

Perceptions of Parents/Guardians About the Effectiveness of Future Families Orphans and Vulnerable Children Programme in Olievenhoutbosch, South Africa

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Abstract

The people with the greatest stake in Orphan and Vulnerable Children (OVC) interventions are the children and their parents/guardians. Unfortunately, most OVC programmes are predesigned and implemented without considering beneficiaries' perceptions when developing solutions (ALI 2007:15). The purpose of this study was to explore and describe the perceptions of orphans and vulnerable children's parents/guardians about the effectiveness of Future Families' children programme in Olievenhoutbosch as a way to explore how much they are involved in the process of designing the programme activities and if they perceive the programme as effective in responding to their family needs..

This study used a qualitative, explorative and descriptive design. Thirteen (13) parents/guardians of children registered with the Future Families were interviewed on the effectiveness of the Future Families programme using a semi-structure interview guide.

The study results suggested that parents/guardians were happy with Future Families' services and believed the programme is effective in responding to their families' needs. However, the researcher questioned the meaning of that happiness and established that beneficiaries were not involved in the program key planning activities including programme resource management and could not appreciate the value of the service that is provided to them against the funding value. The researcher also established that beneficiaries perceived the programme interventions as if it was a favour from the implementing organisation. That perception conditioned beneficiaries' attitude to be thankful to the programme instead of having open criticism toward the program.

Keywords: effectiveness, Future Families, guardian, Orphan and Vulnerable Children (OVC), parent, perception, service delivery

1. Introduction and Background to the Research Problem

The Orphans and Vulnerable Children (OVC) crisis linked to HIV/AIDS pandemic started alarming the world in late 90s and early 2000s. According to United Nations Children's Fund (UNICEF), United Nations Programme on HIV and AIDS (UNAIDS) and United States Agency for International Development (USAID) (2006:IV-3) and UNAIDS (2002:133), at the end of 2001, an estimated 14 million children worldwide had lost their mother or both parents to AIDS or related causes. Sub-Saharan Africa is the most affected region, accounting for more than 80% of those orphaned because of AIDS. It should be noted that the reported number does not include children orphaned by other conditions such as other diseases not related to HIV/AIDS, war or other political conflicts.

UNICEF, UNAIDS and USAID (2006: IV-3) reported that approximately 12 million children between the ages 0–17 have lost one or both parents to AIDS in sub-Saharan Africa. As a result, the total number of children orphaned from all causes in sub-Saharan Africa expanded and reached 48.3 million at the end of 2005. UNICEF, UNAIDS and USAID pointed out during that period without the care of parents or an appointed caregiver, children were likely to face extraordinary risks of malnutrition, poor health, inadequate schooling, migration, homelessness, and abuse. Therefore, strengthening existing family and community capacity to assist orphans in Africa should be the first priority.

The United States President's Emergency Plan for AIDS Relief (PEPFAR) guide and strategic manual for OVC

programming (2012:8) reported as follows:

“The HIV/AIDS epidemic has exacted a terrible toll on children and their families. During the 30 years of the global HIV epidemic, an estimated 17 million children have lost one or both parents due to AIDS; 90 percent of these children live in sub-Saharan Africa. In addition, 3.4 million children under age 15 are living with HIV. Despite some decline in HIV adult prevalence worldwide and increased access to treatment, the number of children affected by or vulnerable to HIV remains alarmingly high.”

Considering the fact that children can be victims of HIV/AIDS directly when infected by HIV/AIDS or indirectly when family members are affected by HIV/AIDS, PEPFAR provides support to programmes dedicated to children and OVC in particular.

In 2007, the Africa Leadership Initiative (ALI 2007:3) postulates as follows: “South Africa is living a situation without precedent. Never before in history have so many children been without parents or caring for parents who are ill. The HIV/AIDS crisis, complemented by other social factors, is contributing to a reality where millions of children are in need of support and care”.

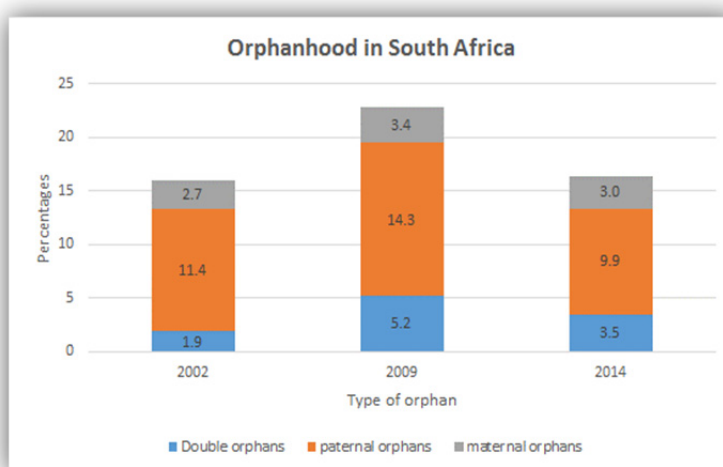


Figure 1. Orphan-hood rates in South Africa (2002-2014) Source: Stats SA (2015)

Hence, in response to the OVC crisis, a number of OVC support initiatives proliferated to enhance service delivery to OVC. According to Omwa and Titeca (2011:8), those initiatives can be grouped into three categories:

- OVC community initiatives, which are spontaneous response that normally emerges from within the community. In the literature, they can be referred to as grassroots or indigenous, home-grown or endogenous responses.
- The institutional approach to OVC care stresses formal centralised arrangements in terms of care and support provision to OVC manifested in orphanages and children’s homes. This approach is also sometimes referred to as residential care.
- OVC initiatives by Non-Governmental Organization (NGO).

