

An investigation into the plight of orphans and vulnerable children in two high schools in the Libode district in the former Transkei

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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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January 2012

ABSTRACT

This research discusses the plight of orphans and vulnerable children in two high schools: Ngubezulu and Upper Corana in the Libode–mega district of former Transkei in the Eastern Cape Province.

The objective of the study is to disclose the plight of the orphans and vulnerable children in terms of the following variables: their financial situation, health and emotional conditions, the education, status of grant benefits, family support and public perceptions of the children.

Interviews and focus group tools were used for data collection and analysis. The results of the research indicated that with care, motivation and support in the community and at school, the children will be able to open up to share their problems and obtain the necessary assistance. Two schools selected are in rural areas. Upper Corana is 20 kilometers from Mthatha. Ngubezulu in Port St Johns' is in a very deep rural area near Isimimela hospital. Most of the learners are from poor homes. There are poor facilities in both schools to support the students.

The major problems identified relate to twelve suicide cases which occurred in Upper Corana Senior Secondary School. There were nineteen deaths at Ngubezulu at Port St. Johns', two were suicide cases and one boy died of HIV and AIDS. Other findings common to both school communities were extreme poverty, broken homes and loneliness, HIV and AIDS infections, teenage pregnancy, death of parents with the children living under stress. Unable to pay school fees or buy school uniforms the children were found to suffer from discrimination and abuse by the local communities.

The study ends with recommendations on the necessity for collaborative work to address the problems of the orphans.

OPSOMMING

Hierdie studie bespreek die pleidooi van wees-en weerlose kinders in twee hoërskole: Ngubezulu en Upper Corana in die Libode- mega distrik van die voormalige Transkei in die Oos-Kaap Provinsie.

Die doel van die studie is om die pleidooi van die wees- en weerlose kinders openbaar te maak ten opsigte van die volgende veranderlikes: hul finansiële situasie, gesondheid en emosionele omstandighede, die onderwys, status van toelae voordele, familie ondersteuning en openbare persepsies van die kinders.

Onderhoude en fokusgroep hulpmiddels was gebruik vir die invordering van data. Die resultate van die ondersoek toon dat met sorg, motivering en ondersteuning in die gemeenskap en skool, sal die leerders hul probleme kan bespreek en die nodige bystand ontvang. Die twee geselekteerde skole is in die landelike gebiede. Upper Corana is 20 kilometer van Mthatha. Ngubezulu in Port St. Johns is in 'n baie diep landelike gebied naby Isimimela Hospitaal. Die meeste leerders is van arm families. Daar is gebrekkige fasiliteite in beide skole om die leerders te ondersteun.

Die grootste probleem wat geïdentifiseer is hou verband met twaalf selfmoord sake wat in Upper Corana Senior Sekondêre Skool plaasgevind het. Daar was negentien sterftes by Ngubezulu in Port St. Johns waarvan twee selfmoord was en een seun is dood as gevolg van MIV/VIGS. Ander bevindinge soortgelyk aan beide skool gemeenskappe was grootskaalse armoede, gebroke huise, eensaamheid, MIV/VIGS, tiener swangerskappe, dood van ouers met die kinders wat in spanning leef. Nie by magte om skoolfooi te betaal of om skool uniforms te koop, gaan die kinders gebuk onder diskriminasie en mishandeling deur die plaaslike gemeenskappe. Die studie sluit af met aanbevelings vir die noodsaaklikheid van samewerking om die probleme van die weeskinders aan te spreek.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
OVC	Orphans and Vulnerable Children
CINDI	Children in distress
TB	Tuberculosis
UNICEF	United Nations International Children's Emergency Fund
UNAIDS	United Nations Joint Programme on Aids
DoSD	Department of Social Development
LCD	Link Community Development
DFID	British Government's Department for International Development
HDA	Health and Development Africa
NGO	Non Governmental Organization
EMIS	Education Management Information System
EDO	Education Development Officer
FAO	Food and Agricultural Organization
PSS	Psychosocial Support
ILO	International Labour Organization
UNDP	United Nations Development Programme
TB	Tuberculosis
SANCA	South African National Council on Alcoholism and Drug Dependence
SAFOAD	Society for the Assistance for orphans and Disabled
ECDOE	Eastern Cape Department of Education

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CHAPTER 1: Introduction

1.1 Background

The Eastern Cape Province of South Africa came into being in 1994. It comprises of the Border and North-Eastern Cape areas, as well as the former ‘homelands’ of Transkei and Ciskei. This history of integration of two systems of development (the more developed white South Africa and the poor homelands) has caused the province to have a major problem of sustained and balanced development among the nine provinces of South Africa. The Eastern Cape in 1994 had to unify two underdeveloped, densely populated so-called Independent States (Ciskei and Transkei) with the relatively more wealthy well serviced areas of the cities and extensive commercial farming of the former Cape Province. As a backdrop to this study, a brief account of the study region is initially provided below before reporting the empirical findings on the orphans at two schools in the Eastern Cape.

The Eastern Cape is today divided into six administrative district municipalities and the Nelson Mandela Metropole; namely: Alfred Nzo, Amatole, Chris Hani, Ukhahlamba, O.R. Tambo and Cacadu. The two high schools for the research in Libode district are in O.R. Tambo municipality. Bisho is the provincial capital and the centre of administration.

According to the Eastern Cape Department of Social Development (EC DoSD, 2008), the Eastern Cape is one of the poorest provinces in South Africa. It has a very low Human Development Index, wide poverty gap and highest percentage of South Africans living in poverty. (Appendix: F & G: Employment status and individual monthly income-Libode and Port St. Johns).The population density in Eastern Cape is 38 people per square kilometer which is just above the national average. The demographic data of Eastern Cape indicates that 87.5% of the population are Africans, while in terms of gender, 53.8% of the population are female. An average of 38.8% of the population is younger than 15 years, which is an indication of a high dependency rate. The literacy rate is 57.4% (EC DoSD, 2008).

The status of children living in the Eastern Cape

This study is based on the idea that the problem of vulnerability of orphans is not faced by the children alone but also by families, primary and secondary caregivers, educators and the broader community. Children are integral part of the broader society. This is the way society is organized in reality- on the basis of relations. This is the ontological stance of this study. This study thus adopts a relational approach by locating the plight of the children in the dynamics of the social environment of which they are a part. It therefore links the problem of the orphans to the activities of the local stakeholders and even those outside the localities. This approach is being adopted because social transformations tend to occur through the interactions between elements of social systems. The systems may operate in the context of positive feedbacks in which case, the outcomes tend to reinforce the previous state of affairs. Under such circumstances much intervention will be required before changes can take place. When positive feedback forces dominate, the state and international organizations such as the United Nations become the key stakeholders with adequate resources and legitimacy to intervene (Chazan and Rothchild: 1998). In this connection, it needs to be mentioned that the spirit of *ubuntu* and integrated development is one of the principal development philosophies underpinning the current social transformations occurring in South Africa (ANC, 1994).

The responsibility of caring for orphaned children is a major factor in pushing many extended families beyond their ability to cope (UNICEF, 2003). Many countries are experiencing large increases in the number of families headed by women and grandparents, and these households are often unable to provide adequately for the children in their care. Orphan and vulnerable children are often disadvantaged and go through numerous problems. For instance, in addition to the trauma of witnessing the sickness and death of one or both parents, they are likely to be poor and less healthy than non-orphans (UNICEF, 2003). Young people who have lost one or both parents are among the most exposed in the society. This is particularly true in Sub-Saharan Africa where few social support systems exist outside of families and where basic social services are largely inadequate (Fredrik-Bass & Kanabus, 2004). Impoverished children living in households with one or more ill parents are also affected, as health care increasingly absorbs household funds, which

frequently leads to the depletion of savings and other resources reserved for education, food, and other purposes. Many children are witnessing their parents or care givers and other family members suffering through difficult terminal illness and death. Some orphaned children have to nurse their parents, care givers or siblings. Some have to work to earn money to help them in school and their families. Some leave school or attend erratically because they are too busy with these parental tasks. This is evidenced by the increase in the number of orphans, child-headed households, other vulnerable children affected by HIV and AIDS and the inability of the extended family system to provide such children with basic requirements such as shelter, food, medical care, education, love and support. The AIDS epidemic has left behind an estimated 15 million orphans worldwide. Around 80% per cent of these AIDS orphans live in sub-Saharan Africa (Fredriksson-Bass & Kanabus, 2004). Tragically the number of orphans in sub-Saharan Africa will continue to rise in the years ahead, due to the high proportion of adults in the region already living with HIV and AIDS, and the continuing difficulties in expanding access to life-prolonging anti-retroviral treatment (UNICEF, 2003). Figure 1 below provides some statistics on child-headed households in the Eastern Cape.

Figure 1: Child headed households in Eastern Cape according to 2001 Census

Child headed households in Eastern Cape	Age group	Percentages
42756	0-19 years	17.21%
3870	0-14 years	20.68%
38886	15-19 years	16.93%

Source: Statistics South Africa Census 2001

1.2 The situation of Orphans and Vulnerable Children (OVC) in Upper Corana and Ngubezulu senior secondary schools

The number of orphans in Eastern Cape schools has increased tremendously in recent years due to high increasing prevalence of HIV and AIDS. The following tables (Fig 2 and Fig 3) provide the statistics:

Figure 2: Orphans and vulnerable children in Eastern Cape Schools: 2006-2010

YEAR	FATHER	MOTHER	BOTH
2006	133 811	143 889	90 873
2007	164 462	103 724	76 398
2008	168 491	106 526	83 437
2009	186 937	115 626	96 271
2010			92815

Source: Education Management Information System (EMIS): East London: ECDOE

Figure 3: Learner Orphans in Libode district: 2006-2010

YEAR	FATHER	MOTHER	BOTH
2006	12 981	13 020	9 914
2007	9 516	16 082	7 706
2008	9 263	16 570	8 593
2009	10 161	18 313	9 903
2010			9772

Learners with both parents deceased in 2010: Ngubezulu Senior Secondary School	Learners with both parents deceased in 2010 at Upper Corana Senior Secondary School
25	45

Sources: Figures 2 & 3 statistics: Compiled by ND Ntwanambi: Data Analysis: Education Management Information System (EMIS) East London: Eastern Cape Department of Education.

The number of orphans identified by Education Management Information System (EMIS) in Eastern Cape and Libode has thus been increasing, as shown in the two tables above. As an individual and HIV and AIDS coordinator who have worked in former Transkei for 17 years, I have real experience of the picture and the problems facing orphans and vulnerable children. There was a 'Road Show' by the HIV and AIDS directorate in 2005. During the visits to the various districts i.e. Mbizana, Lusikisiki, Qumbu, Libode, Uitenhage, Sterkspruit, Mthatha and Mt Fletcher in a cold winters' period, some learners were identified without school uniforms, shoes nor jerseys from grades R-12. When investigated the answers were that those learners were orphans and some were being taken care of by the good Samaritans in the communities especially, Mbizana, Libode, Uitenhage and Mt Fletcher. One particular school was Nkantolo junior secondary school at Mbizana. The list of 69 learners were identified in this school and with the help of some companies in East London, these learners received 69 pairs of school shoes, socks, school bags, toys, balls and games for the school. The community was pleased.

Then the following districts identified orphans in their schools for support in 2007:

- Mbizana identified 4000
- Mt Fletcher identified 1700
- Libode identified 1000
- And Uitenhage identified 1000

The above number of orphans received food parcels, and school bags from various companies such as Focus on the Family based in Durban and Harry's printers, Gem print Youth for Christ and Costal Assembly Church all based in East London for Christmas through the efforts of the researcher in 2007.

In 2007, the researcher was assigned to Libode mega district comprising Port St. Johns. There are two senior secondary schools noted by Eastern Cape Department of Education for suicide cases. The two schools are Upper Corana at Misty Mount location about 20 kilometers from Mthatha in Libode. The second senior secondary school is Ngubezulu at Port St. Johns in Isimimela location in a very deep rural area, both under OR Tambo local

Municipality. Both schools have female principals: Ms TS Lujabe and Ms L Bara respectively.

