a particular stage in order to successfully achieve all the normal individual growth stages. However, Erikson similar to Freud' s psychoanalytic theory highlights that, childhood is the most critical stage in a person's life, and if a child is not properly cared for, and their needs not met, their adulthood will be a mere reflection of their past. In this case, therefore, the psychosocial theory sheds more light on the caregivers on how to care, protect and provide for the young ones in order for them to successfully achieve other stages of development (Freud 1964; Eriksson 1968).

## CONCLUSION

Conclusively, the present research has pitted the benefits of institutional care against its negative effects and a conclusion has been drawn that this approach of meeting children's needs for nurturance has more demerits than merits. It has been established that children can fare well in community based care than they can do in care facilities. Not only has this paper identified institutional care as being adverse on the emotional needs of children, but institutional capacity in terms of qualified staff and funding have been nominated as some of the challenges which affect the quality of care for children. Lastly, the paper emphasises the need for care friendly bodies including the government. NGOs and private individuals to effectuate a paradigm shift, attitudes, perceptions and thinking and advocate and lobby for care options which are least restrictive to children's growth and development.

## WAY FORWARD/RECOMMENDATIONS

### Upgrading the Standards of Care Institutions

Undeniably, for institutions to provide quality care that meets the children's needs, certain elements must be in place. These elements according to these researchers include, a low caregiver to child ratio, nutritious food, stimulating

opportunities for learning and personal expression, opportunities for the children to establish intimate, loving relationships of care, educational opportunities that prepare the child to enter the economy as a productive adult, mechanisms for building a sense of identity and personal history such as family trees, memory boxes, and diaries, on site medical care, voluntary therapeutic and spiritual counselling opportunities, and lastly, regulation of child- caregiver relationships in order to prevent abuses. These researchers, therefore, recommends to government, NGOs, donors and any child friendly body/individual to advocate and lobby for the above conditions to be availed in care institutions if the lives of children in these institutions are to face a brighter future.

### Opting for Alternative Care

There is great need to consider other means of care and protection for the OVC such as foster care placement and cluster foster care. The Children Act 38 of 2005 and its amendment bill in South Africa have indicated institutional care as the least option on the continuum of care. As such, there is need for governments, private sector, donors and other local contributors in the field of child care and protection to join hands in fighting against institutionalisation by all means possible. There is common and conventional belief that residential care violates the principles of the UN Convention on the Rights of the child such as the need to bond with blood related kins and lack of adequate cultural socializations etc. There is therefore a pertinent need that the placement of children in residential care facilities should be avoided as far as possible.

## REFERENCES


Abdulla Q, Brisbane C, Nott V, Hoddinott G, Vanessa C, Mbhele Z 2007. *No PlaceLike Home*: *A Research Study of the Operations, Management and Care Offered by Registered and Unregistered Residential Facilities for Orphaned and Vulnerable Children.* Pietermaritzburg, South Africa: Build Environment Support Group.

Business Balls 2013. Erickson's Psychosocial Development Theory. From <http://www.businessballs.com/erik_erikson_ psychosocial_ theory.htm> (Retrieved on 15 July 2013).

Cameron Sean RJ, Maginn C 2009. *Achieving Positive Outcomes for Children in Care*. Thousand Oaks: SAGE.

Casky C 2009. *Keeping Children Out of Harmful Institutions: Why We Should be Investing in Family Based Care*. London: Save the Children.

Erikson EH 1968. *Identity: Youth and Crisis.* New York: Norton Publishers.

Fineman S 1984. *Social Work, Stress and Interventions*. Brookfield: Vt Gower Publishers.

Flemming JS 2004. Erikson's Psychosocial Developmental Stages. From <http://www.swppr.org/Textbook/Ch%209%20Erickson.pdf> (Retrieved on 16 July 2013).

Freud S 1964. New introductory lecturers on psychoanalysis. In: J Stracher (Ed.): *The Standard Edition of the Complete Psychological Works of Sigmud Freud.* Volume 22. London: Hogarth (Original Work Published in 1933).

Heron G, Chakrabarti M 2003. *Exploring the Perceptions of Staff Towards Children and Young People Living in Community-Based Children's Homes*. London. Thousand Oaks, CA and New Delhi: SAGE.

Kang'ethe SM 2006.*Contribution of Caregivers in Community Home Based Care Programs: The case of Kanye, Botswana*. PhD Dissertation in Social Work, Unpublished. Department of Social Work, Faculty of Social Sciences. University of North West. South Africa

Kang'ethe SM 2010a. The dangers of involving children as family caregivers of palliative care and home based care to advanced HIV/AIDS patients in Botswana. *Indian Journal of Palliative Care*, 16(3): 117-122.

Kang'ethe SM 2010b. Validating that palliative care giving is a stressful occupation in Botswana Care programs. *SAFP Journal,* 52(6): 1-9.

Kang'ethe SM, Makuyana Abigail 2014. Orphans and Vulnerable Children (OVC) Care Institutions: Exploring their possible damage to children in a few countries of the Developing World. *J Soc Sci*, 38(2): 117-124.

Melgosa J 2005. *Less Stress.* Madrid, Spain: Editorial Safeliz, Publishers.

Meinjtjes H, Moses S, Berry L, Mampane R 2007. *Home Truths: The Phenomenon of Residential Care for Children in a Time of AIDS.* Children's Institute, University of Cape Town and Centre for the Study of AIDS. Cape Town: University of Pretoria.

MLG (Ministry of Local Government) Department of Social Services 2008. *National Monitoring and Evaluation Framework for Orphans and Vulnerable Children.* Botswana: USAID.

Nurses Association of Botswana (NAB) 2004. *Caring for the Caregivers.* Gaborone: Kgotla Designs (Pty) Ltd.

Pretorious S 2011. *Deliberate Self Harm among Adolescents in South African Children's Homes*. Pretoria: University of Pretoria.

RSA (Republic of South Africa) 2006. *Government Gazette 2006.Children's Act No. 38 2005*. Republic of South Africa: The Presidency.

Sharp S, Cowie H 1998. *Counselling and Supporting Children in Distress.* London: Sage.

South Africa, Government Gazette 2006. *Children's Act No 38 2005.* Republic of South Africa: The Presidency.

The Atlantic Online 2013. In a Chinese Orphanage. From <http://www.theatlantic.com/past/docs/issues/96apr/ophan/ophan.htm> (Retrieved on 16 July 2013).

Tolfree DK 2003. *Community Based Care for Separated Children.* Sweden: Save the Children.

Tsheko GN 2007. *Qualitative Research Report on Orphans and Vulnerable Children in Palapye, Botswana.* Cape Town. South Africa: Human Science Reseach Control.

United Nations Children's Fund 2009. *Promoting Quality Education for Orphans and Vulnerable Children: A Sourcebook of Programming Experiences in Eastern and Southern Africa.* New York: UNICEF.

Uys L, Cameron S 2003. *Home Based HIV/AIDS Care.* Cape Town: Oxford University Press.