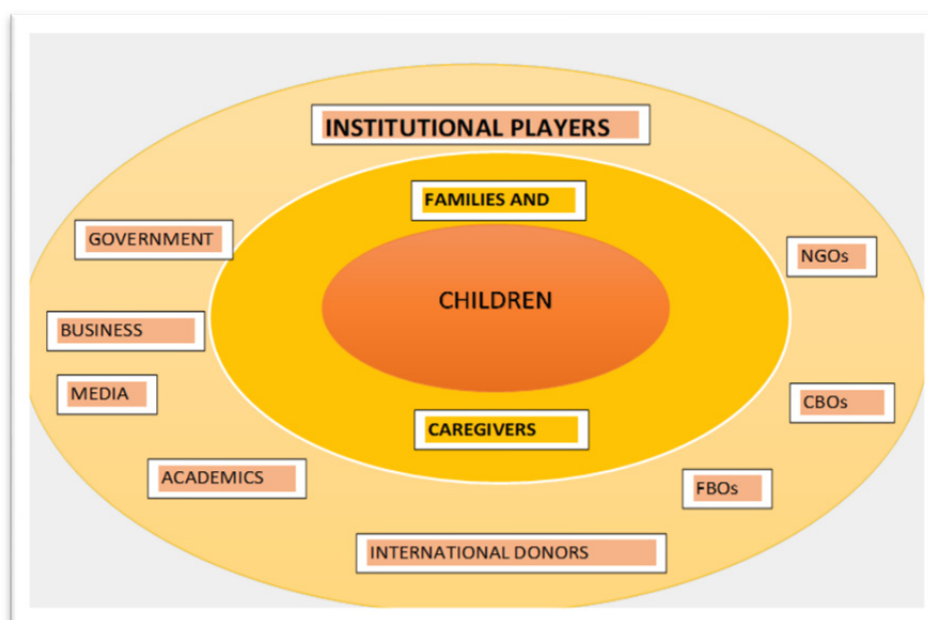


Figure 2. South African OVC cross sectional stakeholder approach (ALI: 2007)

1.1 Problem Statement

Exploring community-based initiatives in response to the OVC crisis in North Central Uganda, Omwa and Titeca (2011:19) note that community initiatives for OVC care can be affected by how external interventions are planned and executed. It has been argued how externally driven interventions reduce the innovativeness of communities in devising noble ways of responding to a situation. External interventions tend to be characterised by short-term incentives to show short-term outputs of direct services. This eventually may fail to successfully take on the community in mitigating the care and support needs of OVC and may even reduce community-initiated support, furthering the cycle of NGO dependence. Furthermore, Omwa and Titeca (2011:19) note that most of the self-help group study participants argue that externally driven interventions diminish their innovativeness in devising noble and culturally acceptable ways and means of responding to the challenges posed by the upsurges in the number of OVC. In short, it wanes their voluntary enthusiasm. The participants observed that external interventions tend to be characterised by a rush to show short-term non-sustainable results of direct service provision to OVC.

The researcher observed that not only the community innovativeness and self-initiative is affected but primary beneficiaries' inputs/contributions in programmes intervention, activities model and knowledge around OVC care is very little or non-existent. Many of these OVC programmes, activities and researches are predesigned with experts and high-level actors' inputs/contributions and implemented to all communities the same way without looking at complex communities' differences.

The ALI (2007:15) phase one publication on OVC in South Africa confirmed the researcher concern by stating as follows:

“The people with the greatest stake in OVC interventions are the children themselves. Unfortunately, children's voices are often not taken directly into account when developing solutions.”

The present study examines a sample of OVC program literature to establish how much literature considered beneficiaries voices and explores and describes the perceptions of orphans and vulnerable children's parents/guardians about the effectiveness of Future Families' children programme in Olievenhoutbosch to try to understand beneficiaries' perception and understanding of the Future Families OVC model.

2. Methods

2.1 Study Design, Setting and Research Theoretical Framework

This study was conducted at Olievenhoutbosch popularly referred to as Olieven. Olieven is a township situated next to Centurion, Gauteng Province in South Africa. Olievenhoutbosch was established in the 1990s. It covers an area of 11.39 km² (4.40 sq mi) and has a total population of 70,863 (National Geospatial-Intelligence Agency,

2014). Olieven is a research setting with high poverty rate according to Stat SA (2017) and HIV rate leading to high orphan hood according to Stat SA (2017).



Figure 3. Map Study Setting: South Africa, Olivenhoutbosch

The researcher employed a qualitative, explorative and descriptive design to address the research objectives. In addition a the researcher reviewed 45 literatures pertaining to the OVC situation, care and the effectiveness of OVC interventions in South Africa and worldwide as a way to assess how much OVC programs currently involve beneficiaries in developing solutions to the problems that affect them.

The researcher combined two models to serve as theoretical framework for this study. The Health Belief Model (HBM) was used to describe factors that influence parents/guardians perception of Future Families programme and lead to their buy in or rejection of future families offered programme. The researcher used Rick Chesser basic qualities of the balanced project criteria developed in 1998 in Maryland and published by Ward (2005:2) from the University of Florida in “Measuring the effectiveness of community impact assessment”. to triangulate with the parents/guardians perceptions of the programme and make judgement on the effectiveness of the Future Families’ programme.