Below is a table showing the breakdown of boys and girls and educators at Upper Corana Senior Secondary School: 2011

GRADE	BOYS	GIRLS	TOTAL	NO. OF EDUCATORS
10A	23	31	54	FEMALE
10B	30	25	55	FEMALE
10C	30	21	51	FEMALE
10D	27	27	54	FEMALE
10E	27	48	75	MALE
TOTAL	137	152	289	5

Source: Upper Corana Senior Secondary School Principal (Ms TS Lujabe)

Upper Corana high school from 2002-2010 had 12 learner deaths ages from 15 -18. Two were through stabbing, one through initiation, 2 hanged, one shot himself, 5 poisoned themselves and one was an abortion case. The school is from grade 10-12 and densely populated with 668 learners in January 2011 and since 2005 it has not gone below 600. The school needs five more classrooms and a science laboratory. The researcher wrote her findings to the provincial Department of Education and the request was approved and submitted to the municipality in Mthatha for the building but the project has not yet started. The school, the community and the School Governing Bodies agreed to have a vegetable garden to support the orphans and the vulnerable children and the other needy ones.

Upper Corana has 22 educators, 14 females and 8 males. The matriculation results from 2006 – 2010 are as follows: 2006-53%, 2007-31%, 2008-25%, 2009-37% and 2010-42%. The school is a section 20, no- fee with all their finances handled by the department. The

number of orphans is 49, a figure directly given from the principal during a visit. The number of learners who have benefited from the Social Development grant is 93.

The second high school for this research was Ngubezulu at Port St. Johns located in a deep rural area at Isimilela location about five kilometers from Isimilela hospital. There were 70 orphans identified in the school with 19 deaths from 2002-2010. The age groups of the learners in the school were from 15-25. Parental deaths are creating more orphans in the area causing most of them to leave school and work for their financial upkeep and return to school hence the great age differences among the pupils. The school is well- built but has no playing grounds. The whole school of 435 learners has only a small netball court for all sporting codes. The school has improved academically with 94% in matriculation 2007/2008 and was ranked number one in Libode district in 2009 as indicated by the principal.

The following statistics (Fig 4) is from Statistics South Africa 30 March 2010 analysis of the situations of Libode district:

Figure 4: The gender statistics for person weighted, at Corana by Statistics South Africa created on the 30 March 2010 are as follows:

Male	Female	Grand Total
208	227	434

Source: Statistics South Africa 30 March 2010

The statistics below (Fig 5) indicates the highest educational levels at Corana.

Figure 5: Highest educational level for person weighted, at Corana by Statistics South Africa created on the 30 March 2010

Grade 10/Standard 8/form 3 /NTC 1	25
Grade 11/Standard 9 form 4 NTC 11	25
Grade 12 Standard 10 form 5 Matric	51
Certificate with less than grade 12	--
Diploma with less than grade 12	--
Certificate with grade 12	--
Diploma with grade 12	3
Bachelor's degree	6
Bachelor's degree and diploma	--
Honour's degree	--
Higher degree (master's or doctorate)	--

Source; Statistics South Africa 30 March 2010

Fig 6 and Fig 7 below provide information about the labour force-employment and occupational situations at Corana.

Figure 6: Labour Force-Employment Status for persons weighted, Corana, created on 30 March 2010

Employed	39
Unemployed	67
Scholar or Student	66
Home-Maker or housewife	6
Pensioner or retired person to old	12
Unable to work due to illness	18

Seasonal worker not working at present	6
Does not choose to work	9
Could not find work	24

Source: Statistics South Africa 30 March 2010

Figure 7: Occupation for person weighted, Corana: Statistics South Africa created on the 30 March 2010

Life Science and health professionals	6
Life Science and health associate professionals	3
Teaching associate professionals	3
Personal and protective services workers	6
Extraction and building trade workers	3
Metal, machinery and related trades	6
Sales and services elementary occupation	9
Mining, construction, manufacturing	3
Not applicable (not economically active)	208

Source: Statistics South Africa 30 March 2010

Fig 8 provides some key statistics on the monthly income situation at Corana.

Figure 8: Individual monthly income for person weighted, Corana, as Created by Statistics South Africa on the 30 March 2010

No income	151
R1 –R400	45
R401 -- R800	24
R801 – R1 600	21
R1 601 – R 3 200	3
R3 201 – R6 400	3
R6 401 – R12 800	--
R12 801 – R25 600	--

R25 601 – R51 200	--
R51 201 – R102 800	--
R102 401 – R204 800	--
R204 801 or more	--

Source: Statistics South Africa 30 March 2010

The above statistics show that out of the total population of 434 at Corana, only 6 have the Bachelor's degree and 3 diplomas with grade 12 certificates. Unemployment rate is high. Only 39 are employed. Individual's monthly income is very low which affects the children's upbringing. The 12 learners from Upper Corana who committed suicide were orphans with various problems from such an environment.

The second high school is Ngubezulu at Isilimela location in Port St John's. There were 19 learner deaths from 2002-2010. The gender for person weighted, Isilimela as created by Statistics South Africa on the 30 March 2010 is 138 males and 215 females with a total of 354.

Fig 9 provides information about the unemployment situation at Isilimela..

Figure 9: Unemployment status for person weighted, Isilimela (Ngubezulu area) by Statistics South Africa are as follows:

Employed	75
Unemployed	30
Scholar or Student	43
Home-maker or housewife	43
Pensioner or retired person to old	--
Un able to work due to illness	3
Seasonal worker not working at present	--
Does not choose to work	6
Could not find work	39

Source: Statistics South Africa 30 March 2010

An idea about the individual monthly incomes is provided in Fig 10.

Figure 10: Individual monthly income for person weighted, Isilimela as created by Statistics South Africa on 30 March 2010:

No income	118
R1 – R400	3
R401 – R800	6
R801 – R1 600	9
R1 601 – R3 200	27
R3 201 – R6 400	33
R6 401 – R12 800	3
R12 801 – R25 600	--
R25 601 – R51 200	--
R51 201 – R102 400	--
R102 401 – R204 800	--
R204 801 or more	--

Source: Statistics South Africa 30 March 2010

Fig 11 indicates the occupational conditions at Isilimela.

Figure 11: The occupation for persons weighted, Isilimela as created by Statistics South Africa on 30 March 2010:

General managers	3
Life science and health professionals	6
Teaching professionals	3
Life science and health associate professionals	21
Teaching associate professionals	6
Office clerks	9
Personal and protective services workers	21
Sales and services elementary occupation	6

Not applicable (not economically active)	124
--	-----

Source: Statistics South Africa 30 March 2010

Fig 12 provides key statistics about the educational qualifications.

Figure 12: The highest educational level for person weighted, Isilimela as created by Statistics South Africa:

No schooling	39
Grade 10 standard 8 form 3 NTC 1	14
Grade 11 standard 9 form 4 NTC 11	19
Grade 12 standard 10 form 5 matric	19
Diploma with grade 12	30
Bachelor's degree	6
Honour's degree	--
Not applicable	32

Source: Statistics South Africa 30 March 2010

In addition to the above secondary sources of information, it also needs to be noted that Isilimela location is very rural with the main employment being in teaching, health and farming. There is problem with tap water in the location and children drink water which animals also use hence water borne diseases are common. Many parents depend on grants and do not even have gardens for vegetables to supplement their incomes. Forty three (43) learners who are orphans at Ngubezulu have been able to receive grants for 43 orphans, 21 males and 22 females. Twenty five (25) are on the waiting list. The school's enrolment for 2011 is 687. The pass rates are as follows: 2008 – 94%, 2009 – 84% and 2010 – 64%. Out of a population of 354 only 75 are full time employees. One can imagine what the children are going through.

Fig 13 indicates the orphans with grants at Ngubezulu Senior Secondary school.

Fig 13 Statistics of Orphans with grants at Ngubezulu Senior Secondary School: 2011

Number of Male OVC with grants	Female OVC with grants
21	22
Grades	Numbers per grade
Grade 10	27
Grade 11	12
Grade 12	4
Total	43
Age groups: Years	Number per age groups
16 years	10
17 years	16
18 years	11
19 years	04
20 years	01
21 years	01
Total	43

Source: Ngubezulu Senior Secondary School (Principal: Ms L Bara)

Through the orphans' programme initiated by the researcher in the Eastern Cape Department of Education, she supported the learners with workshops in the two schools on abstinence character-based life skill programme, counseling, drugs and substance abuse and HIV and AIDS programmes. They were also taken to youth conferences to interact with other learners and share views to know that they are not alone but live in a caring societal environment. Counseling was arranged for them. Some clothes were collected from friends from the work place for the learners.

The Hon (MP) Naledi Pandor arranged with Department of Social Development when the news was published in the papers and she came down to the two schools to supply the orphans with school uniforms.

At the same time the researcher arranged with a company in Mthatha to feed the two secondary schools. Following this arrangement, all the learners in the two schools were supplied with bread, peanut butter and juices from 2005-2010 when the Department of Education started feeding high schools from 2011.

The above information merely provides socio-economic facts about the research respondents. The objective of this research focuses on question-answer sessions the researcher had with the research respondents. This research is therefore an account of the opinions of research respondents, school orphans and those who were interacting with them for purposes of assisting them to address their needs.

With the above background information, attention is now turned to the research questions and objectives of this study.

The research questions sought to find answers to the following:

- What are the social conditions of the orphans under study?
- What are the problems or constraints preventing them from achieving their goals in life?
- What recommendations could be made to address their problems?

The study objectives are therefore as follows:

- To identify the social conditions of the orphans.
- To provide a profile of needs of the children and the problems preventing them from achieving their goals.
- To make recommendations based on the study findings.

1.3 Problem statement

The problem statement of the above three study objectives can be captured by the statement of Kerlinger (1973, p. 17) who defines a research problem as ‘an interrogative statement or

question that asks: ‘What relation exists between two or more variables? The variables in this case relate to the school children and the social environment in which they live.

The lack of policy or framework solution by Eastern Cape Department of Education and other stakeholders to the plight of orphans and vulnerable children in the schools is the problem that needs to be addressed. In keeping with the relational perspective of this study, it is a challenge to stakeholders such as the school principals, the educators, the general public and, above all, the government to work with other stakeholders to assist the orphans. These organizations need to work as a team to find sustainable solutions to the OVC phenomenon. The link between the orphans on one hand and their broader social environment on the other, thus constitute the objects of this study.

1.4 Hypothesis

A hypothesis is a suggested explanation for a group of facts or phenomena either accepted as a basis for further verification or accepted as likely to be true (Sinclair, 1994: 767), or a solution of the problem (Leedy, 1997: 60). According to Kumar (1999: 64), a hypothesis primarily arises from a ‘hunch’ or an idea that is then tested through a study. The importance of a hypothesis thus lies in the ability to bring focus and direction to the study. Hypotheses are derived from knowledge obtained from the literature review of other experiments and theories. The hypothesis of this research is that a number of stakeholders are involved in addressing the plight of the object of study and that these stakeholders need to work as a team to support the children

From the empirical data that has been gathered from the learners in the two rural schools in the study region, the Libode district, it would be ascertained whether this hypothesis could be supported or not.

1.5 Limitations of the study

The small sample size of learners limits the generalization of the findings. The limitations infer that further research would be useful especially if it involved quantitative studies of larger sample size in different settings across the province. One other limitation was the

home language -Xhosa. Although the researcher had a translator where necessary, it was not easy to communicate effectively through the interpreter. Furthermore, interacting with children without a caregiver or a guardian was very emotional. It took time to develop trust with the children and oftentimes discussions with them were often done to avoid certain emotional questions. Some caregivers also seemed to feel threatened by the research feeling that their activities were to be taken from them if they disclosed certain types of information.

A limitation is that the research could only focus on the plight of orphans and vulnerable children in only two sampled high schools.

CHAPTER 2: Literature Review

2.1 Introduction

The literature reviewed in this chapter formed the basis for the hypothesis selected for this study. The literature review begins by defining orphans and vulnerable children and other terminologies related to the topic and strategies (see acronyms) and ends with the intervention programmes needed in the schools to identify, care, support and monitor the process towards finding solutions to the problems.

Apparently, to my knowledge, there is no literature on the plight of orphans and vulnerable children in the high schools in this rural Libode district. However, literatures from other areas and countries have proved useful in finding the conceptual framework for this study.

2.2 Definitions

Skinner et al (2004) define an orphan as a child who has lost one or both parents through death, desertion or if the parents are unable or unwilling to provide care. They further define a child as someone who is aged 18 and below. The Botswana (Ministry of Local Government Lands and Housing 1999: 9) on the care of orphans defines an orphan as a ‘child below 18 years who has lost one (single parent) or two (married couples) biological or adoptive parents. Defining a vulnerable child can be complex but focuses around three core areas (Skinner et al 2004):

- **Material problems**, including insufficient access to money, food, clothing, shelter, health care and education
- **Emotional problems**: including lack of caring, love, support, space to grieve and containment of emotions; and
- **Social problems**: including lack of a supportive peer group, of role models to follow, stigma or of guidance in difficult situations, and risks in the immediate environment.

Children experiencing orphanhood: Children whose care is compromised as a result of terminal illness and/or death of an adult who contributes to the care and/or financial support of the child. The term is chosen in part because of the way in which it reflects orphanhood as a process, which begins long before a child's parent, or caregiver dies (Giese et al, forthcoming).

An orphan due to AIDS is defined as: a child who has at least one parent dead from AIDS (Children on the Blink 2002).

Orphan: In the context of the HIV and AIDS epidemic in South Africa an orphan is defined as a child under the age of 18 years whose primary caregiver has died.

Caregiver: The person(s) – adult or child-primarily responsible for providing care to a child or negotiating care or support on behalf of a child.

Child headed household: A household in which the oldest resident is under the age of 18 years

Identification: The process by which a peer or an adult recognizes that a child is hungry, ill or otherwise in distress, or becomes aware that a child is living in circumstances that put him/her at risk of becoming distressed.

Support: Any activity that helps to meet a vulnerable child's developmental needs

Monitoring: The observation of a child for signs of distress once a child has been referred and/or is being supported. Monitoring is required to determine whether the support is sufficient and appropriate

Orphans and Vulnerable Children

A key but surprisingly problematic stage in addressing the plight of orphans and vulnerable children for the research was defining the terms 'orphans and vulnerable children'. The

(2000) rapid appraisal used the CINDI (Children in distress) to describe children who were orphaned or who were facing orphanhood. The term orphans and vulnerable children, or OVC, is now more widely used. This recognizes that there should be no distinction made related to the causes of orphanhood, while acknowledging that children who are affected by HIV and AIDS do face a set of problems that OVC may not experience, or may experience differently. This is supported by a study conducted in Luweero District, Uganda (high AIDS mortality) and Mandore, Rajasthan, India (high TB mortality) that was presented in Barcelona in (2002).

There is inadequate research on how to evaluate psychosocial support (PSS) programmes and the impact of these programmes on vulnerable children's psychosocial well-being. The study in Horizons Programme: Catholic Relief Services/STRIVE programme (2006: p. 35) indicates further research is needed to see what factors are associated with child resilience and post traumatic growth. Despite widespread trauma, and psychosocial distress, many children succeed in maintaining self-confidence, hopefulness, and social connectedness.

In depth qualitative research is therefore needed to better understand children's grieving processes. Such research need to focus on cultural attitudes and children's attitudes in particular, towards illness, loss and death. Among the concepts used in this study to address the research objectives, vulnerability is very central.

Vulnerability

Children experiencing orphanhood are one of many groups of vulnerable children and it is essential that local consensus is reached as to which groups or categories of children. If an outside agency determines categories of vulnerability without consulting with local stakeholders, it can undermine a local sense of ownership of the problem and the solution, and risks an inappropriate and/or unsustainable response (Chambers, 1983, Edward, 1989; Grainger et al, 2001; Subbarao, Mattimore and Plangemann, 2001).

The category of vulnerability can be as broad or narrow as required but resource restrictions should be a consideration when determining the breadth of the category. In an area with limited resources and large numbers of vulnerable children, broad targeting of all

vulnerable children may not be feasible and services may instead need to focus on the ultra-vulnerable (Williamson, 2000). If category of vulnerability is defined too broadly, many more children will be identified than can be assisted. This may raise unfair expectations and, when expectations are not realized, can cause frustration and anger and undermine future attempts at mobilizing community involvement. Giese S, Meintjes H, Croke R, and Chamberlain R forthcoming. (Giese et al, Grainger et al 2001).

The category of vulnerability was therefore defined at the outset as children in high school grades 10-12 (15-18 years) who are orphaned or who are living with a terminally ill caregiver. The research process itself highlighted the importance of allowing for local definitions of vulnerability. Some research participants for example commented that recent research focus on the needs of children who are orphaned, when in fact large numbers of non-orphaned children living in poverty are equally vulnerable. Furthermore, the research found that targeting resources (such as foster grants or food parcels) often leads to unintended negative repercussions which, in some instances, increase the vulnerability of the intended beneficiaries (Giese et al, - Helen Meintjies, Debbie Budlender, Sonja Giese and Leigh Johnson).

Identifying vulnerable children

The identification of vulnerable children can be facilitated through increased awareness of warning signs of vulnerability, and through creating opportunities for children (and caregivers) to speak about and share their experiences and problems. Within health facilities for example, the history taking interview provides an opportunity for health workers to find out more about the home circumstances of a patient. Teachers can draw on a range of creative techniques in order to facilitate opportunities for children to communicate their experiences and needs for support. Some examples may include:

Setting essay topics that provide children with opportunities to talk about personal experience if they want to, for example:

- The challenges that I face in my life
- How I would change my life if I could

- My autobiography
- My happiness and my saddest day
- My home.

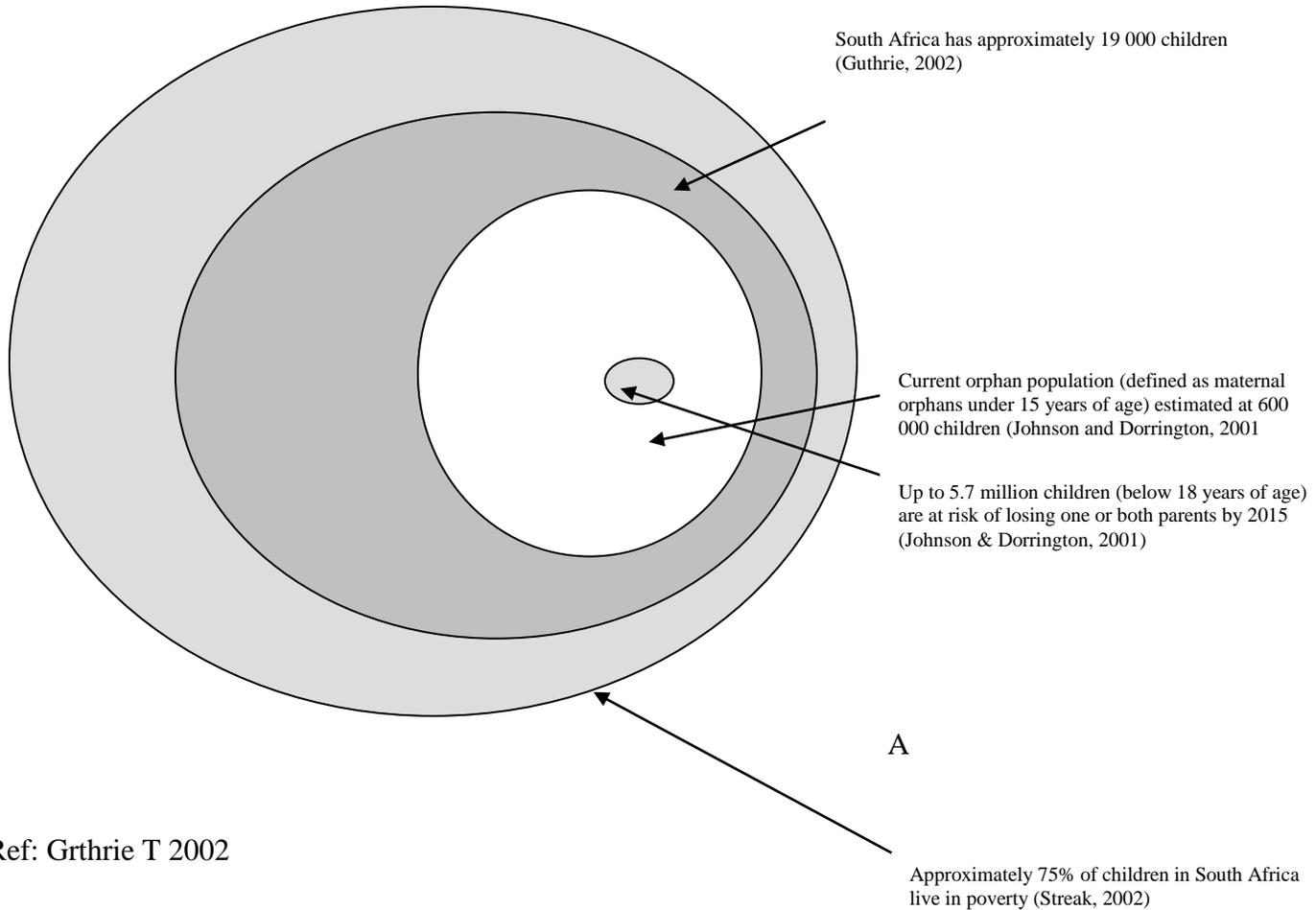
Drawings and collective story telling can be used to find out more about children's experiences and coping strategies (A useful guide is *Children in Focus: a manual for participatory research with children*, by Jo Boyden and Judith Ennis (1994). Teachers and principals can have regular contact with large groups of children, providing them with consistent opportunities to notice patterns of behaviour (or changes in behaviour) that may indicate that a child is in need of help or support.

All the children in South Africa have a set of basic rights, afforded special recognition in Section 28 of the Bill of Rights in the South African Constitution. All policies and laws in South Africa must conform to the principles laid out in the Constitution. The rights of children are further outlined in a number of international documents, including the United Nation's Convention on the Rights of the Child (UNCRC) which South Africa ratified in (1995). By ratifying the UNCRC, the South African government committed itself to giving high priority to the rights of children, to their survival and their protection and development (UNICEF, 1990).

The Articles contained in human rights treaties and conventions ratified by South Africa, as well as Section 28 Of the South African Constitution, among others, reflect many of the developmental needs of children and provide legally enforceable recognition of the fact that children have the right to have these needs. Child development experts argue that failure to meet the basic needs of children can have a detrimental impact on long-term developmental outcomes in children (Horwath, 2001). One of the greatest threats to the fulfillment of the needs and rights of children in South Africa is the illness and death of adults responsible for their care and support, particularly in the context of severe and widespread poverty.

Fig 12: is a graphic representation of South Africa's child population, showing rough proportions of orphans and potential orphans in relation to children living in poverty.

Figure 12: Poverty and orphanhood in South Africa's child population



Ref: Grthrie T 2002

Cases from Zambia and Ghana

Zambia

A study in Zambia, for example, showed that 75% of non-orphaned children in urban area were enrolled in school compared to 68% of orphaned children (UNICEF, 1999). At national level, a World Bank study in Tanzania projected that AIDS may reduce a number of primary school children by 22% and secondary school children 14%, as a result of increased child mortality as well as lower attendance and rising absenteeism (Williamson, 2000).

A qualitative research report on orphans and vulnerable children in Palapye, Botswana (2007) agreed that both orphans and vulnerable children should be registered with the relevant offices to enjoy benefits offered by the government. Orphans are registered into the national orphan Care programme, while vulnerable children who are not orphans registered into the destitute persons programme.