2.2 Population, Sample Size Determination, Sample Technique, Inclusion Criteria and Data Collection

For the purpose of this study, the researcher requested and obtained permission to access the Future Families database. Furthermore, the researcher held a fieldwork orientation meeting with the Future Families Community Care Workers (CCWs). The purpose of the meeting was to provide the CCWs with guidance on inclusion criteria and obtain their inputs on potential participants’ location, availability and accessibility, which informed the selection of the most conveniently available participants. The eligibility criteria described (box on the right) was applied for the selection of participants.

Eligibility Criteria

1. Any person above the age of 18 officially appointed or recognised as caring and living under the same roof with a child or children currently benefiting of Future Families services Olivenhoutbosch.
2. The person should be guardian of OVC listed under the Future Families database.
3. The person should be identified as guardian under the Future Families database.
4. The person is guardian of an OVC who is benefiting of Future Families services for at least three months.
5. The person should be South African citizen.
6. The person should be able to speak and understand basic English.
7. The person should have legal capacity to give consent.

For this study, the data were collected through face-to-face in-depth semi-structured interviews with a list of topics to cover rather than a specific series of questions to ask. An interview guide/protocol was developed and used to guide the interview as per Creswell, (2014:194). The interview guide contained the grand tour question and probing questions.

The number of participants was determined by the criteria of saturation as defined by Brink et al. (2012:141). The researcher assert that he conducted interviews until new data no longer emerge from the interviews” data saturation point is reached”. When additional participants could not provide any new information but only redundancy of data collected and when the themes emerging became repetitive the researcher stopped data collection. In this study, data saturation was reached after 13 interviews

2.3 Data Preparation, Analysis

For this study, the researcher used spiral data analysis approach that is a data management and analysis process that follows a spiral circular movement with the purpose of getting a sense of volumes of data and immersing in the details of data (Creswell, 2014:182). The Spiral approach require the organisation of the data, reading and memoing, the description, classification and interpretation of data and the representing and visualising data.

The researcher organised the data by transcribing all interviews verbatim and captured them into Microsoft Office Word format and each file was labelled with a transcript code generated by the researcher. The researcher loaded all the 13 interviews into QDA Miner Lite version 2.0.1, which is a free and easy-to-use version of popular computer assisted qualitative analysis software. The researcher was able to review and read all 13 transcripts several times to identify and extract the main themes and sub-themes while listening to the audio. The researcher took informal notes using a codebook to capture the ideas about the data, emerging themes and sub-themes, which later were loaded on the QDA Miner Lite software version 2.0.1.

Using QDA Miner Lite version 2.0.1 the researcher went through the 13 interviews highlighting and inserting sub-themes emerging from the respondents’ text under each corresponding theme. QDA Miner Lite version 2.0.1 has the advantage of automatically extracting the text highlighted by the researcher which can be presented as quotes from the participants “participants own word” allowing the researcher to cross-check the participant meaning to the theme and sub-theme category and move the quote under another category if required. The extraction of participants’ codes linked to their quotes and all linked to themes and sub-themes also were extracted and exported from QDA Miner Lite version 2.0.1 to Excel. The researcher started packaging the finding as text extracting excel pivots tables linking themes to sub-themes and allowing to link a quote back to each participant code. This prepared a smooth writing of the finding where participants’ quotes could justify the researcher themes and sub-themes while building a strong support the researcher findings.

2.4 Ethical Consideration

This study considered the South African context, the researcher followed the ethical practices prescribed under the National Health Act (NHA) no. 61 of 2003. In compliance with section 73 of the National Health Act 61 of 2003, the researcher requested and obtained permission to conduct the study from Unisa Ethics Committee and the Future Families Head Office. To ensure participant consent was not coerced or influence by any other factors the researcher strictly communicated to participants and explained the consent form. Participants’ right to privacy was protected through various confidentiality procedures as prescribed by Polit and Beck (2012:162). Participants’ right to freedom from harm and discomfort and right to protection from exploitation was respected.

3. Results

3.1 Review of Literature Pertaining to OVC Programme



Out of the 45 reviewed literature the researcher only found three (3) literatures that involved or included OVC or their parents/guardians views or perception. The research literature review corroborate the Leadership Initiative (ALI, 2007:15) statement and the researcher perception that the people with the greatest stake in OVC interventions are the children themselves. Unfortunately, children's voices are often not taken directly into account when developing solutions. This is not only at solutions development stage but also at research level. It is evidenced that most research work focuses on all other stakeholders' perceptions (government, donors and other supporting partners) but rarely the children or their parents/guardians who are the primary beneficiaries of these interventions.

3.2 Biographical Profile of Research Participants (N=13)

Table 1. Distribution of respondents by socio-demographic characteristics

N# of Participants	Average Age	Average Education Level	Average N# of Children in the Programme	Family Duration in the program	average in the
13	48	Grade 7	3 Children	7 years	

The participants for this study were 15 parents/guardians whose children are beneficiaries of the Future Families services. Only 13/15 (87%) participants interviews were analysed as the other two (2) were pilot interviews. All the participants of the study were females. Out of the 13 participants, eight (62%) were mothers and the remaining 5/13 (38%) were grandmothers caring for children of their deceased sons or daughters.