OVC in Ghana

In Ghana according to Daily Graphic, Thursday, 1 September 2005 page 24, the national orphans and vulnerable children's OVC policy guidelines were launched. The guidelines were to give background of the existing laws, policies and institutional framework at both national and international levels. In 2005 it was envisaged that there were about 230 000 OVC in the country as reported in the paper. On the 19 July 2009, statistics on OVC from the Ghana Library Board was 40 775 which showed great reduction. A research by UNICEF and other agencies indicated that the situation of OVC was characterized by psychosocial distress, economic hardship, withdrawal from school, a high risk of malnutrition and illness, disinheritance, fear, isolation, increased abuse and the risk of HIV and AIDS. There is a minister for women and children's affairs who sees to the protection and abuse of these orphans. The programme is a national effort including queens, kings, religious groups and the community. A vocational training centre has been opened at Nii Boi town, a suburb in Accra for female OVC established by Society for the Assistance for orphans and disabled (SAFOAD), a non-governmental organization. The OVC are trained

in dressmaking, and other income generating skills in order to make the supposed destitute marketable on the job market for brighter future.

The City Press on the South African situation

An article in City Press 5 September 2010, page 14 by Yugendree Naidoo on child-headed households indicated that organizations working with vulnerable families have voiced concern for the wellbeing of the estimated 100 000 children living in child-headed households. He continued that although the problem of child-headed households has been largely attributed to HIV and AIDS, it was reported that children are often left to fend for themselves because of poverty. The average age of a child-headed household in South Africa is 14, according to the 2009/2020 South African Child Gauge produced by the University of Cape Town's Children's Institute. Although the Child Gauge, which was released in July, says there has been 'no significant change' in the proportion of children living in child-only households from 2002 to 2008. Minette Coetzee, the author of a chapter in the Child Gauge, said: 'The wellbeing of child-headed households is very concerning because it's often an older sister who is still a child herself having to act as a mother to her younger siblings'. Being a mother to her younger siblings applies to the story of Snowball at Ngubezulu high one of the orphans for this research whose mother was killed by the storm. They are 6 with a very young one who cries when she is going to school. She is acting as a mother. Coetzee said in City Press that mothers were a 'huge human resource' for child health because they assisted children in pain management, stress relief and anxiety.

Child line Eastern Cape

Child line Eastern Cape director Anna-Louise Olivier in the same article said sometimes it was difficult to tell whether a household was child-headed because the parents had died of AIDS or whether they had moved to an urban area in search of work, leaving the children behind. She said the responsibility of heading a household had a negative effect on a child's emotional, psychological and general wellbeing because they had limited access to education and adult guidance.

Vee Dlamini, the operations manager for Ingwavuma Orphan Care in Kwazulu-Natal, said in the same paper that 40% of the 6 500 vulnerable children they assisted in Umkhanyakude district were from child-headed households .He said the children were in ‘dire’ circumstances because there were few people employed in the area. There was no electricity and while the mother would fetch water or tend to a vegetable garden, the burden of the household fell on the child. The circumstances of Ingwavuma Orphan Care in Kwazulu-Natal was similar to Libode district where this research was conducted in terms of poverty and electricity as shown in appendix C and F.

Social conflicts and the orphanage problem

Many analysts expressed concern that the growing number of orphaned children and those on the streets are increasingly rootless, uneducated, under nurtured and traumatized, making them ripe for recruitment for crime and military warlords. Children as young as seven years old are among the 300,000 children fighting in wars around the world today. Some are particularly concerned that orphans and other children affected by HIV and AIDS can become easy conscripts for warring factions, as they search for food, shelter, nurturing, and safety. A rebel fighter in Congo reportedly claimed that his militia pays the school fees for the children in his group, most of whom are orphans.

Children’s vulnerability to other forms of exploitation was illustrated in a study conducted by the International Labour Organization (ILO). The study found that in Zambia the majority of street children and children involved in sex work were orphans. Another study in Ethiopia found that the majority of child domestic workers were orphans. It was found in Uganda that girls were especially vulnerable to sexual abuse while engaged in domestic work.

Scott Evertz, Director of the White House Office of AIDS Policy has observed that more and more AIDS orphans are growing into young adults with little or no adult supervision. Clearly this presents a security risk, he argues stressing that under such circumstances, and the world will have whole populations of them, ripe for the picking by those individuals

who would want to engage the interests of young adolescents. He adds that terrorists would find this situation an ideal breeding ground for producing orphans.

Stigma, Discrimination and Depression

According to UNAIDS (2009), stigma and discrimination continue to accompany the HIV and AIDS epidemic. UNAIDS argues that children are not immune from stigmatization. In cases of stigma, the argument is that children begin to be rejected early as their parents fall ill with AIDS. Under such circumstances children may be teased because their parents have AIDS, while others may lose their friends because it is assumed that proximity can spread the virus. UNAIDS points out that harsh cases of discrimination have been reported in many countries, including India and Trinidad and Tobago, particularly for HIV-infected children. The organization indicates that HIV-related stigma is particularly high in India, where 36% of the respondents in a survey felt they deserve their fate, whilst another 34% reported that they would not associate with an HIV-infected person.

The UNAIDS study illustrated how the desire to disassociate from HIV-positive people impacts children. Two HIV-positive children, who lost both of their parents to HIV and AIDS, were repeatedly barred from schools for two years in India. After the children and their grandfather protested in front of government buildings, one school finally accepted them. However, as the study found out, all 100 of their schoolmates were withdrawn by their parents fearing infection by association.

The feeling of isolation can be heightened if the orphaned children are separated from their siblings, as often occurs when family members split up the child rearing duties. Thus, in a survey conducted in Kenya by the United Nations Development Programme (UNDP, 2008) it was found that 48% of the households with orphans reported that some of their family members were relocated to other communities.

The above studies thus help to reinforce the idea of connectedness in studies on orphans. Sibling separation can be difficult for children as they often rely on each other to cope with the loss of their parents. The preoccupation with the illness or death of their parents, the

social isolation due to the loss of friends, and the understanding of additional work that comes with caring for ill parents or supporting oneself after one's parents died often make it difficult for orphaned children to concentrate in school. It is common for teachers to report that they find orphaned children day dreaming, arriving at school unprepared and late, or being nonresponsive in the classroom. Some teachers, ignorant of the cause of the children's distress, are often found to be unsympathetic to the children. Orphaned children have reported that unsympathetic teachers have often yelled at them, made fun of them, or put them out of the classroom. All such situations illustrate the extent to which the public can influence the behaviours of the orphans.

Orphaned children can also experience discrimination and exploitation within new households. Reports have emerged of orphaned children receiving less food, denied school fees, and forced to do more work. Exploitation remains an issue. Countries like Botswana, the government offers support to orphans. It has been reported that some caretakers, while offering minimal care, are using children to benefit from government orphan packages.

The orphans and economic development

Dome Social Scientists (1968 - 1974) are concerned that the growing number of children affected by HIV and AIDS could lead to a decrease of skilled laborers within a country, further destabilizing the national economy and society at large. Their argument is that an inefficient transfer of skills and scholarship leads to a decline in human capital, the body of knowledge, and ability found in population. It is human capital that drives economic growth, they argue, and when this is threatened so is the economic security of a nation.

A 2003 World Bank report thus warned that 'a widespread epidemic of AIDS among school children will result in a substantial slowing of economic growth, and may even result in economic collapse.' The World Bank report argues that the effects of these weakened knowledge-transmission processes are felt only over the longer run, as the poor education of children today, leads to the low productivity of adults in the future. In many parts of the developing world, the World Bank report stresses that people rely on their own plots of land for the majority of their food consumption and income. However, significant

populations of engineers, miners, police, lawyers, and the like rely on skills gained through education and professional training for income. Children who are today affected by HIV and AIDS are less likely to be employed in these professions, as they have a lower chance of completing basic and secondary education. Without education and skills training, the World Bank study concludes that children orphaned and made vulnerable by HIV and AIDS are more likely to fall deeper into the cycle of poverty and engage in high-risk behavior, which will perpetuate the cycle of HIV transmission

The World Economic Forum study of 2003 argues that the economic challenges of children affected by HIV and AIDS occur in stages. The first stage is said to begin when children realize that their parents has AIDS and likely to die. They therefore begin to fear for their future, wondering who will care for them, (World Economic Forum: December 6, 2003). They tend to worry about how they will be able to stay in school. The children are often pulled out of school to care for an ailing family member, because the meager household income is now spent on the sick. They tend go hungry, due to HIV infected parents who are women that many agrarian societies rely on to produce food, particularly in Africa. . As many of the women at child bearing age fall ill due to HIV and AIDS, they are unable to transfer their skills to their children...

The World Economic Forum study highlights the fact that children's schooling may be temporarily interrupted by shortages of cash brought about by spending on the parent's ill health. By the time these children become orphans they are likely to be over the age for their class even if they are still in school. Being older than their classmates iss in turn, associated with higher rates of dropping out of school. Research by the United Nations (FAO) in 2000 in Kenya found that 64% of the boys gave economic reasons for dropping out of school, while 28% of girls said that they had become pregnant and 41% had left school to get married (HIV-In-Site, 2001). Many of these children are left to fend for themselves, often with few income-generating skills. In the rural communities the study found out that people die before passing on their knowledge and expertise to the next generation.

Another study by Save the Children United Kingdom (UK) in 2003 indicates that children's survival requirements for food, shelter, health care, education and clothing must always be met. According to the study, children also have the right to love, nurture and protection and the time and opportunity to play and socialize with their peers. The study stresses that it is vital that children participate in the planning, implementation and monitoring of programmes that are to benefit them.

Making reference to African rural communities, the Save the Children Study indicated that as households are increasingly affected by AIDS and parents die, children may suffer the loss of their home through the sale of livestock and land, and asset-stripping by relatives. On health and nutrition, the study found out that children affected by AIDS may have poorer care and less access to services and they may therefore suffer from malnutrition. The save the Children Study further alludes to the fact that there is very little e in the literature on orphans that documents the impact of HIV and AIDS on the developmental outcomes of children and on various developmental stages. Such research could be used to reflect on the relative emphasis that programme planners should place on the different categories of need. Faced with a crisis of such magnitude and urgency, the study argues that programmers on orphan rehabilitation have, until very recently, tended to take a reductionist approach to addressing the needs of the children , prioritizing health care, nutrition, shelter, clothing and education, and largely ignoring other key developmental needs such as the need for secure attachments and self-actualization.

Drawing from some of the literature on childhood development and developmental assessment (Donald and Dawes, 2001;Horwath, 2001; Howe et al, 1999; Leach, 1994; Wallbank; 1992), literature on programme planning and principles (Alliance, 2002; Grainger el at, 2001; Levine, 2001(ed); UNAIDS, (2002); USAID and Synergy,(2001; Webb and Elliott, 2000; Williamson, 2000, 2000) as well as primary research conducted by the Children's Institute, a set of seven developmental need categories have been developed to highlight the need to adopt a comprehensive approach to the solution of the problems of orphans. Seven indicators may be mentioned in this regard:

- Health and survival
- Safety and protection
- Stimulation and cognitive development
- Attachment
- Self actualization and identity
- Guidance and boundaries
- Appropriate inclusion and participation

In terms of the health and survival variable, Save the Children (UK, 2003) argues that the child needs physical and mental well-being such as adequate and nutritious diet, clothing, shelter, appropriate health care, regular and clean water supply. Appendix G indicates the types of water supply in the two rural areas of the research according to Statistics South Africa's survey in (1993-2007)

In terms of safety and nutrition, the imperative is that children need protection from malnutrition, abuse, neglect and degradation as recognized in section 28 of the Bill of Rights in the South African Constitution.

In terms of the stimulation and cognitive development factor, the recommendation is that children need opportunities for play and interaction, access to learning materials, intellectual stimulation and schooling. If children are unable to afford school fees, lack school uniform, have to travel long distances to school, unable to concentrate in class due to hunger, have many household responsibilities, lack quality education and unable to participate in extra mural activities, the theory is that all such factors will adversely affect the growth and developmental of the child.

Strong attachment to parents is another important factor. Physical, psychological and emotional attachment, availability of caregivers, sufficient 'good' attachment to develop internal security and to regulate emotions, good relationships with siblings, appropriate friendships and relationships with peers can all assist to promote healthy life styles, growth and sustainable development of the families.

Another major developmental need highlighted by the Save the Child Study is child guidance. This section states that adult and parental demonstration and modeling of appropriate behaviour, control of emotions and interactions with others enhance child development on moral values and appropriate social behavior.

The Save the Child model indicates that there are a number of variables, internal to and external to the child, that influence the extent to which the illness and death of a caregiver impacts on the various developmental needs of a child e.g. the age and gender of the child and the support available to the child from relatives, neighbours or teachers. The study argues that not all children who experience orphanhood are vulnerable, and that those that are may be vulnerable, in different ways. This perspective is supported by authorities such as Ainsworth and Filmer, (2002), Clacherty and Associates, (2001); Giese, Meintjes and Proudlock, (2002); Kinghorn, Coombe, McKay and Johnson, (2002), Maman et al, (2001), Mpanju-Shumbusho,(2001), Piwoz and Preble, (2000), Smart, (2000), Sogaula, Van Niekerk, Noble, Waddell et al, (2002), Sozi, (2001), Steinberg, Johnson, Schierhout, Ndegwa, Hall, Russel and Morgan, (2002),; Steinberg, Kinghorn, Soderlund, Schierhout and Conway, (2002), and Subbarao, Mattimore and Plangemann, 2002) In their arguments, there is a common theme which is that the experience of being orphaned often involves the loss of an important attachment figure and/or a disruption of other relationships. The bonding concept is thus the key issue: how to relate the child to other stakeholders. (Horwath, 2001; Howe et al, 1999; Leach, 1994, Wallbank, 1992; Webb, 1996)..

Conceptual framework

From the literature review, it is clear that the orphanage problem can better be studied by taking a comprehensive look at all the key stakeholders connected in one way or the other with the problem. Thus, when researching the topic of child orphanage, it is important to consider not only the condition of the vulnerable children only, but, what is more important, how the public responds to their fate. The conceptual framework in this study is thus centered on the principle of maximizing contact between the relevant stakeholders by providing them with the relevant resources and opportunities to assist the orphans

concerned. In this connection the works of Jihabhai (1995) and Chazan and Rothchild (1998) need to be mentioned. They contend that a multidisciplinary and stakeholder approach needs to be employed to address social problems in general. This is thus the approach to be adopted in this study.

This study is therefore based on the theory that many service providers need to come into contact with the orphaned children and their caregivers to identify, refer, support and or monitor them. This must be the case because ontologically speaking, the orphanage problem, as is the case with social systems in general, is multidimensional in nature and therefore needs multidimensional research methods.

CHAPTER 3: Methodology

The research design for addressing the objectives of this study are described in this chapter. As indicated above, the methodology employed a multidimensional approach.

3.1 Research design

Research design generally seeks to indicate the steps used to collect and analyze information to relate to the research objectives. This study draws principally on the qualitative research approach. The approach contributes to the process of constructing research knowledge as a researcher ‘observe, interview, record, describe, interpret and appraise settings as they are’ (Eisner, 1991: 145). Within this context, I interacted with a number of stakeholders made up of the orphans and the social world in which they are embedded.

Considering that the importance of qualitative research lies principally in exploring the stakeholders’ multiple perceptions of the social phenomenon, structured and semi-structured interviews, focus group discussions, and document analysis were used to gain insights into the various ways in which the stakeholders identified in this study see the problem from their various lenses. The research data that was collected from the field not only provided descriptive data essential in this study, but also made it possible for me to triangulate data from the various lenses of the stakeholders for purposes of data analysis and reporting the findings of the study. The importance of this qualitative approach lays in the fact that triangulation ‘increases the credibility of research results since it increases the likelihood that the phenomenon of interest is being understood from various points of view and ways of knowing’ (Maykut & Morchouse, 1994: 146).

3.2 Research participants and sampling procedures

As indicated above, a number of stakeholders were used to obtain the relevant information for this study. The stakeholders who were purposefully chosen for this study included individual educators in the two schools, School Governing Bodies from the two schools who were familiar with the learners and knowledgeable about the social conditions of the

OVC. More significantly, the participants included the OVC, thus giving these children the opportunity to share their knowledge and insights regarding their life experiences and realities. The staff and the OVC, share their experiences in both schools. Other stakeholders were the caregivers of the OVC, the Education Development Officer in the Libode district responsible for those schools, the School Safety Committee members in the two schools and the relevant non- governmental organizations. The two schools, as indicated earlier, are Upper Corana and Ngubezulu secondary schools.

3.3 Research tool

Interviews with OVC, government officials, immediate care givers of the OVC, NGOs, and focus group discussions were the tools used for the research.

3.4 The Orphans and Vulnerable Children (OVC)

Ten OVC were identified by the principals and staffs from the two schools and interviewed for the study. Two of the females interviewed were aged between 16-17 years while the other three were 18-19years. Likewise the five males, two were aged 16-17years whereas the other three were 18-19years. Because of the sensitive nature of information required from them and the ethics they were interviewed individually. The OVC were interviewed for 30 to 60 minutes whereas the interview with the four caregivers was 45 to 60 minutes. The two principals and four staffs of the two schools, the EDO, two SGBs and an NGO were interviewed for 60 to 90 minutes. Ten OVC and fifteen other participants were interviewed.

3.5 The government officials

This group of stakeholders' category comprised of principals, staffs and an EDO responsible for those schools from the district office in Libode and a social worker for those areas. The main reason for interviewing these officials was to find out their views on OVC problems and their understanding and the awareness of government's involvement in improving the conditions of orphans in schools. The topics that were covered included the policies set out to deal with OVC and the relevant government departments delivering their

services and finding out any obstacles to their delivery and methods to address them for effective teaching and learning.

3.6 Immediate Caregivers of OVC

Four caregivers were interviewed to find out their experiences and the challenges of caring for OVC and how to address them. Two caregivers from each school (a male and a female) were interviewed. Different genders were selected by their own free will and to share views from different aspects. Sadly one of them from Ngubezulu was a learner caring for four brothers and a small sister who cries every time she was leaving to school. The two male caregivers interviewed were grandfathers responsible for orphaned children. There was no mention of fathers as possible caregivers for these children following the passing away of their mothers. This showed that most of these children are from single- parent families.

3.7 Non - Government Organizations

The main reason for interviewing the NGO was to find out about the services offered for OVC, what was thought to be the major needs of the OVC and the challenges faced in assisting them. The NGO was called “ Focus on the family”. The NGO works on learner camps for abstinence character-based life skills and morality training.

3.8 Focus group discussions

Focus group discussions provided the opportunity for obtaining the relevant information from the participants. Two focus group discussions were conducted. The main purpose was to gather information relating to participants’ knowledge about the plight of the orphans and the vulnerable children, their perceptions about HIV and AIDS and their recommendations for addressing the problem. The participants were informed that the research would only be used for the purposes of this study. Each group addressed specific questions provided by the researcher. The discussions made it possible for the participants to freely express themselves to the researcher.

3.9 Data collection techniques

Data was collected through individual interviews, group discussions and observations as discussed in the literature on the qualitative approach.

Individual interviews

The aim of applying this method was to elicit the personal opinions of the respondents.

Semi-structured questions: The approach was used to let the interviewees/respondents talk freely and then return to points that have not been covered or needed to be explored further. The advantage of these methods of data collection was that they ensured confidentiality, flexibility, free flow of information, and a type of conversation not usually possible under the closed-ended method of data collection. The major disadvantage however was the fact that the conversation –based method can be time-consuming if the researcher does not somehow influence the direction of the interaction. In addition, ethical issues had to be observed in a study of this nature to protect the identity of the students who invariably wanted to remain anonymous with information disclosures which they saw as strictly personal.

3.10 Data Analysis

The information from the structured and semi-structured interviews and focus group discussions were read and re-read through to enable coding to be done in order to identify emerging themes and their relationships to the objectives of the study. This thematic content analysis method enabled the researcher to identify and also acknowledge the multiple voices and opinions of the stakeholders associated with the orphans from the two high schools.

3.11. Ethical considerations

No sophisticated social research can dispense with ethical issues. Ethics is concerned with standards of behavior that tell society how human beings must act in the many situations in which they find themselves. It is therefore concerned with questions about good or bad; right or wrong; justifiable or unjustifiable. Ethical behaviour is therefore required from all

sections of society – the state, business and civil society. Ethical behavior is a relational concept indicating the need for people to take the interests of others into consideration before undertaking any tasks.

In doing social research, ethical issues are very critical in the establishment of cordial relations between the researcher and the research subjects. According to Maykut and Morehouse (1994), social research is about a particular type of human relationship. One of the key requirements mentioned is that the researcher needs to conform to the principle of anonymity where required. This principle was adhered to by ensuring that the names of the orphans and other personal information were not disclosed in the study. In addition, certain sensitive questions or issues which were felt to be offensive were avoided in the research to prevent any possible embarrassments to the research subjects. The third aspect of ethics is concerned with what Maykut and Morehouse describe as the social distance which researchers tend to create between themselves and the research subjects. This situation arises when researchers who consider themselves as being elitist, tend to impress upon the less privileged community about their poor living conditions, their lack of education, and inability to understand simple questions by using all types of body language to subdue the interviewees. This negative element in the research process was also avoided in this study by making the orphans to feel at home and seeing the researcher as a member of their family. In this way, information which would otherwise have been difficult to divulge were disclosed to the researcher to enrich this study.

CHAPTER 4: Research findings

4.1 Introduction.

The findings reported in this chapter relate to the research objectives indicated earlier. The OVC were given questions related to the research objectives to answer in the two high schools mentioned earlier. Fifteen questions were distributed to each school and all were returned to the researcher. The total sample of the research was 30 learners. The questions appear in the Appendix A.

The findings are now reported under the following headings:

4.2 Challenges identified. These were as follows:

- Shortage of furniture, desks, and chairs (30 of each needed)
- Drop in results due to shortage of teachers, overloading forcing them to teach subjects not specialized in due to lack of staff at the beginning of the year especially grade 12
- Science laboratory not functioning due to lack of equipment
- Late arrival of teachers to school
- School funds not sufficient
- Five additional classrooms needed
- Late arrival of text books
- Not enough subject advisors and also the few do not visit the schools regularly to support teachers in the new curriculum

Some vital statistics on Ngubezulu Senior secondary school are indicated below:

Fig: Ngubezulu senior secondary school: Orphans with both parents dead

NO.	DATE OF BIRTH	AGE	SEX	GRADE
1.	18/08/90	16	Male	10
2.	13/02/90	16	Female	10
3.	15/09/89	17	Male	10
4.	15/01/88	18	Female	10
5.	07/02/85	21	Female	10
6.	03/03/86	20	Female	11
7.	18/03/86	20	Male	11
8.	20/09/83	26	Male	12
9.	01/09/84	22	Male	12
10.	08/03/86	20	Female	12
11.	16/11/82	24	Female	12
12.	12/09/87	19	Female	11
13.	11/07/87	19	Female	11
14.	08/08/88	18	Female	11
15.	20/09/86	20	Male	11

Source: Principal, Ngubezulu Senior Secondary School (Miss L. Bala).

Ngubezulu senior secondary school had more deaths than Upper Corana but with only 2 suicide cases in 2006 and one HIV and AIDS death and others poverty, loneliness, hunger, lack of support system and other natural causes. The school is located in a very deep rural area near Isimilela hospital in Port St. Johns. The school had 415 learners and 15 educators from grade 10-12.

Other challenges that were identified from the respondents were as follows:

- Child - headed households
- Absenteeism of some educators during school hours
- No fencing of the school generating a sense of insecurity for the students
- No playing grounds for the students generating a sense of lack of entertainment
- Lack of funds to feed the orphans
- Hunger a major problem for the orphans which adversely affect their studies
- Poverty exacerbates the problem since the orphans have no parents to address their basic needs such as textbooks, uniforms and food.

The above problems emerged as being inter-dependent thus requiring a multivariate solution. The researcher thus organized counseling services for three days in each school for the OVC and was able to arrange to feed the two schools with the support of the Eastern Cape Department of Education. In addition, another three days each was devoted to education on Life Skills for both sexes in the two schools focusing on teenage pregnancy prevention.

4.3 The teenage pregnancy workshop and the opinions of the orphans

The workshop enabled the students to disclose the following as what they felt were the causal factors in the explanation of the orphanage problem.