The average number of years of involvement with Future Families per family was seven years. These were families with a deep experience in future families' activities and services. The average age of participants was 48 years. The average level of education was Grade 7, which is primary school level in South Africa. Most participants (12) were unemployed and one was employed as a domestic worker. Three participants were married, seven participants were single mothers and three were widows. A previous study on Future Families found that more often parents/guardians seeking for OVC support never attended secondary school (Thurman, Luckett, Taylor, & Carnay, 2016: 7).

Davids, Nkomo, Mfecane, Skinner, and Ratele (2006:74) conducted a study related to interventions for OVC and the core dynamics affecting OVC in the communities of South Africa, Botswana and Zimbabwe. They found that poverty is the first factor that affects OVC in these countries. Their findings are congruent to the findings of this study demographic data. The demographic data demonstrate that parents/guardians whose children are participating in Future Families activities highest education level average are seven years of primary school. As a result, the low level of education limits the mothers and caregivers access to descent employment so that they can earn adequate income to support their families. The study found that the 12 participants that were unemployed could not afford to give appropriate accommodation, education, nutrition, and care to their children. They depended on government social grants and support from organisations like Future Families to meet their needs on a monthly basis. The study further found that only one employed participant was a widow who was a domestic worker. Her earnings were not enough to support her family. The job also caused her to live away from her children during the week. Therefore, she lacked time to take care of her children. Ten (10) were single mothers raising their own children without secondary support from a male figure including three are widows. This is one of the key factors increasing OVC vulnerability. Five (5) of the participants were grandmothers who found themselves becoming caregivers because of HIV/AIDS deaths and domestic/gender-based violence-related issues.

3.3 Emerging Themes and Sub-Themes

If the low education level was a key factor limiting parents/guardians ability to mobilise resources and care for their children, it did not affect their capacity to clearly identify and describe the service provided by Future Families to their children and develop their personal opinion on the benefits of Future Families activities for their children and families'

During our conversation with them, three themes emerged from this study:

1. Service delivery and support initiatives;
2. Perception toward Future Families activities; and
3. Attitude toward Future Families activities and staff

Table 2. Emerging themes and sub themes

Themes	Sub themes
1. Service delivery and support mechanisms	1.1. Home visit
	1.2. Education support
	1.3. Health and nutrition support
	1.4. Psychosocial and social education support
	1.5. Child protection Support
	1.6. Parents/guardians support initiatives
	1.7. Household Economic Strengthening support
2. Perception toward Future Families activities	2.1. Perceived susceptibility to OVC condition
	2.2. Perceived severity of OVC condition
	2.3. Perceived benefits of Future Families activities
	2.4. Perceived barriers to accessing Future Families activities
3. Attitude toward Future Families activities and staff	3.1. Positive and negative attitudes

Parents/guardians were capable of identifying and describing the following services provided by future families and provided their perception about those services

3.3.1 Service Delivery and Support Initiatives

Home visit

Beneficiaries' perceived home visit as the real and ideal service because it allows them to receive all other services at the comfort of their home. Home visit also allowed beneficiaries to become familiar with the allocated CCW, feel the CCW as a part of their own extended family, trusting him/her with their children and home.

Education support

Parents/guardians perceive Future Families education support as key for their children success in life and as adding a lasting value to their children education. They believe Future Families education support plays a great role in redressing children's limitations, improve their chance to succeed in school and supported in providing access to under-privileged children in school. Parents/guardians also had a very clear perception of the consequences or negative impact of the lack of education support in their children life, participants' noting children dropping out of school, frequenting bad friends and starting to consume alcohol and use drugs.

Health and nutrition support

Participants reported that they received health education and support to access health services. Health education support was seen as important as it increased parents/ guardians knowledge and provided awareness on health common conditions and crucial information on how to care better for their children. Health education was seen equally important for children as it allows them to gain health-related knowledge that will help them to stay safe from HIV/AIDS, other STD and unwanted pregnancies. It is also viewed as adding a lasting value on children life preparing them to make informed decisions related to prevention of health conditions and establishing a good health seeking behaviour as they are growing.

Furthermore, it help them through RSHE make informed decisions related to their sexual and reproductive life and prepared them to accept other people living with health conditions without stigma.

Support to accessing health services was seen important as it helps in gaining knowledge on where to go when needing healthcare and help saving lives by allowing early detection and care of HIV cases or other potential sicknesses that can cost beneficiaries' lives.

Among nutrition support activities, gardening support was seen as the most effective because it helps families respond to their own nutrition needs and provided a much stable food security support compared to food parcels and vouchers distribution, which are not consistently and regularly provided and do not fully cover the family nutrition need. Mother's nutrition education support is seen as very useful in helping mothers making the right

nutrition choices to care for their children to keep them healthy. Unfortunately, this is not of much help in situations where access to food is a struggle.

Psychosocial and Social education support

Parents/guardians perceive psychosocial support as very important to help children victims of traumatic events such as loss of a close family member and abuse while social education support is seen as key to enhance children's positive behaviour. Parents/guardians believe that Future Families' social education support teaches children respect, keep children out of crime, drugs and bad influences, help children mature, and make good decision. Parents/guardians believe both psychosocial and social education support helped to improve children's relationship with their parents and make the family a better place where it feels good to live.