- Single parents, and earners not knowing their fathers
- Divorce and death
- Separation of children from each other after death or divorce
- Eviction of mothers and their children from their matrimonial homes after the death of husbands and relatives taking over property
- Alcoholic parents
- Parents not working and having many children
- Peer pressure
- Students thinking they can control their lives after pregnancy
- Lack of education on sexuality

- Parents working in the cities leaving the students to stay alone
- Boys and men promising marriage to the female students making them entertain some sense of security

Further interaction with the learners through the study questionnaires revealed the following reasons why they thought they got pregnant

- Some of the orphans said that offers of money from men for buying food, clothes, and rent payments made them to agree to have relations with them
- Some students were encouraged by their parents/guardians to get pregnant to enable them to get child support grants
- Some students were teased by their female friends for being virgins without boyfriends
- Some students feared of being rejected by their boyfriends if they did not have sex with them
- Some of the students did not know the differences between love, lust and infatuation
- Some of the students were influenced in their decision making processes more by their friends rather than by the parents
- No understanding of the importance of sex abstinence and its importance

4.4 Key lessons which the students learnt from the workshop

- They learnt that high exposures to media outlets such as uncensored TV sexual films can adversely influence them.
- They decided not to be indoctrinated by the media sex programmes and preferred to make their own choices
- They opened up and spoke about their sexual relationships and saw that power relations exist between them and TV sex programmes in which choice always exists.
- They promised to open up to someone they trust with their problems i.e. friends, teachers, social workers, pastors. etc.

- Those who were virgins promised to keep the condition up
- They were glad to know that some people care about them
- They learnt how to handle different behaviours of their peers and to learn that orphans can, in fact, be targets of sexual abuse

4.5 Some important views of the learners who participated in the research

The learners who participated in the research acknowledged the new knowledge they had acquired about themselves. On the one hand, they spoke positively about the opportunity to learn and get socialized. On the other hand, they protested about being chased away occasionally from school for not having the correct uniform, not paying school fees, for falling asleep occasionally in class as a result of hunger and exhaustion, and for being teased by their friends for being orphans.

Other issues raised concerned the problem of lack of identity cards and even birth certificates for some of the orphans. The Department of Social Development has taken up this problem and is supporting the OVC with the necessary documentations for social grants. Lack of identity documents was found to make student registration difficult. According to participants, poverty was the reason for lack of enthusiasm in registering children.

4.6 Household situation of the orphans

Interviewers with the researcher revealed that the majority of the houses in which the orphans lived was sub-standard and did not have necessities such as running water, flush toilets or electricity. Most of the household heads interviewed expressed the opinion that providing good housing for the OVC was essential to improve their lives. Some OVC lived in incomplete housing structures, not protected from natural elements such as rain and cold winter. Other OVC resided in overcrowded houses under unhygienic conditions. Some houses were found to be infested with rats. Some of the dilapidated houses needed renovation but the majority of the caregivers and grandmothers were found to be too old to work to make enough get money to repair the houses.

Food and clothing

It was discovered that undisclosed number of OVC, especially orphans in poor households, did not have adequate clothing especially those living with old grandparents who had no means to provide for themselves. Some relatives who had taken in these children did not buy them clothes when they bought for their own children. One OVC said her care giver, her own aunt does not give her food until her children are satisfied and the remains are given to her. Some complained they were given clothes in 2007/2008 but nothing till now. Their clothes are now worn out so the researcher had to pack her daughters clothes she used at the University and hers which are smaller now for them.

Child abuse

The study revealed that there were cases of vulnerable children who experienced abuse from parents and relatives.

4.7 The following are the accounts of some of the children concerning what they are going through.

Learner one: A grade 11 learner from Ngubezulu senior secondary school lived with his uncle and wife. He was born in Mthatha in 1991. His mother got married and went to live in a village called Gomolo. He first lived with his grandmother, but she passed away in 2000 and was left with his uncle. He treated him unkindly and abused him and did not buy clothes for him. He was beaten and sworn at. He went to his mother thinking she could stay with her and the husband but the husband did not accept him so he dropped out of school for he could not pay fees and buy school uniform. The following year he went back to school and tried to find jobs during holidays in people's houses and told them his problems. They gave him jobs and paid him so that he could pay for his fees but his problem is clothing. He tried at school to look like others but difficult. He approached his uncle for school shoes but he refused though he works. He studies hard because he loves school. He has very strong hope to complete grade 12, look for job and become independent". .

Naana's story

She is a grade 11 learner of Ngubezulu senior secondary school, she was 18 years old. "When my mother died, my heart was broken, nothing seemed right. Although that happened, I am still having hope because there are a lot of people who have the same problem like mine. Some people look at me as if I am mentally ill and though it happens I don't give up. I always talk to someone I trust. That made me have another way of looking to life. I do not want my problems to be known by everyone, I look at the person and see if I can trust him or her in keeping my secrets. I thank you for the 3 days counseling workshop with the orphans and vulnerable children, it has helped me to discover myself"

Mary's story

She is a grade 10 learner from Ngubezulu senior secondary school who was 18 years old during the research. The story goes "My mother died when I was two years old, she was sick for a very long time. I never got to see my father who was a soldier and died when I was eight years old. My grandmother raised me who did not even work. We lived on fruits and vegetables from the garden. I never went to school until I was eight years old. A man from Maagcakini asked to take care of me from my family and when I got there I started school from standard two. Even there it was difficult, there was no money. I could not concentrate and had no confidence because I knew I was only going up to grade twelve and cannot reach my goal as a doctor. I have no hope of going further." My hope is in God. I will try my best

Erica's story

"I am 18 years old girl in grade 11 at Ngubezulu senior secondary school. My mother had cancer and stayed in Durban hospital for 7 months and died in September 2004. She left behind 4 of us, 16, 13 and 11 year olds. My father also died in September 2005. He got lost and was found dead under a bridge by the police. The children depend on me. It is difficult to get food, money for fees, and clothing. Some people laugh at us with old shoes and torn clothes. The daily bread and juices organized by Ms Osei-Agyakwa for our school since 2005 has give us the orphans in the school something to eat and keep some for our siblings

at home. Thank you for the counseling and abstinence character-based life skills workshops and constant visits.

John's Story

“I am 17 years, a male grade 11 learner at Upper Corana senior secondary school. I never knew my father and my mother died when I was very young. I am told she took poison and died. My aunt is taking care of me but she is very young and not working. My health is bad. I have bodily pains and headaches. I went for HIV test but it was negative. I do not have anyone to support me except at school. Thanks for the daily bread, conferences and workshops to know that someone cares.”

Sonwball's story

“One day we were sitting as a family at home with six children. There came a strong storm and killed my mother and two children who died instantly in front of me in 2006. My father is not working and drinks a lot. He left the 4 boys and the small girl with me who always cries when I am going to school. I am the eldest and have to come back from school and cook, fetch water, clean and do my home work. Sometimes I am unable to do my home work. I cannot concentrate and think about my younger sister crying for me at home and what to cook. I wear old torn shoes and at times feel like giving up but my principal tries to help us. My mother always wanted me to be educated as she never had that chance. The neighbours also support us with food. Now I am motivated by the workshops in the school otherwise I wanted to die due to depression. All my uncles have died. I am not sure of my future and my siblings.”

Faith's story

My parents died in 2005. I am 18years in grade 11. We are two and my younger brother was taken by my aunt who refuses me to visit him. It is killing me emotionally and affecting my studies. My uniforms are old with patches and old torn clothes but with the abstinence and counseling workshops I went through I can survive.

The above accounts therefore disclose information about the perceptions of the orphans. These responses are very crucial since any recommendations cannot ignore them.

4.8 Recommendations: From the positive feedback processes to state regulated development

As indicated previously, positive feedback process denotes a social situation in which the existing condition tends to reinforce itself in the absence of deliberate outside intervention. It was indicated in the conceptual framework that the state can use its resources to regulate the activities of the stakeholders related to the students studied to improve their lives. The post-1994 development policies and plans indicate the various ways in which the government departments can provide leadership in addressing the numerous problems affecting the development of the various sectors of the South African economy. Among the many areas that need to be addressed on the topic studied the following stand out.

First, most of the orphans and vulnerable children in the two schools have experienced multiple traumatic events, including the death of their loved ones, illness in the family, stigma, and rejection, abuse in times of need. There were also numerous causes of stress in their daily lives, such as lack of money, food, doing odd jobs during holidays for money to pay for school fees and health care. Another source of stress identified was not having adults to talk to about relationships, problems, and someone to show love and security. This highlights the importance of adult guidance for children. Indications of psychosocial distress were widespread. More than half of the children reported feelings of worry or stress, irritability, sadness, difficulty concentrating, being overwhelmed, loneliness and hopelessness. There are outcomes that, in a Western context, would be suggestive of depression and anxiety.

Social connectedness, such as having supportive relationships with primary caregivers and members of one's cultural or faith groups is widely recognized as a protective factor that 'buffers the consequences of negative experiences on children' (Duncan & Amston, 2003). In terms of social support most of the children were not fully supported by adults in their lives since their parents died, (double orphan). Some single orphans but not well cared for

and others the parents are alive but left them to work in the cities or re – married and are not received by the step father. Then the poor child is left behind hence sadness and loneliness. These circumstances may lead the child to high risk behaviour such as drugs and substance use, joining bad gangs which may result in crime, sex work by the girls if the child has no strong will which may lead them to abuse and HIV and AIDS infection. They do all these to get something on the table for their younger siblings.

Despite cumulative stress and trauma, the responses also suggest that there was resilience in the children. Resilience is an individual's capacity to adapt, cope, and remain strong in the face of adversity, including stressful and traumatic events (Boyden et al. 2000). The majority of all the children in the research reported confidence, capacity to help themselves, and hopefulness for the future. However, a very vulnerable group unable to cope with difficulties, lacking self-confidence, hope, and pessimistic about the future also emerged.

In terms of orphans and vulnerable children, the findings indicate that female orphans were disadvantaged as they experienced the death of a loved one and other traumatic events and reported more sources of stress in their daily lives than the males. They also showed higher levels of psychosocial distress, such as less hopefulness, trust in others, self-confidence, and were more likely to manifest this distress through somatic (physical) symptoms such as poor appetite and fatigue. The experience of orphan hood was associated with greater exposure to trauma and stress, less social support, and lower levels of psychosocial well-being. Compared to their peers, orphaned children had poorer access to supportive adults in whom they can confide. All the three interventions, peer education, abstinence life skills programme, counseling and taking them to youth conferences to mingle and share views gave them hope and confidence. Also the outreach programme of feeding them daily arranged with a company in Mthatha and giving them radios, food parcels during Christmas, toiletries, school bags and pencil cases and regular visits to the schools gives them hope to know someone cares.

The above are however ad hoc and minor solutions to the problem. The problems of the orphans are of such magnitude that only long term government intervention can address them. The Eastern Cape government needs to see the problems disclosed in the two schools as part of the bigger provincial development challenge. Only two schools were highlighted in this study. There is no doubt that hundreds of other schools in the province face similar social problems. The following recommendations are therefore suggested.

- The need for the provincial government to set up a special committee to prepare a data base of all the schools in the province with information on the number of orphans and the nature of their problems.
- The committees must be organized on the basis of municipalities and wards with information on the stakeholders involved in addressing the problems facing the schools
- A list of the achievements so far of the stakeholders in the localities
- The future plans of each of the local committees with indications of the support needed.
- The Eastern Cape government then needs to set up mechanisms to link the local committees to national and foreign organizations willing to assist the committees. In these days of globalization, the Eastern Cape government needs to provide the opportunities to local committees to interact with foreign donors and other organizations.

CHAPTER 5: Conclusion

This study has shown that the identification, support and monitoring of increasing numbers of orphans and vulnerable children in Upper Corana and Ngubezulu senior secondary schools, requires a concerted effort on the part of the Department of Education and other relevant stakeholders including foreign development partners. The conceptual framework of this study has helped to generate ideas and debate around the roles and responsibilities of different role players or stakeholders in responding to the needs of local communities.

While the findings have helped to focus attention on nature of the support currently available to the children there is a strong recommendation that other stakeholders in the broader social environment should all get more and more involved in finding long term sustainable solutions to the needs of this group of vulnerable children.