Child protection Support

Participants noted that child protection activities allow monitoring child abuse and identifying children that are abused so that the child protection system can be alerted and the child rescued.

Parents/guardians perceive child protection support as very important in preventing children abuse by their communities' members and even close families. Participants also noted that Future Families' child protection activities promote an adoption of safe living practices, avoiding domestic violence and children abuse by parents/guardians themselves making the family a better place for children. Furthermore, participants noted that child protection interventions lay down foundations to ensure that children have the necessary documents (birth certificate) that allow them to access their rights by supporting parents/guardians access the birth registration services

Parents/guardians support initiatives

The findings revealed that Future Families implement the following three initiatives to support parents/guardians care better for their families:

- Stress management support/Psychosocial support for parents/guardians;
- Parenting skill development support;
- Domestic/gender violence education support; and
- Household Economic strengthening support.

Parents/guardians noted that the best comfort you could get when stressing is to have someone to talk to and perceived Future Families' approach of assigning a CCW to each family as very useful. In most instances, where a Future Families CCW was available, to support stressed parents/guardians, the outcome was very positive and the beneficiaries perceived Future Families support as uplifting. Parents/guardians perceived the lack of having an assign CCW to their family as having extremely negative impact on the entire family because they would not have anyone to talk to. The findings revealed that Future Families' CCW provided Emotional Social Support to beneficiaries, which includes listening to and validating feelings, letting others know they are valued, and offering a shoulder to cry on. Informational social support, which involves the sharing of advice, or information that can help someone who is experiencing a stressor or challenge they do not know how to handle. Tangible Social Support includes sharing resources, either material or financial (monetary gifts, food parcels).

Belonging Social Support involves group-sharing activities, spending time in groups and sharing experiences. Parents/guardians perceived the Future Families' parenting skills development programme as very useful in helping them to learn about good practices in parenting and care better for their children.

Parents/guardians perceived domestic/gender violence education interventions helpful because it makes the family a better place for all by promoting mutual respect between parents, which protect children from physical, psychological and emotional abuse.

HES support intervention was seen as adding a lasting value to the entire family lifestyle including access to food security and cash to respond to the family needs

3.3.2 Perception Toward Future Families Activities

When asked for reasons of joining the Future Families programme, the participants' responses allowed to understand that parents/guardians have a very clear understanding of the Future Families activities and established their own independent perception of the Future Families programme activities benefits. The following sub-theme emerged and summarised the reasons behind the parents/guardians enrolment of their families to Future Families activities:

- (1) Perceived susceptibility to OVC condition
- (2) Perceived severity of OVC condition
- (3) Perceived benefits of Future Families activities
- (4) Perceived barriers to accessing Future Families activities

Perceived Susceptibility to OVC condition that increase their level vulnerability currently and in the future

The majority of the study participants mentioned that they joined Future Families because they perceived their child/children difficulties to learn as a condition that exposed their child/children to living as a vulnerable person for the rest of their life owing to the fact that the child/children will not be able to benefit of education like most children. The interview clearly revealed that many children are struggling with reading, writing and mathematics (reasoning).

Participants also noted their unemployment status does not allow them to find a decent job and care for their families as a susceptible reason to increase children vulnerability

Perceived Severity of OVC condition

The interviews revealed that participants are capable of gauging the severity of their children's vulnerability. Participants were able to identify social consequences of leaving the conditions that make children vulnerable untreated. Parents/guardians were very conscious that every time they failed out of the Future Families activities and/or support the level of vulnerability increased and social consequences such as children dropping out of school, children starting to use drugs, children becoming very disrespectful to their parents were noticed.

Perceived Benefits of Future Families programme

The interviews revealed that participants perceived great benefits and added values from Future Families activities and programmes. Among the noted benefits, participants mentioned the following:

- Future Families activities got their families better with parents/guardians and children changing positively their behaviour and communicating much better due among each other.
- Parents/guardians had a much healthier relationship between them, which also made the home environment much more comfortable and healthier for children.
- Children social behaviour was positively influenced, children were much more respectful and well behaved, stayed out of crime, bad company and drug.
- Children education in schools improved allowing them to succeed through school.
- Future Families activities provide children with knowledge about HIV and reproductive health allowing them to behave safely and make informed decision related to their sexual and reproductive lives.
- Future Families activities provided parents/guardians with knowledge related to HIV/AIDS, other general health-related information and improved access to HIV and other health-related services.

Perceived Barriers to participation in Future Families programme

Participants noted three factors as barriers affecting their participation to Future Families activities:

- Work and children care responsibilities: Participants noted that being employed Monday to Friday and children care responsibility does not allow them to participate in Future Families activities, which runs during the working days.
- Cultural barrier to discuss sexual education with children: Participants also noted that as single mothers, it was culturally challenging for them to communicate sexual education to their children, especially boys and appreciated that children could get that through Future Families.
- Lack of awareness on Future Families activities: participants also noted that many of them do not participate in Future Families activities because they are not aware of these activities.

3.3.3 Parents/Guardians Attitude Toward Future Families Programme and Staff

Participants noted their happiness on Future Families activities, appreciated the safe environment and activities proposed by Future Families, believe the activities were making their children wise and smarter and were thankful to Future Families and thought Future Families activities were recommendable

Participants' attitude toward Future Families' staff also was very positive. They believe that Future Families' staff are setting a good example for the community, were friendly and passionate about their work and were very helpful.

They also noted that Future Families staff were humble, respectful, patient, have a good heart, are always available for children and participants noted that they feel them as part of their extended families.

When asked about how Future families could improve their services respondents were very hesitant in making criticism toward the programme. They did not know where the funding and other resources came from and how they are managed they were thankful to the programme on what was given to them.

4. Discussion of Research Results

4.1 Service Delivery and Support Initiatives

4.1.1 Home Visit

Lessing's (2011:398) research on home visitation programmes highlights the advantages of home visitation, which explain participants' attachment and feelings for home visit. Lessing stated that home visitation allows to provide services within the beneficiaries' home, eliminating transportation and childcare costs for families with limited resources, while providing an opportunity to observe family behaviour in their everyday environment. Lehmann and Sanders (2007:14) added that selecting, training and utilising members of the community as service providers addresses the need for decentralised efforts that are responsive to local needs, which explains the attachment and feeling of beneficiaries toward their CCW. Furthermore, findings from Thurman, et al.'s (2016:7) research compared the service quality and effectiveness of services provided through trained CCW home visitation approach versus sporadic visits, group or public interventions. The findings support that the home visitation programme had an especially pronounced effect on orphans, more than doubling their odds of being tested (OR =2.12, 95% CI = 1.00–4.47) compared to orphans living in similar households that did not receive home visits. Thurman, Kidman and Taylor (2015:111) conducted another study on the impact of home visiting programmes for orphans and vulnerable children on social grant uptake in South Africa. The findings demonstrate that beneficiaries served by paraprofessional home visitors were nearly three times as likely at follow-up to be receiving the highest grant for which they were eligible. Thurman, et al.'s (2016:7) and Thurman, et al.'s (2015:111) findings justify parents/guardians fears of not receiving home visit as a routine service.

4.1.2 Education Support

The findings on education support resonate with PEPFAR (2012:5), stipulating that evidence shows that education support interventions are working as they have kept children in school and improved education. Shann, et al. (2013:9) compared non-OVC with education supported OVC and not-supported OVC. The findings also pointed on the same direction as PEPFAR that providing support to OVC to attend school is not only important, but also effective. The study demonstrated that supported children performed at least as well as their non-OVC peers and in some cases better. Furthermore, Shann, et al.'s (2013) study also confirmed parents/guardians perception and fear on the lack of education support. The authors assessed absenteeism and dropout rate among the three cohorts. The findings revealed that both ever supported OVC and non-OVC had a significantly lower absenteeism rates than never-supported OVC. Dropout rates among OVC in general were higher than for non-OVC, and never-supported OVC had a higher dropout rate than ever-supported OVC. This supports parents/guardians' statement that lack of education support increase the chance of absenteeism and dropping out of OVC, increasing OVC vulnerability to drugs. This situation is even worse for OVC with learning difficulty/disability requiring special education support. In the same vein, the Learning Disabilities Association of Manitoba (LDAM, 2013:4) confirms parents/guardians fears by supporting that children with learning disabilities face rejection from peers and can suffer from very low self-esteem because of their own perceived feelings of inadequacy and ignorance as they grow older and become teens, which leads to higher incidences of alcoholism, drug abuse, gang affiliation, and school drop-outs.

4.1.3 Health and Nutrition Support

Nyangara, Thurman, Hutchinson, and Obiero's (2009:28) study on the effects of programmes supporting Orphans and Vulnerable Children also noted improvements in HIV knowledge from both children and parents/guardians benefiting after HIV education support. Thurman, et al. (2016: 7) established the link between parents/guardians level of health knowledge (health awareness) with improvement of health seeking behaviour to seek access to health services. The authors noted that children living with a guardian who exhibited knowledge of HIV had 70% higher probability to be tested. PEPFAR (2012:50) noted that barriers to accessing health services can be internal to the family (knowledge, beliefs, and attitudes toward healthcare) or owing to challenges (financial, discrimination, transport...) faced by OVC to access the healthcare system. In the context of this study, participants did not mention any challenge related to affordability, acceptability, availability, and accessibility of the healthcare services. The only barrier addressed by Future Families is knowledge of beneficiaries on when to seek health services, where (location to access free healthcare services) and how to reach the healthcare service.

Nyangara, et al.'s (2009:28) findings also corroborated that gardening as a household economic strengthening intervention for food security was also seen as effective. The authors noted that Allamano in Tanzania provided training in bio-intensive agriculture and participants received capital inputs such as wheelbarrows, spades, and other equipment. The initiative was associated with reduced food insecurity among participants. In addition, the authors noted the same limitation of food parcels support approach comparing two organisation approaches to food parcel distribution. The authors noted that while almost all beneficiaries within the Catholic Relief Services (CRS) programme reported having received food at least once in the past year, effects of food support were evident among only the Allamano participants. Food support was associated with a sizable reduction in food insecurity of 44% for Allamano, but had no effect on food insecurity for CRS beneficiaries. The food support CRS provided, albeit to a larger number of beneficiaries, was provided only sporadically. The CRS approach described here reflects better the Future Families approach providing food parcel to a larger number of beneficiaries sporadically and having no effect on food security.

Sule, Onayade, Abiona, Fatusi, Ojofeitimi, Esimai, and Ijadunola's (2009:115) study assessed the impact of nutritional education on knowledge, attitude and practices (KAP) of mothers concerning infants and young children feeding and their children's nutritional status in two semi-urban communities of south-west Nigeria. The authors demonstrated a change in mothers' knowledge, attitude and practices, which corroborates the findings in this study.