The conceptual framework of the study has proved appropriate in demonstrating the importance of the principle of maximizing contacts, networks, linkages and communication channels for the identification and monitoring of the progress in the programmes in place to support the orphans. Substantial additional financial and human resources will be required in many areas to supplement the efforts being made by the Department of Education.

In order to fully utilize the existing support programmes, it is recommended that public education be increased to make the Libode community more aware of the need to support the orphans - these future mothers and fathers of South Africa. The public need to be made more and more aware of the problems orphans face in the context of social development and be encouraged to develop new positive attitudes to them.

The Libode community needs to be provided with education and other resources to assist with identification and monitoring of the welfare of the orphans. The public need to be informed that the orphans constitute an integral part of their society. For this type of consciousness to be possible, more workshops will be essential in the villages. Regular meetings of the stakeholders will be key in addressing the needs of the orphans. The

meetings need to bring together all the sectors of the local community development processes: e.g. school based feeding organizations, health programmes, civic education programmes, ethical and faith-based education organizations and above all, political education programmes will all be necessary. Increased children's participation in advocacy activities will also be important, in particular to ensure that the voices of these orphans and vulnerable children are heard and listened to. The collaboration between the schools and the other sectors of Libode society can assist to provide services and support in areas such as social development, health, professional career counseling, future job opportunities, and links to international organizations that have specialized in helping the disadvantaged children in Africa.

There will be the need on the local Department of Education to set up data bases on Information System (IS) to include OVC-based information to up-date the children on future job and other opportunities. Such data base needs to be made available to the general public. The local Department of Education needs to insist on a policy of 'Education for All' as a priority and key coordinating mechanism for protecting the orphans and vulnerable children from HIV infection, drugs and substance use while widening opportunities for the children. The Department must also endeavour to promote a policy of non-fees for the orphans, incentives such as subsidies through schools and communities, as well as bursaries and loans, community grants, skills development, food, and other incentives

The Department must expand access to quality education, including non-formal approaches and flexible hours, and acceleration and catch-up programmes, through peer and community support networks, working environments. In addition, it must address the problem of stigma and discrimination against the orphans in school policies and practices. The department must protect the orphans against sexual abuse and exploitation for the female students by focusing on safety and security in the schools, promoting ethical codes of conduct, training teachers to help in promoting such codes, and establishing community protection monitoring networks and services. Furthermore, the Department of Education

needs to deploy qualified psychologists in each ward to support the teachers and school children with any psychosocial problems.

Peer education, abstinence life skills programmes and counseling and, above all, the training of teachers must be implemented in all schools to guide the learners. The education sector thus has a fundamental role to play in addressing the problems of the orphans. In addition, the departments of Social Development, Health, Rural Development and Land Affairs, and also local non-governmental organizations (NGO's) such as South African National Council on Alcoholism and Drugs Dependency (SANCA) need to come on board.

The contribution of this study thus needs to be assessed in terms of its emphasis of the conceptual framework of connectedness. The study has thus sought to open a new chapter on the problem of the orphans in the schools of the study region in terms of the ideas enunciated in social networking, globalization, consultations, mutual understanding, collaborative development, and the philosophy of showing concerns for others.

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Appendix: A

QUESTIONNAIRES

15-18 years old

Interviews

Gender:

Number of males-----

Number of females-----

Mobility: How many have moved to another household after their parent or guardian died?

Relationship with guardian: i.e. Family members, including the child's mother, grandmother, aunt, father, or other relatives, had siblings who lived elsewhere

Nutrition: -----

Schooling:-----

Inheritance:-----

Parents' personal belongings: -----

Sexual activity:-----

Drug use:-----

Communication about HIV and AIDS-----

Emotional well-being:-----

Stigma: -----

Statistics South Africa, 1993-2007: Demography of Libode district including Port St. Johns

Household services-South Africa by Province and Magisterial District

Table: 1

Energy source for lightning by geography for household weighted

Appendix: B

ENERGY SOURCE	LIBODE	PORT ST JOHNS
Electricity	7427	4321
Gas	51	65
Paraffin	2616	2225
Candles	17659	8493
Solar	63	24
Others	201	82

Appendix: C

Household services: Toilet facility by Geography

Table: 1

TOILET FACILITY	LIBODE	PORT ST JOHNS
Flush toilet (connected to sewerage)	401	621
Flush toilet (with septic tank)	150	317
Chemical toilet	824	421
Pit latrine with ventilation (VIP)	2021	385
Pit latrine without ventilation	8829	1943
Bucket latrine	153	224
None	15639	11299

Appendix D:

Labour Force-South Africa by Province and Magisterial District

Table: 1

Industry by Geography for person weighted

INDUSTRY	LIBODE	PORT ST JOHNS
Agriculture, hunting, forestry and fishing	168	292
Mining and quarrying	242	94
Manufacturing	196	235
Electricity, gas and water supply	36	12
Construction	366	199
Wholesale and retail trade	794	519
Transport, storage and communication	264	75
Financial, insurance, real estate	345	129
Community, social and personal services	1929	1252
Other and not adequately defined	-	-
Private households	1064	452

Appendix: E

Employment Status by Geography for person weighted

EMPLOYMENT STATUS	LIBODE	PORT ST JOHNS
Employed	6120	3920
Unemployed	14801	5847
Scholar or student	18386	8761
Home-maker or housewife	8902	4093
Pensioner or retired person/to old	3535	2176
Unable to work due to illness or disability	2544	1731
Seasonal worker not working presently	535	331
Does not choose to work	3912	2341
Could not find work	10209	5915

Appendix: F

Individual monthly income by Geography for person weighted

Table 1

INDIVIDUAL MONTHLY INCOME	LIBODE	PORT ST JOHNS
No income	53034	26876
R1-R400	6173	2148
R401-R800	5971	3886
R804-R1 600	1675	810
R1 601-R3 200	1112	710
R3 201-R6 400	680	463
R6 401-R12 800	195	127
R12 801-R25 600	45	24
R25 601-R51 200	15	24
R51 201-R102 400	15	12
R204 801 or more	3	-

Appendix: G

Water supply

WATER SUPPLY	LIBODE	PORT ST JOHNS
Pipe water inside dwelling	271	167
Pipe water inside yard	1355	1288
Pipe water on community stand	2689	1043
Pipe water on community stand	6992	1966
Borehole	628	364
Spring	2592	1945
Rain-water tank	503	501
Dam/pool/stagnant water	481	471
River/stream	11395	7201
Water vendor	160	96
Others	951	166

Appendix: H

Gender

GENDER	LIBODE	PORT ST JOHNS
Male	32453	62867
Female	39364	75114
TOTAL	71817	137980

Appendix I

Learners with Both Parents Deceased 2010	
District	2010
BUTTERWORTH	3528
COFIMVABA	2567
CRADOCK	1057
DUTYWA	3432
EAST LONDON	3196
FORT BEAUFORT	1350
GRAAFF-REINET	717
GRAHAMSTOWN	898
KING WILLIAMS TOWN	3753
LADY FRERE	1527
LIBODE	9772
LUSIKISIKI	12383
MALUTI	5090
MBIZANA	10139
MT FLETCHER	2798
MT FRERE	5215
MTHATA	6331
NGCOBO	3108
PORT ELIZABETH	5617
QUEENSTOWN	2347
QUMBU	2515
STERKSPRUIT	3407
UITENHAGE	2068
Grand Total	92815

Appendix: J

Libode District - Learners with both Parents Deceased 2010	
School	Amount
BABHEKE SP SCHOOL	3
BAJONGE JS SCHOOL	5
BAKALENI JS SCHOOL	17
BANTINI JS SCHOOL	16
BEKABANTU JS SCHOOL	31
BEKIZULU SS SCHOOL	45
BEN MALI SS SCHOOL	58
BENSILE PJS SCHOOL	30
BIZANA JS SCHOOL	5
BOLOTWA JS SCHOOL	51
BOMVINI SP SCHOOL	12
BONGWENI JS SCHOOL	15
BUCULA JS SCHOOL	27
BUJE JS SCHOOL	21
BUNGU JS SCHOOL	64
BUNTINGVILLE JS SCHOOL	3
BUTULO JS SCHOOL	30
BUZONGOMA JS SCHOOL	41
CAGUBA JS SCHOOL	27
CANDULWANDLE JS SCHOOL	6
CHIZELA JS SCHOOL	35
CIBENI JS SCHOOL	12
CIBENI SS SCHOOL	21
COZA JS SCHOOL	69
CWELE PUBLIC JS SCHOOL	10

D.Z.DUMEZWENI SS SCHOOL	45
DALIBUNGA COMP.HIGH SCHOOL	8
DALIBUNGA JS SCHOOL	21
DALINDYEBO SP SCHOOL	15
DALISOKA JP SCHOOL	20
DALUKHANYO JS SCHOOL	13
DALUKULUNGA SP SCHOOL	2
DALUXOLO SP SCHOOL	11
DE LA RAY MKATSHWA JS SCHOOL	19
DEEP LEVEL JS SCHOOL	29
DIKELA JS SCHOOL	12
DIKELA SPRINGS JS SCHOOL	18
DIKISO JS SCHOOL	11
DIKO JS SCHOOL	4
DILIZINTABA JP SCHOOL	9
DIMANDA SS SCHOOL	46
DININKOSI JS SCHOOL	93
DLUKULWANA JS SCHOOL	34
DOKODELA JS SCHOOL	18
DOKODELA SP SCHOOL	3
DUMASI SP SCHOOL	1
DUMEZWENI JS SCHOOL	57
DUMILE SP SCHOOL	3
ELUDIKIDI SP SCHOOL	15
ENDULINI JS SCHOOL	59
FEZEKILE SP SCHOOL	2
FIHLANI SP SCHOOL	28
GANGATA JS SCHOOL	9
GCINIBANDLA SP SCHOOL	28
GCINIZIZWE SP SCHOOL	8

GCINUMTHETHO SS SCHOOL	34
GINYINDABA JP SCHOOL	4
GOBINAMBA TECH AND COMM SS SCHOOL	56
GOBINDLOVU SP SCHOOL	12
GOBIZIZWE SP SCHOOL	1
GODINI JS SCHOOL	7
GOQWANA JS SCHOOL	48
GOSO JP SCHOOL	7
GQIRA JS SCHOOL	31
GQWEZA SP SCHOOL	9
GRIFFITHS SP SCHOOL	12
GULENI JS SCHOOL	33
GUNGUBELE JS SCHOOL	52
GUNGUBELE SP SCHOOL	12
GUNYENI SP SCHOOL	10
GUQAZA JS SCHOOL	16
GXABA SS SCHOOL	62
GXULU JS SCHOOL	89
HLAMVANA JS SCHOOL	27
INDWE JS SCHOOL	18
ISILIMELA JS SCHOOL	26
ITOMBO JS SCHOOL	19
JABAVU SP SCHOOL	27
JOKWANA JS SCHOOL	25
JONGIMPUMA JP SCHOOL	1
JONGINTABA JS SCHOOL	52
JONGISIZWE JS SCHOOL	21
JONGUXOLO JS SCHOOL	4
KANGISA JS SCHOOL	4

KANYISA JP SCHOOL	35
kwaMSIKWA JS SCHOOL	79
kwaZIZAMELE JS SCHOOL	43
kwaZWENI SP SCHOOL	14
KWEZI JS SCHOOL	34
LANGALAKHE JS SCHOOL	110
LANGALITSHONI JS SCHOOL	22
LANGENI SP SCHOOL	5
LIBODE VILLAGE JS SCHOOL	45
LINDUBUHLE JS SCHOOL	9
LOWER BOLOTWA JS SCHOOL	17
LOWER GODINI JS SCHOOL	26
LOWER MALAHLE JS SCHOOL	19
LOWER MDUMBI JS SCHOOL	14
LOWER MNGAMNYE JS SCHOOL	17
LUDAKA JS SCHOOL	6
LUDEKE SP SCHOOL	25
LUGASWENI SP SCHOOL	18
LUKUNI JS SCHOOL	24
LUNGELO SP SCHOOL	45
LUPAPASI JS SCHOOL	21
LUQOQWENI JS SCHOOL	37
LURASINI JS SCHOOL	22
LUTAMBO JS SCHOOL	9
LUTATWENI JS SCHOOL	9
LUTAWENI JS SCHOOL	19
LUTSHAYA JS SCHOOL	74
LUTSHAYA SS SCHOOL	58
LUTUBENI JS SCHOOL	6
LUVELA SP SCHOOL	7