4.1.4 Psychosocial and Social Education Support

UNICEF (2016) corroborates the participants' quotes by supporting that psychosocial and social education support can prevent distress and suffering from developing into something more severe, help people cope better and become reconciled to everyday life, help beneficiaries to resume their normal lives. The finding is also similar to the findings from an outcome evaluation of psychological services provided to OVC in Western Cape by Phillips (2015:5). Phillips (2015) maintains that psychological and social education support improved emotional coping and acceptance of losses as OVC reported that the programme has helped them to deal with their losses and to work through the grieving process. Phillips (2015) also notes among the outcomes the improvement of relationship with parents and caregivers as some of the beneficiaries reported that their relationship with their parent/caregiver was strained before attending the psychosocial support programme, but improved because of attending the programme. Furthermore, Phillips (2015) study also found an association with positive peer groups as all of the male beneficiaries reported that the programme either helped them stay away from gangsterism and drugs. The programme resulted in them disassociating with peer groups where gangsterism and drugs were involved.

4.1.5 Child Protection Support

The findings on child protection support are corroborated by Nyangara, et al.'s (2009:28-29) study on the effects of programmes supporting OVC. The authors found that guardians' participation to child protection activities was associated with more pro-social behaviours and less child-reported household abuse. Furthermore, children of meeting attendees were more likely to have identity documents and reported lower abuse than children whose guardians did not attend the meetings. UNICEF (2002:1) corroborates participants' perceptions on birth registration. UNICEF postulates that the child who is not registered at birth is in danger of being shut out of society, denied the right to an official identity, a recognised name, and a nationality. Furthermore, UNICEF (2002) explains that birth registration establishes the child's identity and is generally a prerequisite for the issuing of a birth certificate. A fully registered birth and the accompanying birth certificate help a child to secure the right to his or her origins, to a nationality and also help to safeguard other human rights reducing the risk of exposing the child to vulnerable conditions. UNICEF (2002) maintains that child exploitation and abuse appear to be on the rise and thrive on non-registration. One growing trend in child exploitation is child trafficking for prostitution and other contemporary forms of slavery, often in the guise of household domestic work. Moreover, UNICEF (2002) buttresses that trafficking of children has reached alarming levels emphasises with several million children now caught up in criminal trafficking networks.

While there are, as yet, no solid statistics on the links between unregistered children and those who are trafficked, a child who has no official identity or proven nationality and who can therefore remain hidden and unprotected must be a more attractive prospect to a trafficker. This also means that geographic areas where registration levels are low are more likely to be targeted by trafficking operations.

4.1.6 Parents/Guardians Support Initiatives

PEPFAR (2012:36) pointed out that it is centrally important to provide emotional and psychosocial support for primary care guardians as well as frontline caregivers such as teachers, community volunteers, health workers, and

staff working in AIDS-affected communities. Scott (2018) on verywellmind.com noted that social support has been widely studied as a factor that minimises the effects on stress and explained that the four main types of social support are as follows:

- Emotional social support includes affirmations of one's worth, a concern about one's feelings, and the sharing of positive regard. This falls along the lines of listening to and validating feelings, letting others know they are valued, and offering a shoulder to cry on.
- Informational social support involves the sharing of advice or information that can help someone who is experiencing a stressor or challenge they do not know how to handle. This includes offering advice that people may find useful, pointing people to experts who may offer advice, and sharing experiences.
- Tangible social support includes sharing resources, either material or financial. Obviously, this can include providing loans of monetary gifts, but it can also involve offers to share childcare duties, helping a friend move, or even bringing a casserole to a grieving family.
- Belonging social support involves providing social leisure and belonging. This means including friends in the group, and spending time with friends who need support and may feel alone. Scott's (2018) validate participants' descriptions stating that the best remedy for stress is to have someone to talk to.

Sanders (2009:4) from the Parenting and Family Support Centre of the University of Queensland corroborates the findings on parenting skill development support by noting that significant improvements in the health and wellbeing of children including the level of child maltreatment could not be achieved without strengthening the skills, knowledge and confidence of parents in the task of raising their children at a population level.

Toughani and Mohtashami (2011:80)'s study on the effect of education on prevention of domestic violence against women contradicted the findings showing that education had no effect on domestic violence. Solving problems relating to domestic violence owing to cardinal roots in short time seems to be impossible and impracticable. This leads to understand that Future Families intervention was successful because it combines continuous education support with beneficiaries' home visit through time.

4.2 Parents/Guardians Perceptions Toward Future Families 'Activities

4.2.1 Perceived SUSCEPTibility to OVC CONdition

Shann, et al.'s (2013:9) study corroborates parents/guardians perception on learning difficulties and/or disabilities as one of the factors that can increase OVC vulnerability. The authors support that the lack of educational support for children with learning difficulties and/or disabilities could lead to increasing chance for absenteeism and dropout. According to Learning Disabilities Association of Manitoba (LDAM, 2013:3), lack of support could lead to higher incidences of alcoholism, drug abuse, and gang affiliation among youth. In addition, Mwoma and Pillay (2016:82) highlight the importance of education in children long life noted that educational status is an important indicator of children's wellbeing and future life opportunities. Mwona and Pillay citing (USAID & CRS, 2008) elaborate further that a child who has access to quality primary schooling has a better chance in life. A child who knows how to read, write and do basic arithmetic has a solid foundation for continued learning throughout life. Therefore, a child with learning difficulties and/or disabilities is likely to drop out of school if not supported and that will impact on his/her wellbeing and possibilities to build a better life owing to limited opportunities.

UNICEF (2016) confirmed that parents/guardians have good reasons to worry that their unemployment will increase their children level of vulnerability by describing the risk orphans and children of unemployed parents go through in South Africa. UNICEF (2016) noted that many orphans and vulnerable children slip further into poverty once the family's main breadwinner stops working or dies. Losing a parent or caregiver often means losing access to social grants, education and healthcare. Furthermore, Mohapeloa and Friedman (2015:17) noted similar findings on a Global Fund OVC process evaluation and baseline assessment in South Africa. They found that beneficiaries perceived that the most frequent reason for being in an OVC programme was a child living in severe poverty in a household with no income.

4.2.2 Perceived Severity of OVC Condition

Mohapeloa and Friedman (2015:80) also note a similar finding where the beneficiaries of the OVC programme under their study in South Africa also perceived the severity of their situation and indicated the importance of early interventions in avoiding consequences of the vulnerability susceptible factors. Mohapeloa and Friedman (2015) maintain that participants felt an early introduction to some of the issues would have prevented them from suffering severe consequences.

4.2.3 Perceived Benefits of Future Families Programme

Many studies corroborate parents/guardians perceived benefits. Philips (2015:6) findings' confirm that psychosocial support for OVC and their parents/guardians could produce the benefit of improving both parties' behaviour and communication, which can make the home environment much more comfortable and healthier for all. Shann, et al.'s (2013:9) study on the effectiveness of educational support to OVC in Tanzania and Uganda demonstrated that education support could produce a benefit of improving OVC education and success through school.

Nyangara, et al.'s (2009:28) study concurs that health education support could produce a benefit of improving health knowledge from both children and parents/guardians. In addition, Thurman, et al. (2016: 7) established that the level of health knowledge (health awareness) of beneficiaries could produce the benefit of improving health seeking behaviour to seek access to health services.

4.2.4 Perceived Barriers to Participation in Future Families Programme

Several studies reported cultural barriers among challenges in getting parents/ guardians' participation in children sexual education. Motsomi, Makanjee, Basera and Nyasulu (2016:25:120) conducted a study on factors affecting effective communication about SRH issues between parents and adolescents in one of the informal settlements in South Africa. The factors identified included but not limited to embarrassment when discussing sexual topics, fear that adolescent misperceptions that guardians want to engage in sexual activities with them. Other identified factors were strong belief among guardians that SRH discussions with adolescents encourage sexual experimentation, belief that adolescents were too young to understand; non-conducive environment for open discussions of sexual and reproductive health matters; cultural and religious beliefs.

4.3 Parents/guardians Attitude Toward Future Families Programme and Staff

Parents/guardians noted that:

- Future Families programme serve its purpose and met their needs.
- The project/programme facility /activities/interventions/staff are safe for parents/guardians and their children.
- The project/programme is in harmony with the community cultural and environmental values.
- The project /programme improved community/Parent/guardians minds in OVC care.
- The project/intervention add lasting impact on beneficiaries' lives.

Parents/guardians were not involved and could not report on programme resource (funding) origin and management. A comprehensive knowledge of the programme resource origin and management is a key factor to provide beneficiaries with a better understanding of the programme's funding source, reason of funding and its management. This understanding coupled with the existence of an organisation of beneficiaries as recommended by Deepa (1995:48-62) will allow beneficiaries to set their expectations on the programme and that would enable beneficiaries to have an opinion on the programme effectiveness to bring about systemic change rather than only focussing on temporary and individual relief. The lack of a comprehensive knowledge of the programme resource origin and management could condition beneficiaries' attitude to be thankful to the programme instead of having open criticism because they see these interventions as if it was a favour from the implementing organisation.

5. Conclusion

The study established that parents/guardians could clearly describe all services provided by Future Families to their children and themselves. The parents/guardians were capable of describing which service they perceived to be more effective than others and which service delivery model was more suitable and effective for them. Parents/guardians were capable of describing what they perceive as benefits for their children and families' participation to Future Families' activities/programme. They were able to perceive factors that are making their children susceptible to vulnerability factors such as learning difficulties/ disabilities, their household economic condition, their employment status, and orphan-hood. They were capable of perceiving and describing the threat represented by those factors to their children life and future, exposing them to long life vulnerability if no support was provided.

Finally, the study established that parents/guardians are happy with the Future Families programme as currently implemented. They believe the programme is effective and meet most of their children and family's needs however the author believe the parents/guardians lack knowledge about the programme source of funding and resource management limited their capacity to set their expectations on the programme and have a free opinion on what the programme can do better. It conditioned them to be thankful looking at the programme. The researcher noted

further that parents/guardians perception of the programme effectiveness is biased by the resources and services offered focussing on temporary and individual relief instead of projecting systemic change.

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Declaration

The use of old literature drawing back to 2002 in this article has the purpose of providing the research topic background considering that the topic covers a phenomenon of limited scope. A comprehensive and recent literature is also provided further to allow the understanding of the current situation. This article is based on a Master of Public health thesis of the same title available on the University of South Africa repository: URI: <http://hdl.handle.net/10500/25333>.

Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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