LUVUYO JS SCHOOL	11
LUZUPU JS SCHOOL	33
LWANDILE JS SCHOOL	79
MABALENGWE SS SCHOOL	14
MABETSHE JS SCHOOL	16
MACHAMTSHOLO JP SCHOOL	6
MADWALENI SP SCHOOL	11
MAFULAYI JS SCHOOL	1
MAGADLELA JS SCHOOL	15
MAGANISE JS SCHOOL	47
MAGCAKINI JS SCHOOL	10
MAGGIE SP SCHOOL	10
MAGOBA JS SCHOOL	38
MAGOMBENI SP SCHOOL	4
MAGOZENI JS SCHOOL	14
MAGUMBINI JS SCHOOL	28
MAHAHANE SP SCHOOL	1
MAJALI TECHNICAL SS SCHOOL	58
MAJOLA JS SCHOOL	15
MAKAZIWE JS SCHOOL	56
MAKUKHANYE SS SCHOOL	32
MALAHLE PJS SCHOOL	24
MALIZE JP SCHOOL	11
MALIZOLE JS SCHOOL	9
MAMFENGWINI JS SCHOOL	15
MAMVENYANE P SCHOOL	16
MANDLOVINI JS SCHOOL	14
MANGALA SS SCHOOL	10
MANGQUKWANA JS SCHOOL	7
MANYOSANA SP SCHOOL	2

MANZABILA SP SCHOOL	22
MANZIMAHLE SP SCHOOL	7
MANZINI JS SCHOOL	3
MAPHINDELA SP SCHOOL	30
MAPIKI SP SCHOOL	12
MAQEBEVU JS SCHOOL	14
MAQOLO SP SCHOOL	3
MARUBENI PJS SCHOOL	3
MATAFANA JS SCHOOL	42
MATANDELA JS SCHOOL	12
MATANE SP SCHOOL	27
MATANZIMA JS SCHOOL	7
MAVUBEZA JS SCHOOL	28
MAXAKA JS SCHOOL	10
MAYIBENYE SP SCHOOL	9
MBABALANA SP SCHOOL	8
MBAMBENI SP SCHOOL	19
MBANANGA SP SCHOOL	8
MBANGE JS SCHOOL	6
MBENENGENI JS SCHOOL	20
MBOBELENI JS SCHOOL	30
MBOKAZI JS SCHOOL	72
MBONGWENI JS SCHOOL	18
MCETENI SP SCHOOL	16
MCONCO JS SCHOOL	46
MCOTAMA JS SCHOOL	18
MDENI JP SCHOOL	1
MDENI JS SCHOOL	56
MDIKANE JS SCHOOL	84
MDINA PJS SCHOOL	14

MDLANKALA JS SCHOOL	53
MDLANKOMO JS SCHOOL	19
MDUMAZULU JS SCHOOL	38
MEVANA PJS SCHOOL	64
MEYIWA JS SCHOOL	66
MFABANE JS SCHOOL	26
MFABANTU JS SCHOOL	18
MFUNDWENI JP SCHOOL	8
MGCOTYELWA JP SCHOOL	2
MGUNGUNDLOVU JS SCHOOL	24
MHLABUZIMA JS SCHOOL	10
MHLANGANISWENI COMM & TECH SS SCHOOL	42
MJALISWA JS SCHOOL	43
MJOBENI JS SCHOOL	72
MJONGILE SP SCHOOL	10
MKANKATO JS SCHOOL	75
MKHUMBENI JS SCHOOL	36
MKUNDLU JS SCHOOL	61
MLAMLI JS SCHOOL	9
MLATHA SP SCHOOL	17
MNGAZI JS SCHOOL	34
MNQABE JS SCHOOL	12
MOUNT NICHOLAS JS SCHOOL	9
MPANGANA JS SCHOOL	22
MPATISWA SP SCHOOL	9
MPIKELELI JS SCHOOL	20
MPIMBO JS SCHOOL	41
MQAKAMA JS SCHOOL	31
MQOKOLWENI SP SCHOOL	27

MSELENI SP SCHOOL	9
MSINTSINI JS SCHOOL	6
MSOLO JS SCHOOL	37
MSWAKAZI JS SCHOOL	82
MTAKATYE JS SCHOOL	51
MTAMBALALA JS SCHOOL	11
MTETELELI JS SCHOOL	18
MTHOMDE JS SCHOOL	42
MTIKA SP SCHOOL	7
MTIMDE JS SCHOOL	33
MTWENI SS SCHOOL	49
MTYU JS SCHOOL	14
MVELELO SP SCHOOL	1
MVUME SPRINGS SP SCHOOL	4
MZAMO JS SCHOOL	25
MZIMKHULU JP SCHOOL	26
MZONGWANA JS SCHOOL	42
NCAMBEDLANA JS SCHOOL	52
NDABANKULU SP SCHOOL	15
NDAMASE SS SCHOOL	73
NDAYINI SP SCHOOL	22
NDEVU JS SCHOOL	41
NDIMAKUDE JS SCHOOL	6
NDINDIMENI JS SCHOOL	10
NDLOVAYIPHATHWA SP SCHOOL	3
NDLUMBINI JS SCHOOL	21
NDLUZULA JP SCHOOL	1
NDWALANE SP SCHOOL	9
NDZULUKA P SCHOOL	12
NGAVUNGAVU JS SCHOOL	35

NGCAKA JS SCHOOL	21
NGCONGCO JS SCHOOL	14
NGIDINI SP SCHOOL	7
NGOLO SP SCHOOL	2
NGONYAMA JS SCHOOL	20
NGQELENI SS SCHOOL	47
NGQELENI VILLAGE JS SCHOOL	53
NGQONGWENI JS SCHOOL	15
NGQWANGI JS SCHOOL	23
NGUBEZULU SS SCHOOL	25
NGXANGA JS SCHOOL	21
NGXONGWENI JS SCHOOL	37
NJIVENI JS SCHOOL	11
NKALWENI SP SCHOOL	10
NKANGALA SP SCHOOL	13
NKANTSINI JS SCHOOL	58
NKAUKAZI JS SCHOOL	17
NKODUSWENI JS SCHOOL	40
NKONKONI SP SCHOOL	9
NKQUBELA P SCHOOL	60
NKQWILISO JS SCHOOL	13
NKUNZIMBINI JS SCHOOL	23
NKWILINI SP SCHOOL	5
NOBUHLALI SIGCAU JS SCHOOL	8
NOBUHLE INTERNATIONAL SCHOOL	2
NOGAYA SP SCHOOL	33
NOGEMANE SS SCHOOL	37
NOHOKOZA JS SCHOOL	10
NOKULUNGA SP SCHOOL	18
NOKWINTI JP SCHOOL	1

NOMADOLO JS SCHOOL	45
NOMANDI JS SCHOOL	10
NOMANDLA SP SCHOOL	16
NOMCAMBA JS SCHOOL	28
NONESI JS SCHOOL	46
NONJONJO SP SCHOOL	11
NONTANGANA SP SCHOOL	6
NONTSWABU PJS SCHOOL	45
NOQHEKWANA SP SCHOOL	21
NOTINTSILA JS SCHOOL	101
NOTSOLO SP SCHOOL	5
NOXOVA JS SCHOOL	21
NQAKAMATYE JS SCHOOL	47
NQEKETO JS SCHOOL	29
NQUTYANA SP SCHOOL	8
NTAFUFU JS SCHOOL	47
NTAFUFU SS SCHOOL	80
NTAPANE JS SCHOOL	30
NTILINI JS SCHOOL	31
NTLAMBELA SP SCHOOL	12
NTLAZA JS SCHOOL	29
NTLENGA JS SCHOOL	64
NTSHILINI JS SCHOOL	39
NTSHILINI SS SCHOOL	36
NTSIMBINI JS SCHOOL	181
NTSONYINI JS SCHOOL	38
NTSUNDWANE JS SCHOOL	39
NYANDENI JS SCHOOL	5
NYAZI JS SCHOOL	60
NYOSANA JS SCHOOL	51

OLD BUNTING JS SCHOOL	35
PANGALELE SS SCHOOL	109
PONDOLWENDLOVU COMM.S.S.SCHOOL	30
PONDOLWENDLOVU SP SCHOOL	4
PONDONISENI JS SCHOOL	28
PONI JS SCHOOL	15
PORT ST JOHNS COMMUNITY SP SCHOOL	20
PORT ST JOHNS JS SCHOOL	12
PORT ST JOHNS SS SCHOOL	39
QAKA JP SCHOOL	3
QAMBA SP SCHOOL	1
QANDA JS SCHOOL	17
QANQISO JS SCHOOL	23
QHOBOSHENDLINI SP SCHOOL	7
QITI JS SCHOOL	32
QOKAMA JS SCHOOL	70
RAINY JS SCHOOL	75
RIVERSIDE PRIMARY SCHOOL	2
RIVERSIDE SS SCHOOL	1
ROMAN CATHOLIC JS SCHOOL	30
RUZE JS SCHOOL	17
SAMSON SP SCHOOL	1
SANDI SS SCHOOL	47
SEHUSHE COMMERCIAL SCHOOL	12
SICAMBENI JS SCHOOL	28
SIDANDA SP SCHOOL	17
SIKOMA JS SCHOOL	37
SITHA SP SCHOOL	11
SIZANE JS SCHOOL	13
SIZWE JP SCHOOL	14

SMUTS NDAMASE SS SCHOOL	109
SOBABA JS SCHOOL	52
SOMPA SP SCHOOL	5
SONATA JP SCHOOL	4
ST PATRICK'S JS SCHOOL	27
ST PATRICK'S SS SCHOOL	45
STELLA SIGCAU SP SCHOOL	20
SUNRISE JP SCHOOL	11
TAKATA JS SCHOOL	17
TALENI SP SCHOOL	34
TEKWINI JS SCHOOL	27
TOLI SS SCHOOL	77
TSHAKA SP SCHOOL	4
TSHANTSHALA SP SCHOOL	6
TUNGWENI JS SCHOOL	41
TUNGWINI PJS SCHOOL	16
TUTOR NDAMASE SS SCHOOL	61
TYITYANE SP SCHOOL	22
TYONGWANA SP SCHOOL	19
UPPER CORANA LP SCHOOL	1
UPPER CORANA SS SCHOOL	45
UPPER MATANZIMA JS SCHOOL	19
UPPER MBANGE SP SCHOOL	9
UPPER MDUMBI JS SCHOOL	8
UPPER MNGAMNYE JS SCHOOL	9
VAKELE TECHNICAL SS SCHOOL	40
VICTOR POTO SS SCHOOL	73
VINISH JS SCHOOL	45
VUKANDLULE JS SCHOOL	8
VUKANI SP SCHOOL	23

VULINDLELA JS SCHOOL	51
VULINDLELA SS SCHOOL	62
VULISANGO JS SCHOOL	13
VUYANI SP SCHOOL	3
WABAN SS SCHOOL	20
WELESE JS SCHOOL	16
XEZI SP SCHOOL	6
XHAKA JS SCHOOL	48
ZAMDOLA JS SCHOOL	22
ZAMUKANYO JS SCHOOL	12
ZANDISE JP SCHOOL	3
ZANEMVULA JP SCHOOL	2
ZANOKHANYO JS SCHOOL	36
ZANOKHANYO SS SCHOOL	23
ZANOXOLO JS SCHOOL	16
ZELE PJS SCHOOL	17
ZIBUNGU JS SCHOOL	58
ZINGISILE SP SCHOOL	8
ZINKUMBINI JS SCHOOL	22
ZINTONGA JS SCHOOL	38
ZITHOBILE SP SCHOOL	23
ZONNEBLOM JP SCHOOL	5
ZOYISILE JS SCHOOL	7
ZWELAKE JS SCHOOL	3
ZWELENQABA SP SCHOOL	2
ZWELICACILE JP SCHOOL	2
ZWELIKHANYILE JP SCHOOL	3
Grand Total	9772